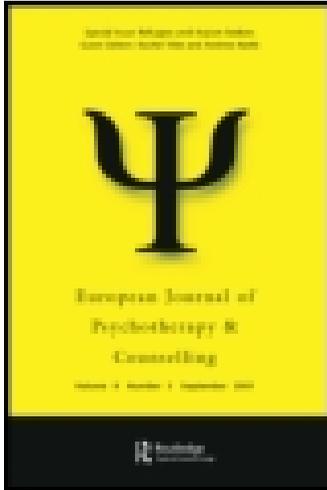


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The inter-generational transmission of trauma: The effects of abuse on the survivor's relationship with their children and on the children themselves

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The inter-generational transmission of trauma: the effects of abuse on the survivor's relationship with their children and on the children themselves

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Abstract

This paper explores some of the potential consequences of childhood abuse in adulthood, in terms of the effects on parenting, and on the child of the abuse survivor. Reference is made, and parallels drawn where appropriate, to the experiences of survivors of the Holocaust in respect of both these themes. The clinical experience of the author *vis-à-vis* survivors of abuse and parenting has strong similarities to some of the findings of those researching this subject from the perspective of the Holocaust. While the primary focus is on the experiences of survivors of childhood abuse these similarities and parallels are also acknowledged.

Keywords: childhood abuse, adult survivor, parenting, Holocaust, trauma

The question of what is meant by abuse is an inevitable and significant question. Definitions are clearly central to any debate, but for the purpose of this article it suffices to state that I take the view that, although there may be particular consequences of particular types of abuse, abuse of all kinds – physical, sexual or emotional – can produce serious and debilitating consequences. These can colour the life of an individual; can affect the relationships they subsequently have with their children; and can further affect these children as they relate to themselves and to others. After decades of denial, sexual abuse is finally on the agenda, although still frequently contentiously so (Walker 1996, Walker and

Antony-Black 1999). But it is important that practitioners never forget how lives can be decimated by the erosion of the self and the developmental damage that characterize emotional abuse (Iwaniec 1995; Cicchetti and Rizley 1981). Similarly, physical abuse has profound effects on the child: 'the parents of children who have been physically abused love and hate the same object at the same time, and are unable to sort out these sentiments into a recognizable sequence for which they can accept responsibility' (Galdston 1981: 393). It has to be remembered that many children suffer a horrible cocktail of all three forms (Walker 1992). There are neither neat distinctions nor clear definitions where the abuse of children is concerned.

We know that children normally serve a multitude of functions in a family, often fulfilling a crucial psychodynamic role by acting out the unconscious desires/needs of the parents and their internal conflicts. We also know that the effects of trauma are enormous and long lasting: 'shattering, devastating, causing internal disruption by putting ego function mediation out of action' (A. Freud 1967). Given both the power of trauma to disrupt psychologically and the emotionally pivotal place of the child in the family, it is not surprising that abuse and trauma have the potential to be re-visited on the next generation in a myriad ways.

The attempt to wipe out a whole community in the Holocaust and the violence experienced by children who have been abused in families and elsewhere have some significant and tragic similarities. The appalling devastation of the Holocaust is perhaps unmatched in its impact on a community and in the profound legacy it has had for the survivors in following generations. Survivors both of childhood abuse and of the Holocaust have faced in different ways the horrors that can be perpetrated by human beings on others, in a context where they lose their power and face their essential helplessness. They live in fear of pain and death (and indeed may long for death). They lose any sense of personal control over their destiny. They lose their hope. They encounter the worst and most evil sides of humanity in a situation where any demonstration of anger, rage or protest increases the danger. In both situations the basic trust of the survivors has been attacked, creating difficulties with intimacy, and consequently with relating to self and others. These difficulties are inevitably reflected also in parenting.

Clearly survivors of both experiences enter parenthood at different points in the resolution of their own suffering, and, depending on this and on the extent of the effects, they experience parenting differently. In therapeutic work with parents or their children where there is a history of trauma, presuppositions or assumptions are unhelpful. Added to these difficulties, our own knowledge is incomplete and always tentative, and the history of therapeutic work with abuse survivors is fraught with,

indeed marked by, error, supposition, denial and misunderstanding. However, despite the inevitable individual differences, there are identifiable *patterns* of difficulties for these parents and their children, providing a map of the potential psychological territory in which they dwell.

Perhaps the best-known consequence of childhood abuse in terms of future parenting ability is when the victim abuses their own child – what is known as the cycle of abuse (Hunter and Kilstrom 1979; Oliver and Taylor 1971; Steele and Pollock 1968; Groth and Burgess 1979). Although it is apparently well documented, researching the cycle of abuse carries obvious methodological difficulties (Egeland 1998). Many adults who were abused as children have not been identified, and are therefore as adults are not recognizable as a distinct group for research purposes. Many adult survivors who are parents have never come to the attention of child protection and other relevant agencies and are similarly invisible. Research into high-risk parents and their children (Egeland *et al.* 1987) clearly focuses on a particular group.

The cycle of abuse is significant, if in danger of being overstated. It can result in active or passive mistreatment of the next generation: the parent may actually abuse their own child; or collude while another does so; or be unable to protect them from their own abuser. Others simply find it desperately hard to care for their children. They are just too depleted. A woman in her fifties, sexually abused by her mother, and with grown-up children, describes how this was for her:

I never abused them, but I did neglect them. There was not enough of me there to be a mother. Now I do talk to them. They know what happened to me. I have apologized to them and acknowledged that they did not get a good deal. I think that has helped them to heal and me to heal. But the scars are there for all of us.

Some survivors may find themselves in a relationship that re-creates the original abusive relationship: they find a partner who is violent, excessively demanding or psychologically aggressive. In this scenario the child may not be directly abused but suffers the effects of the parental relationship: 'a sacrificial lamb on the altar of my parents' unhappy relationship' is how one child of a survivor put it. Some abuse survivors seem perpetually drawn back to unsuccessful relationships, and the needs of their child are lost. Others who find themselves in poor relationships do successfully leave: they do not continuously get drawn back in. They learn to impose and maintain clear boundaries. They help the child with the loss and the transition, and ultimately move into a different, satisfying style of living.

Mythology and fantasy abound in questions and considerations around

abuse. While these may have some basis in fact and reality, primitive feelings become triggered and these tend to distort and deny. The mythology that abuse breeds abuse causes survivors considerable anxiety, and it is crucial to recognize that many survivors do not abuse their children whether actively or passively. So this particular pattern is in danger of being overstated, and may prevent other less obvious patterns from being recognized. What is noticeable in the literature that explores the effects of the Holocaust on parenting (Levine 1982; Barocas and Barocas 1979; Trossman 1968) is that a similar mythology does not appear to exist there; while the complexities of parenting and effects on the child are explored, a more balanced picture is communicated, that captures effectively the resulting subtleties and nuances in patterns of relating.

For some abuse survivors difficulties in regard to children start before they are even conceived, and continue thereafter: pregnancy can be worrying and these anxieties continue through the life of that child. Some say they will not have children. This decision results from extreme and as yet unresolved difficulties around intimacy and sexuality; or because gynaecological damage caused by the abuse means they literally cannot bear children. Others are terrified that they too will abuse. And so the losses from abuse are piled one upon the other. A woman in her thirties who had been sexually and physically abused by her father and by a male baby-sitter explained her decision not to have a child:

I shall never have children. That is an absolute certainty. I am not sure that I would ever be stable enough. I would never want a live-in relationship with a man, and I do think you have to be particularly together to be a single parent.

For women such as this, enormous anxiety can result if pregnancy does occur, while other survivors, who want children but experience 'normal' forms of infertility, may feel guilt, badness, depression and rage, particularly where there is a deep concern for reparation by becoming a good parent. This is paralleled in the research on Holocaust survivors:

Infertility, painful as it is for most women, was almost unbearable for these since the next generation also concretely replaced those who had been killed and enabled the survivors to avoid the recognition of loss and mourning.

(Pines 1986: 295)

Survivors of childhood abuse have not generally encountered (as Holocaust victims often did) the actual killing off of their parents and family, but frequently experience their psychological death, and the need to

replace them can be similarly powerful. There can be an overwhelming desire for a child. A baby provides hope, the possibility of reparation and the potential for restoring normal family life which many survivors felt was destroyed by their abuse. But even at the pregnancy stage there can be particular difficulties for future mothers and fathers. Survivors may experience powerful ambivalence during pregnancy and beyond – they long for the child, but see him or her as being born into a world known to be dangerous. The parent may have high hopes and expectations in respect of the child, but may also fear re-abusing.

During pregnancy women who have been penetratively sexually abused can experience the growing baby as an invasion of the body, thus re-creating the abusive experience. Scans and the intimate examinations that accompany pregnancy, as well as the birth itself, may be profoundly disturbing. For some, the actual birth of a child precipitates the return of memories or the painful highlighting of memories hazily held but never faced. There may be particular difficulties if a child is wanted but post-natal depression occurs. Abuse frequently deprived women of their own mother, whom they may long for at this time. There can be a sense of things already and inevitably going wrong.

The fears and anxieties of many survivors at pregnancy indicate the importance of intervening therapeutically at such a time. The early analytic stance (Notman and Lester 1988), that pregnancy and analysis were essentially incompatible has been challenged in recent years. Goldberger describes her work with an incest survivor during her second pregnancy and the profound effect of this for the woman and subsequently for her children:

A conspicuous feature of the analysis during the gestation was Ms. B's ability to look not only at her problems in mothering, but also at other aspects of herself that had been much too painful before. The results of this work were dramatically apparent after the birth of her second child, when she was able to deal with two children much better than she had done previously with one.

(Goldberger 1991: 216)

Other women survivors long for a child. Dinora Pines describes the strength of the desire of women survivors of the Holocaust to have children and to bring new life into the world: 'Babies are an important concrete manifestation of normality from a psychotic world and the restoration of family life' (1986: 297). Many abuse survivors feel similarly: although the strength of desire for a child can be matched by an equally strong fear that is described here in relation to the Holocaust: 'Expectant mothers, while terrified of their capacity to mother and nurture were

simultaneously driven to become parents' (Barocas and Barocas 1979: 332). What is most striking in both instances is the intensity of feelings that are attached to having a child – a very particular significance is ascribed to this experience, with powerful and often conflicting feelings.

However it is not only women who may need therapy: male survivors also need help:

Paul was abused in childhood by two close male relatives. He had never told his wife, and while her pregnancy brought her great joy it meant considerable terror to himself. He experienced two deep anxieties: first, he had read that victims become perpetrators and this terrified him; and, second, how could he protect the child from his abusers. He and his wife were in regular contact with them. He felt telling his wife would blow the family apart, but not telling her could make the child vulnerable. This fear intensified as the pregnancy continued; his wife was unwell and very needy of him and he became increasingly depressed, and suicidal. The situation was further heightened by new memories and flashbacks of his own abuse, triggered by the pregnancy. By offering him ongoing therapy during the pregnancy and beyond he was ultimately able to break through the wall of secrecy, and talk with his wife, so that they could decide together how to protect their much loved baby. He gradually became less fearful and more confident and worked through many issues that had previously incapacitated him in many areas of his life.

Complex and conflicting emotions can continue in different forms as the child grows older:

A woman in her twenties had difficulty accepting any negative feelings towards her very much wanted 18-month-old baby. She had been physically abused from a very young age, and explained: 'Every time I go off her, like when she still hasn't slept and it's four in the morning, I get terribly depressed because I think it's all going to start all over again with me. My parents battered all of us, and when I get cross with the baby it feels like I'm falling into a dreadful pit and I can't get out.'

This young mother recognized in therapy that she wanted her baby to love her unconditionally as her own mother had never done. She also identified herself painfully with her screaming baby. She began to recognize and to understand that her anger need not be acted out. All this was crucial in helping her to begin to relate more easily to her baby and

with her self. Her own boundaries had been decimated, making it difficult for her to recognize and acknowledge the difference between feelings and acting on them or between fantasy and reality. Such distinctions had been blurred and eroded by her own abuse. The nature of her abusive experiences was that the perpetrator had acted on and acted out desires, difficult feelings and experiences, rather than dealing with them appropriately through containing them. Everything had been spilled out on to her as a child. It became crucial to her to identify and experience her feelings, and learn to deal with them by containing them safely, recognizing that they did not need to be spilled out on to others.

Nevertheless, it was a struggle to allow herself to *feel* that she could not stand her screaming baby, and to become confident that such feeling would not lead to action. Her growing ability comfortably to accommodate contradictory feelings towards her child was deeply illuminating for her, and in turn helped her baby to settle. It appeared that once she began to believe that she would not act out her aggressive feelings she was able to take them back into herself, and her baby no longer had to act them out for her. Like many other abuse survivors she had little experience of ambivalent feelings being safely and responsibly contained. Containing them within a safe therapeutic space offered her the model of a positive relationship with her baby, and the opportunity to give her child a quality of care that she had never received for herself.

It may be difficult for a parent who has been abused to trust a partner with a child. This is a particular problem if the partner does not know about the abuse, or if a previous partner actually has abused the child. Complex manoeuvring can take place in which the parent has always to find ways and means not to leave the child alone with the partner. Bath-time and bed-time especially seem dangerous: one mother described how when her husband was bathing their 3-year-old daughter she would creep quietly up the stairs and suddenly appear in the bathroom, just to check, and trying to pass it off as a game of peek-a-boo. This understandably irritated her husband and perplexed the little girl, who asked her daddy why was mummy jumping around the door like a jack-in-the-box, and why she looked so worried.

Another mother described how, if her husband got out of bed to go to the toilet at night, she would always follow him to make sure he did not go into the child's bedroom; how she would never let herself go to sleep until she was sure her husband was asleep. Other variations to this pattern are fathers (but also mothers), who are scared to cuddle or touch their children, or to allow them, even as very small children, to get into the parental bed in case this action is misconstrued as abusive. Here again the losses of abuse are added to in spoiling the pleasure in family experiences, both the parent and for the child.

There is an obvious effect on the partnership in these examples, but the anxiety is also communicated to the child. Both these mothers knew rationally that their partners were trustworthy, but at another level deep anxieties existed: they could not trust their own judgement that these men were not being abusive. In their own history people who had been deemed to be trustworthy had proved otherwise. In regard to therapeutic work with abuse survivors, it is also worth noting that therapists and other carers are deemed to be trustworthy, but that this in itself can create ambivalent feelings in survivors. Their experience is horrifically different: the label 'trustworthy' has in the past had little or no substance. In the examples above the secrecy of abuse was perpetuated, in that the fears of these mothers that nowhere is safe were unspoken: the result was anxiously attached children who had difficulties in separating. Neither of these women felt able to tell their partner about the abuse. Nor could their children speak their fears. So the power of abuse to spoil the life of a child in some way slipped through to the next generation. Where survivors *can* speak, they are often able to receive support and reassurance.

Further issues related to trust can be triggered in a different context: the child reaching a significant age or stage for the parent, for instance, when they themselves were abused:

A woman who had found mothering a pleasurable and fulfilling experience found that it changed dramatically when her daughter became 13. She became anxious, finding it very difficult to allow her daughter any freedom: she could not trust that her daughter would be safe in the wider world. Her daughter resented this and their relationship deteriorated. Mother was re-living her own experiences as a 13-year-old of sexual abuse by a neighbour. Although those events were in her conscious memory, they had become dissociated from deeply painful feelings which were re-awoken by her daughter reaching the same age.

Two aspects in her therapy had particular significance: the first was re-connecting the memories with the feelings, and working through them; the second was recognizing and exploring how, when she was 13, the abuse had led to the emotional loss of her own mother. She now feared re-experiencing this devastation by losing her daughter through her need for autonomy and separateness. Only when she had dealt with these aspects did she begin to separate her own experiences from her daughter's and respond to her rather more effectively.

Again, this theme of parental difficulty in facilitating the child's autonomy closely parallels the Holocaust studies of Trossman (1968) and

Barocas and Barocas (1979). The latter note how the 'development of a separate sense of self in children is experienced as a narcissistic injury to the family. Autonomous strivings are not actively encouraged and create much anxiety and feelings of helplessness in the parents' (1979: 333).

The Holocaust was an assault on an appalling scale, that resulted literally in the destruction of whole family units. Abuse in the family has devastating consequences on the relationships a child and adult survivors have in the same family. They may lose parents and grandparents by the survivor deciding to have no further contact in order to protect themselves or their children. Alternatively, contact may be strictly limited. Others lose their family in a more subtle but equally powerful way: there are no happy memories and so no enjoyable reminiscing, or no internalized good objects and no internal as well as no external support. Some deal with these losses and move on to form satisfying relationships; for others, the need to have what was never available from their parents is all pervasive – they become tenaciously tied to the abuser, still wanting but never getting what they desire. Their loss is not being able to form other relationships.

Survivors from both the Holocaust and abuse face different losses of their family, but both face the dilemma of what and how much to tell the children of the next generation. As one abuse survivor said: 'If I tell the children what happened to me it takes away their childhood innocence, just like mine was taken away; but if I don't, they'll not know why we don't see their grandparents. I'm sure sometimes they wonder what's wrong with mummy anyway.' This woman remained deeply traumatized by extreme physical and emotional abuse by her mother that started in babyhood and continued into her teenage years and, although it was known to neighbours and other family members, no one had acted to protect her. Her children seemed deeply anxious and watchful: they had not been *told* the reality of their mother's experience, but at another level they *knew*, so that her trauma crept into and invaded their lives. It was simultaneously real, yet shadowy, frightening and lacking form, and therefore unspeakable. Auerhahn and Prelinger examine the repetition of experience between concentration camp survivors and their children and describe similar scenarios:

We do not suggest that all survivors tell their children stories but rather assume that the survivor cannot fail to convey traces of her experience either narratively or mimetically via acting out. Thus, the child may assimilate the parent's trauma both by what is said and done and by what is left unsaid.

(Auerhahn and Prelinger 1983: 33)

And Laub and Auerhahn comment that:

For the victim's child in whom the traumatic world has been transformed due to the intergenerational dialogue, which is neither necessarily verbal nor conscious, life themes exist, but the events and narratives that were their starting point must be re-constructed.
(Laub and Auerhahn 1993: 299)

The child who is told about the abuse of their parent and senses extreme distress around this area is likely to worry, becoming the 'parental' child – one who protects and cares for the parent, an emotional barometer, quickly sensing when all is not well and stepping into the rescue. One 18-year-old described how she remembered when she was 8 her mother weeping in the kitchen after a visit from an uncle. Her mother then told her then of the uncle's sexual abuse of her as a child. She had been very hazy about the meaning of the words but recalled feeling that 'the bottom had dropped out of her world' because her mother was so distressed. She also recalled knowing before that age that something was not right, but not being able to place it. As an 18-year-old she was still deeply traumatized by the discovery, although she felt that it was not knowing at such a young age that had shocked her, but rather the distress of her mother. Generally she had become extremely protective of her, but on occasion found her mother's anxiety intolerable when she began to go out more and have boyfriends. Sometimes she would get very angry with her mother, telling her not to be so neurotic; but she would then feel extremely guilty, as if she had damaged her.

At 18 she was finding it very hard to establish herself independently: she wanted to, but felt that leaving her mother was a kind of betrayal. Pines describes how a central task of mothering, that of facilitating the child's moves towards separation and individuation, can be a problem for those who have suffered massive trauma in their own history, noting that adolescence is a particular point of crisis in the child's development as the young person begins to move away emotionally and physically from the parents. This separation difficulty is also described elsewhere as an effect of the Holocaust on second-generation children (Barocas and Barocas 1979; Trossman 1968). There was almost an aspect of survivor guilt in this young woman's experience, a feeling that she had not suffered as her mother had done and so could not enjoy herself, a scenario vividly described by Niederland (1981) as a consequence of the Holocaust.

The children of survivors are caught up in powerful family dynamics: children expect to see close family members. If there is no contact this protects the child, but does not eradicate difficulties. The child loses their wider family, and cutting off the abuser often also cuts off

other valued family members. Children wonder why they are not allowed to visit by themselves, have them to baby-sit or go for holidays as other children do. Children inevitably ask questions, either openly or to themselves: they sense tension and anxiety, triggering unspoken fantasies and ambivalent feelings. Where some contact is retained and parents are aware of the need to protect and supervise the child, this can similarly be puzzling.

Some parents stay in contact because as yet they are unable to acknowledge what has happened to them – at some level they are in denial. They may fail to recognize the danger of leaving children with abusing relatives. One survivor described her disbelief that she had allowed her now grown-up children, when they were younger, to stay unsupervised with their grandmother, who had brutally physically abused her as a child and who remained explosive and unpredictable. Later, having moved on herself through therapy, she recognized that by providing the wanted grandchildren she had still been trying to please her unpleasable mother and so gain the maternal approval she still so tenaciously needed. She still did not get the approval – in her mother's eyes she had been a bad daughter, and now felt she was a bad mother.

Parenting is potentially one of the most rewarding experiences of life, although it is not easy and can be anxiety provoking in the best of circumstances. I have already noted the fear that a parent may have lest they act out their aggression. Yet children, particularly in adolescence, can also be aggressive, as part of the ambivalence of the move away from parents. Adult survivors have known from bitter personal experience how awful the worst of human behaviour can be, and 'awful teenagers' can be particularly hard to manage. This is exacerbated by a fear of aggression that Barocas and Barocas note in relation to Holocaust survivors: 'the survivors, being terrified of their own aggression and unable to express it, may communicate subtle cues for their children to act out the aggression and consequently gratify the parents' wishes' (1979: 333). They discuss how angry children can experience too much guilt, knowing that parents experience aggression as destructive and dangerous. They may also be angry at their parents' passivity.

During adolescence the combination of boundary challenging, the need for autonomy and powerful feelings including anger can make this a highly charged time both for the children of survivors of trauma and their parents. The need for parents to place appropriate boundaries without being overly restrictive, while allowing sufficient space and room to move, is a difficult balance to achieve in the best of circumstances. It is easy to be over-protective, over-anxious and over-restrictive, warning too much of the dangers of the world. Conversely, some parents are scared of being invasive, controlling and misusing their parental power; consequently the

child is not held safely enough, expecting instant gratification and never learning to handle frustration.

One survivor described how, in her anxiety not to repeat the physical abuse of her father towards her, she allowed her daughter and her son virtually total freedom. She could not say no to them for fear of being abusive and repressive. She was terrified of the aggression of others and had never accepted and integrated these parts of herself. It appeared that they had become split off and projected on to her children who then acted them out. In their teens she felt that they were becoming like their abusive grandfather, and in her anxiety not to be abusive she had recreated a cycle via another route. Her daughter in particular was becoming violent, abusive and uncontrollable.

This mother's distress was enormous and reminds us again of how abuse both destroys the child's boundaries and creates splits in the self. It does not allow the safe integration of aggressive aspects of the self, and creates a dichotomy whereby the adult survivor all too easily falls into adopting extreme positions: victim or abuser; in control or out of control. The ability appropriately to say no has already been horribly eroded. This mother feared that any control on her part would result in her losing control and being repressive and abusive; as a result her children became out of control. The literature on Holocaust survivor parents similarly describes difficulties in controlling children (Sigal and Rakoff 1971).

We should not underestimate what a pride and joy it can be for a survivor that they can have children and are not abusive to them. Their pleasure in being 'good enough' parents can be immense. However, there can be a desire to over-compensate: to be the best of parents, and to show how well they can do it. This may give a message to the child that everything must always be all right, although this is clearly not possible. Children need to know that difficulties that arise need not be disasters; that they can be overcome and that people survive them. For someone who feels they have survived abuse by the skin of their teeth, or for Holocaust survivors whose history has witnessed real disaster on a massive scale, this can be intensely difficult. Survivors delight in their children, but often accompany this with high expectations of them, and they can hit a real low over normal difficulties. As Levine notes in relation to the children of Holocaust survivors: 'There existed hopes and expectations for these children that have frequently proved unattainable' (1982: 75). In addition, where parents have been traumatized and their own childhood has been distorted and spoilt, it can be a problem to know what is and what is not normal for a child.

These parental hopes and expectations for the children of survivors of childhood abuse often exist in a vacuum. There is no reference point, and frequently no parents of their own to refer back to. One mother who had

been severely physically and emotionally abused had learnt from an early age that complete compliance was the way to avoid even worse abuse. She became very distressed when her 13-year-old daughter changed from a lovable little girl to a teenager from hell. For any parent this can be a startling experience, but for this mother it was evidence that she had after all failed as a parent and her child hated her – just as her abusive parents had so often predicted. Helping her to understand the normality of this adolescent behaviour was like turning a light on – she had had no idea. This was potentially equally difficult for the teenager, bearing in mind Winnicott's phrase that a child becomes an adult 'over the dead body' of her parents, and that an adolescent needs to 'kill off' the parent, who in turn needs to show that he or she has survived (1971: 145).

Pines, describing her work with two mothers who survived Auschwitz, notes the difficulties both experienced as the children separated from them:

It was as if their adaptation to life after the war had collapsed with their children's separation from them and the parting of the secure world of mother and child. They could no longer identify with their children, live through and for them, and substitute them for those who had been lost. They were now forced to face the destruction of their previous world.

(Pines 1986: 295)

The client in the last example loved having small loving children, and could not contemplate the loss of this earlier cosiness and closeness. The loss of children growing away may provoke other difficulties for the abuse survivor:

A woman came into therapy in her forties with a history of multiple abuse in childhood. She had her first child in her teens, and had held the horrors of her previous world in abeyance while she was able to identify herself as a mother. In her forties, after the youngest had left home, she became suicidal and was admitted to hospital. In her own words she described how 'there is nothing there now; I see nothing; it's as if life has ended – there is no future without children.' She was deeply depressed and began to experience vivid and awful flashbacks of the abuse. Her depression was intensified because she saw little of her children: it appeared that they feared being taken over by her and so kept away.

Some children of abused parents become as isolated and alienated by their life situation as the parent was by the abuse. This is also described as a

consequence of the Holocaust (Sigal *et al.* 1973). Parents who have been abused may have difficulty knowing what a child needs, having had no model themselves, either of normality as a child or of normal parents. This is not class-related: children of wealthy families with an abusive history can become isolated, although camouflaged by material goods and an apparently advantageous life-style. The child may have few friends; may act age inappropriately; may be treated age inappropriately; may be both over-protected and under-socialized.

A young man in therapy was the only child of wealthy elderly parents who doted on him. He was their pride and joy and their only love and only hope. Father had been emotionally abused and mother had been severely neglected as a child: they viewed the world as dangerous, and smothered their son with care and money. Any distress or difficulty on his part, or theirs, had to be removed immediately. He described his fear of ever upsetting them 'in case they die from the shock'. As a 21-year-old he was totally alienated from his own age group and had no idea how to relate, or how to deal with anything remotely uncomfortable. His exposure to his parents' over-possessiveness, combined with their emotional unavailability, had proved psychologically lethal.

This extreme preciousness is noted also in much of the literature on the Holocaust. It is not unusual in second-generation survivors of trauma – whether from the Holocaust or parental abuse. For some children this preciousness feels overwhelming, even when subtly expressed. It is particularly noticeable in only children where there are no siblings to share the emotional load. A child can feel that to be truly separate they have to cut and run. The transitional period of adolescent coming and going before entering a more autonomous adult state can be disrupted.

Those who have suffered the horrors of childhood abuse or the devastation of the Holocaust experience profound and long-lasting effects. That these significantly influence parent and child is scarcely surprising. The extensive studies of Holocaust victims in respect of parenting greatly illuminate our knowledge of survivors of abuse, which has generally received insufficient attention, except for the well-documented 'cycle of abuse'. Although today's abused children are more likely to be identified in childhood, and more survivors are being offered therapeutic services, the help for both remains insufficient. My own work with survivors – as a therapist, supervisor and trainer, within the voluntary and statutory sector, whether the focus is on family, groups or individuals – has confirmed that issues of parenting and the impact of these on the child cause considerable anguish and anxiety. Given that so many survivors of trauma

place so much importance on becoming parents, with a deep desire and commitment to offer their children an essentially different and better experience than their own, those who work with them in the caring professions need to be aware of the different issues that may arise. If we are to assist both survivors and their children to obviate further losses, isolation and unhappiness, their concerns need to be recognized and sensitively addressed, not ignored, suppressed or denied.

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