

When the Victim Forgets

Trauma-Induced Amnesia and its Assessment in Holocaust Survivors

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*I want to remember my past
To see before my eyes
The image of my parents
The house in which I grew up
The village in which my family lived for generations
I don't want to remember my past
I fear for what my memory
Might bring before my eyes
I wonder whether I can continue my life
If I'll rescue from oblivion
What I want to recall.*

*Itta Benhaiem-Keller, 1996,
Holocaust survivor*

People who went through the horrors of the Holocaust struggle with their memories in different ways. Many experience overwhelming and intrusive recollections accompanied by strong emotions, even more so fifty years after the end of the war than earlier. Others have tried to silence their memories by attempts to keep the memories away or by dissociating themselves from the memories. Not much has been written about this other side of the coping process, that is, to what extent do survivors of the Holocaust succeed to distance themselves from their experiences. Forgetting in the form of repression, denial, and dissociation is a common phenomenon in the aftermath of other traumatic instances (Kleber & Brom, 1992), and amnesia has also been demonstrated after combat experiences (Karon & Widener, 1997; Van der Hart et al., 1999). The purpose of this chapter is to present a systematic overview of the existing literature on the subject of trauma-induced amnesia in Holocaust survivors. Although the concept of repression was current in the older clinical literature, we prefer the expression of dissociative amnesia instead, thereby following DSM-IV (APA, 1994) and the currently prevailing view (e.g., Brown et al., 1998; Van der Kolk et al., 1996). The DSM-IV describes dissociative amnesia as “an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness” (p. 478). Here we are primarily interested in descriptions of dissociative amnesia as a phenomenon, not whether it should be regarded as a psychiatric disorder or as a part of a disorder.

Relevance of the Subject

In the recent emotionally charged debate on the existence of trauma-induced amnesia and false/recovered memories, in particular with regard to childhood sexual abuse (CSA) (Loftus, 1993; Ofshe & Watters, 1993), the issue of amnesia in Holocaust survivors for their war traumas has become the center of a heated debate. Although some participants in this debate have proposed that psychogenic amnesia, other than normal forgetting, for trauma does not exist at all (e.g., Loftus, 1993; Ofshe & Watters, 1993; Pope & Hudson, 1995), some memory specialists have even stated that no evidence exists for the occurrence of amnesia in survivors for their experiences in the Nazi concentration camps (Wagenaar & Crombag, 1995).

In the area of CSA, empirical evidence is accumulating that a significant proportion of adult survivors have amnesia (Pope, 1996) for all or parts of their abuse. Thus, Brown, Schefflin, and Whitfield (1999) reviewed 68 data-based studies, both retrospective and longitudinal, that demonstrate that such amnesia is a robust finding across all of these studies. In other fields of traumatic stress there is a body of research showing the occurrence of amnesia (Loewenstein, 1996). However, in documenting the psychological sequelae of the Holocaust in its survivors, the emphasis in ego documents and scientific and clinical publications has mainly been on remembering their sufferings and on how their memories affect their current lives. In a continuing urge to bear witness, the fact that some survivors may be amnesic for all or significant parts of their Holocaust experiences has been relatively neglected. True as this may be, references to this phenomenon are not altogether absent.

Amnesia in Holocaust Survivors: General Remarks

In his book, *Moments of Reprieve*, author and Holocaust survivor Primo Levi (1986) remarked that “it has been observed by psychologists that the survivors of traumatic events are divided in two well-defined groups: those who repress their past en bloc and those whose memory of the offence persists, as though carved in stone, prevailing over all previous or subsequent experiences” (pp. 10-11). Levi went on to say that he, by nature, belonged to the second group. “Of my two years of life outside the law I have not forgotten a single thing. Without any deliberate effort, memory continues to

restore to me events, faces, words, sensations, as if at that time my mind had gone through a period of exalted receptivity, during which not a detail was lost” (p. 11). Primo Levi, whose focus was on hearing witness of his own experiences in the Nazi camps, nevertheless noted the existence of massive amnesia in some other survivors.

In Dwork’s work on the oral history of child survivors of the Holocaust (1991), the emphasis is also on the phenomenon of hypermnesia, almost by definition ignoring the existence of amnesia. Thus, she quoted Halina Birenbaum (1971), age fifteen when liberated from the concentration camp Neustadt-Glewe, who twenty years later, in the conclusion of her account of her Holocaust experiences confessed her inability to forget. “Everything, down to the most minute details, remained unerased and fresh in my memory, as though it had happened yesterday” (p. 244).

What, then, has been reported on amnesia for such experiences? Apart from the various case descriptions to be presented here, several authors have paid largely unsystematic attention to it. In general, their observations are rather abstract or do not include enough data to be certain about the nature of this presumed amnesia. One of the first was Niederland (1968), who, in his discussion of the symptomatology of the so-called survivor syndrome, mentioned memory disturbances such as amnesia and hypermnesia, disorientation between the present and the period of persecution, as well as dissociative phenomena. In the same year, the psychoanalyst and Auschwitz survivor De Wind (1968) remarked that most former inmates of Nazi concentration camps could not remember anything of the first days of imprisonment. “The experience of reality would be overwhelming and would cause chaos” (p. 19). Allowing chaos and regression was dangerous in the camps, De Wind noted, because one had to remain capable of reacting more or less adequately. In describing disturbances in thought and memory, Musaph (1973) observed that amnesia may exist for certain persecutory experiences, whereas other Holocaust experiences are extremely well remembered. Kluft (1997) stated, “... among the Holocaust survivors I have interviewed, I have not encountered any one who did not recall being caught up in the Holocaust, but I have spoken to many who, despite the inextinguishable recollection of unspeakable horrors, had considerable gaps in their autobiographical memories of their personal ordeals” (p. 50). Hogman (1985), herself a child survivor of the Holocaust, writes about the “arduous, but necessary task” of recovering memories that were lost since the traumatic period.

Trauma-induced amnesia is referred to in Van Ravesteijn’s (1976) clinical observations of survivors of the Nazi concentration camps. In reality, he remarked, they feel impotence to remember this episode: most memories have become prey to amnesia. “A smell, a sound, an image evoke fragments of images or emotions, more compelling than current reality, fragments to which all experienced pain, anger, fear, shame and powerlessness have attached themselves. Must a coherent account be given, then it is often painfully apparent that this is impossible. Mostly, the person is unable to present an overview of this period” (p. 195).

In their study of Holocaust-related memories, Mazor et al. (1990) interviewed 15 child survivors of the Holocaust and stated, “Only two individuals said that they repressed their past. For one the war seemed a prehistoric period disconnected from the time after the war. The other person said that he was too young and could not grasp the war period at all... one person said that he repressed his memories both after the war and 40 years later, and he forgot a lot of his memories” (p. 6). However, the exact nature of this repression remained unclear: did this “repression” refer to true amnesia, or did their observations pertain to conscious efforts to avoid the memories? The same question can be asked about the observations of Bastiaans (1987), who wrote, “The intensities of repression and of that which was repressed were highly underestimated” (p. 114).

The findings of Lagnado and Dekel (1991) in this regard do seem to imply true amnesia, but the question may be asked here if infantile amnesia, i.e., the loss of memories from early childhood, is what this amnesia is about. In their study of the twins who were abused by Dr. Josef Mengele in his cruel experiments in Auschwitz, these authors reported, “A few of the twins insisted that they had no memories of Auschwitz whatsoever. Instead, they dwelt on the sadness of their post war adult lives—their

emotional upheavals, physical breakdowns, and longings for the dead parents they had hardly known. The younger they were at Auschwitz the less they consciously remembered, the greater their turmoil as adults: That was the rule” (p. 8).

Laub and Auerhahn (1993) more systematically studied trauma-induced amnesia in Holocaust survivors, which they placed within their typology of forms of knowing and not knowing massive trauma (i.e., Holocaust trauma). They organized the different forms of knowing along a continuum according to the mental distance from the traumatic experience.

The different forms of remembering trauma range from not knowing; fugue states (in which events are relived in an altered state of consciousness); retention of the experience as compartmentalized, undigested fragments of perceptions that break into consciousness (with no conscious meaning or relation to oneself); transference phenomena (wherein the traumatic legacy is lived out as one's inevitable fate); its partial, hesitant expression as an overpowering narrative; to its use as a metaphor and vehicle for developmental conflict. These different forms of knowing, ranging along the continuum of psychological distance from the trauma, also vary in degree of encapsulation versus integration of the experience and in degree of ownership of the memory—i.e. the degree to which an experiencing ‘I’ is present as subject. (p. 289)

In this chapter we are mainly concerned with the first two forms, which pertain to trauma-induced amnesia with and without dissociative reexperiences (i.e., hypermnnesia).

Amnesia in Holocaust Survivors: Case Descriptions

The existing literature reports several cases of Holocaust survivors with amnesia for some or all of their Holocaust experiences. In presenting these cases, we follow the DSM-IV (APA, 1994) classification of dissociative (or psychogenic) amnesia, a traditional classification which was proposed a century ago (e.g., Janet, 1893/1901): localized amnesia, selective amnesia, generalized amnesia, continuous amnesia, and systematized amnesia.

Localized Amnesia

According to the DSM-IV, in localized amnesia the individual fails to recall events that occurred during a circumscribed period of time, usually the first few hours following a profoundly disturbing event. Janet (1893/1901) noted: “The events of which the remembrance is lost are gathered into a common characteristic. They all belong to the same epoch, the same period of the patient’s life” (p. 83). Localized amnesias may pertain to events of short duration, e.g., one traumatic event; others may range for longer periods of time. De Wind’s (1968) observation, cited before, that most former inmates of Nazi concentration camps could not remember anything of the first days of imprisonment is an example of this circumscribed form of amnesia. However, the Holocaust literature reports cases with amnesia for more extended periods of time.

With regard to more restricted localized amnesia, several authors report amnesia in child survivors for the traumatic separation from their parents.

Daniela. In his study on Jewish war orphans in the Netherlands, Keilson (1979/ 92) described the case of Daniela, born on May 5, 1935, who was rescued from the “crèche,” a place for Jewish children waiting for their transport to the camps, in Amsterdam at the age of 8 together with her two older siblings. Commenting on a follow-up interview which he had with her in 1971, Keilson remarked: “Her numerous memories of her childhood and her parents were sharply delineated and accompanied by a strong emotional tone. This made it particularly surprising that the moment of separation from her parents and the train journey to her foster parents accompanied by a strange woman had apparently been erased from her memory” (p. 211).

Katy. In her classic paper on dissociative phenomena in former concentration camp inmates, Jaffe (1968) described a dissociative episode in a female patient

manifested during a psychiatric examination and referring to an extremely traumatic experience for which apparently amnesia existed.

Katy was 24 years old when war broke out. During the psychiatric examination she suddenly turned her head, rose, bowed, made searching movements with her head, covered her eye with her hand, as if to see better into the distance, listened, talked to herself, and burst into laughter which resembled crying. The impression she made on the observer was that of a psychotic patient. After some minutes she regained composure and related that she had heard her sister's voice. Exploration in narcoanalysis revealed that this pantomimic scene is an almost exact repetition of a traumatic situation which she had gone through on her arrival at the railway station of Auschwitz concentration camp. She had arrived there with her 8-year-old son and her younger sister who was the boy's maid. After the journey of several days in a closed cattle van, she had got out exhausted and dazed. When recovering after the first minutes of perplexity and confusion, she saw two columns of people leaving the station in different directions, one consisting of the old and of mothers with children, and the other one of young men and women. She understood from previous experiences that this was a "selection" and that the first column was destined for death. Before she could run after them and take her sister's place in order to save her, she was kicked into the second column of those selected for work. She could hear her sister calling "Katy where are you? Why do you leave me?"

Jaffe calls this phenomenon a dissociative state, in which "formerly suppressed and or hazily experienced events ... still cannot attain to the integrative faculty of the ego" (p. 312). Although Jaffe did not refer to amnesia per se, we believe that the disrupted connection between Katy's personal consciousness and her traumatic memories (explored in narcoanalysis) can be called dissociative amnesia.

Rose. A rather similar state was reported by Hass (1995), who described a woman who was 19 years old in the spring of 1944. Relating her visit to Auschwitz 40 years after liberation, she said: "And then the room filled with children's shoes. That was the hardest thing. I had been repressing something before I saw the children's shoes.... I saw children carried by Nazi soldiers to the Pit and dropping them into the Pit.... At the time I didn't want to believe that was what I was seeing. I hid that in my memory until I saw the shoes" (p. 166).

Misha. In his book *De zoektocht [The search]*, the Dutch sociologist Durlacher (1991), a child survivor of Männerlager Birkenau B II D, described his search for and meetings with another twenty child survivors from this camp. Misha, one of them, told him about his youth in Czechoslovakia and about the first years of the war, before he would be transported to the nazi camp Theresienstadt. Durlacher wrote:

Misha's tempo of narrating slows down. He stares in the air to press the facts from his memory, he looks helplessly at me and admits hesitantly that the period in the camps is wiped out from his brain. The old school notebooks in front of him on the table appear to contain the report which he wrote directly after his liberation, following the advice of the doctors of the sanatorium in the Tatra mountains. With each question regarding the period of December

12, 1942, till May 7, 1945, he admits while feeling embarrassed that he cannot remember anything, and he leafs nervously through the pages written with a child's hand. He shows me his notebooks, and although I am unable to read the Czechoslovakian text, I recognize a great many situations from that time from the simple but revealing pen drawings: barracks, guards and Kapo's, prisoners at "appel," under stick beatings, at the gallows, SS's with whips and guns, a crematorium, barbed wire with isolators, a selection, the gate of Mauthausen. My questions about them die down. Why should I rip that soft coat of forgetfulness? There in that sanatorium during the Spring of 1945 he liberated himself of that poisonous burden. I almost envy him." (pp. 119-120)

In the next conversation, Misha told Durlacher about the time after the war. After having worked extremely hard (in order to numb himself), he went to live in 1951 with a nephew and his family in the United States.

They were good to me, but I didn't feel happy there. I lived under a belljar. The world around me seemed unreal. In spite of my dejection, I finished my studies at Columbia University. Suddenly, the loss of my family penetrated vehemently in me. I collapsed, and then a piece of the life in the camps disappeared, "Partial amnesia," the doctor called it. Without my notebooks, those years would have disappeared altogether. (p. 123)

Jindra. Durlacher (1991) described the similar example of Jindra, born in 1931, who was able to give some precise information about his childhood before the Holocaust, but who had to admit that he hardly remembers anything from his years in the camps. One thing he remembered is receiving the tattooed number on his left arm. From the winter months of 1944 until just before the liberation in April 1945, only two words stayed with him: Dora and Nordhausen. He mentions them, uncertain about the pronunciation. In a flash I understand his amnesia, and shocked I hold my tongue. Dora was the hell which almost nobody survived, was it not? Underground, without fresh air or daylight, Hitler's secret weapon of destruction, the V-2 rocket, was made by prisoners. Only the dying or the dead came above ground, and Kapo's and guards. (p. 129)

Mark. Kathy Steele (personal communication, August 30, 1996) mentioned her treatment of Mark, a male patient of Dutch Jewish descent suffering from a dissociative disorder. When he was between age twelve and fourteen, Mark had been interned—without his father, who had died before, or his mother—in one of the lesser known Nazi concentration camps. He had received this information from his mother and he reported this as a fact. However, he said that he had absolutely no memory of those two years. Subsequently, he told Steele that he had "caves" in his head, and many memories were stored there. He did not want to open them.

Child Survivor of Auschwitz. Somer (1994) described the treatment of a 58-year-old woman, born in Poland, who survived the Holocaust, amongst others, a year-long internment in Auschwitz. She was 11 years old when she saw the American liberators enter the gates of Auschwitz. During the first five sessions the patient's life history was taken.... The diagnostic impression was one of post-traumatic stress disorder, chronic, with dissociative features and psychosomatic correlates. The patient was amnesic to almost the entire duration of her imprisonment in Auschwitz. Fragmentary recall was devoid of any affect. The patient had only scarce memories of the years prior to her internment in the death camp. She felt as if her life began only following her liberation

and subsequent immigration to Israel. (p. 57)

Helen Landsbury. Auerhahn and Laub (submitted) tell of Helen Landsbury, a survivor who was reported on the ABC news show 20/20 in 1995. She has no recollections of her Holocaust experiences. Nor does she recall reunification after war with her two surviving siblings with whom she was persecuted during some of the war years. Instead, she fondly remembers the pre-war years of her earlier childhood and her post-war marriage to a non-Jewish British soldier. She left her siblings in Europe to begin a new life in England, where she raised her children as non-Jews and talked to her new family only about the “before,” never about the war itself. She had no idea that her siblings, who eventually emigrated to the United States, were still alive and that they continued to search for her for 50 years. By the time they finally located her through the American Red Cross, she was in her 70s and facing ovarian cancer. At that point she was finally able to acknowledge regret and a sense of loss over having given up her ties to Judaism and over the gap in her memories.

Selective Amnesia

In selective amnesia, the person can recall some, but not all, of the events during a circumscribed period of time, e.g., a combat veteran can recall only some parts of a series of violent combat experiences (APA, 1994).

Ava Landy. In Marks’ (1995) collection of interviews with hidden child survivors, Ava Landy described her amnesia for most of her experiences during the war, since Yom Kippur 1942, when she was four years of age. Then the SS came to arrest her father, after which she went into hiding in a series of different places.

So much of my childhood between the ages of four and nine is blank. I have so many questions without answers! I feel like an unfinished puzzle. It’s almost as if my life was smashed into little pieces on that Yom Kippur that my father was taken, and I’ve been spending my life ever since then trying to put the pieces together in a way that make sense. The trouble is, when I try to remember, I come up with so little. This ability to forget was probably my way of surviving emotionally as a child. Even now, whenever anything unpleasant happens to me, I have a mental garbage can in which I can put all the bad stuff and forget it. (p. 188) At night I lie in bed and I try to remember my childhood, but I just can’t! I tried hypnosis once. It didn't work at all. Nevertheless I keep hoping and imagining that someday something will bring my memory back. Whenever my sister and I get together, or when I go to Belgium or Israel, we always end up talking about the war. Eventually the reminiscing gets to be competitive. Invariably someone starts to brag, “If you think you know an interesting story, listen to this one!” That’s been the ritual, year after year. Well, you know what? I’m the one who knows all the best stories! I know a zillion stories. The trouble is, they’re all other people's stories. None of them are mine. (p. 193)

Systematized Amnesia

Systematized amnesia is loss of memory for certain categories of information, such as all memories relating to one’s family or to a particular person (APA, 1994). “The patients lose, not all their remembrances acquired during a certain period, but a certain category of remembrances, a certain group of ideas of the same kind, constituting a system. Thus, they will forget what relates to their family or all the ideas relating to such or such a person” (Janet, 1901, p. 79).

Ruth Rubenstein. In Marks's (1995) collection of interviews with hidden child survivors, Ruth Rubenstein reported amnesia for the visits her parents, also in hiding, made to her once a month. Her family fled from East Prussia to Belgium in 1939, when she was one and a half. Shortly thereafter, her father was picked up and sent to a detention camp from which he escaped one year later. Ruth did not recognize him anymore. In 1942 her parents left her with the nuns without giving any explanation. When they were allowed to visit her after six weeks, "I was a wreck! I was practically mute and I kept crossing myself. I wasn't sure who they were. I had lice, impetigo, and bronchitis. I also must have been very angry. When they asked me if I wanted to come home, I said no" (p. 117). Subsequently, she was brought to a childless couple named DeMarneff, with whom she had a good time. "As it turned out, this was my first normal childhood experience. I had children to play with, including two best friends. My parents, who spent the war hiding in a series of different places in Brussels, visited me once a month. Apparently that was the only time they got to eat. Strangely I cannot remember a single one of their visits!" (p. 118). Ruth stayed with the DeMarneff's for two and a half years. "When the war was over, Mami and Papi DeMarneff didn't want to part with me. Once again I don't remember any good-byes" (p. 118).

Judy Cohen. Judy Cohen (personal communication, June 6, 1996) related that her amnesic episodes during the Holocaust seemed to be connected with trains and travel. A survivor of Jewish-Hungarian origin born in 1929, she survived approximately five months in Auschwitz-Birkenau, three months in Bergen Belsen, three months working as a slave labourer in a Junkers Aeroplane factory in Asherleben, and a forced march lasting about ten to fourteen days, she believes. On May 5, 1945, at age 16, she was liberated, together with the pitiful remnants of about 185 from the original 500 at the beginning of the march from Asherleben to possible oblivion. She remembers most of the major events but not specific episodes related to trains and travel. This is not only true today but also for the time directly after liberation.

The trip from Auschwitz-Birkenau to Bergen Belsen is not more than a "blur," although she does have clear memories from Bergen Belsen itself. The same pattern of "forgetting" is present in all of her reporting.

My memory fails *me* again when it comes to getting, with 500 other girls, from Bergen Belsen to Asherleben. I have no idea whether the mode of transportation was cattle cars or regular passenger trains, or whether we ate or not. Nothing, zilch.

And then, finally, after the liberation by the American Armed Forces, we were gathered in a huge refugee center in Leipzig.... This much I recall that the Americans took all of us who wanted to return to Hungary to the Czech border, in huge army trucks. There they put us on trains. And that's it. From here on, my mind is a total blank. I have absolutely no idea how I, along with the others, got to Budapest. How long it took, who provided food, what cities we went through? I remember nothing, absolutely nothing. The next thing I recall is being in the office of the Budapest Jewish Community, which was functioning quite well by then. I remember eating good food somewhere, maybe in a restaurant, and then again being put on yet another train to get back to my hometown Debrecen. The same thing here, too. The trip is a blank.

Bessie K. Laub (personal communication, May 1996) remarked that, among types of amnesia, the phenomenon that struck him most is that of parents who lost their children in the Holocaust and did not "remember" their existence. "I truly believe they did not know of those children. I have seen myself three such patients and heard of many

more.” In this regard Laub and Powell (submitted) refer also to Langer (1995), who quoted the videotaped testimony of the Holocaust survivor Bessie K. She recalled how she attempted to hide her baby boy while German guards separated men, women, and children in preparation for boarding them into cattle trains.

But the baby was short of breath, started to choke, and it started to cry, so the German called me back, he said in German, “What do you have there?” Now; I didn't know what to do, because everything was so fast and everything happened so suddenly. I wasn't prepared for it. To look back, the experience was—I think I was numb, or something happened to me, I don't know. But I wasn't there. And he stretched out his arms I should hand him over the bundle; and I hand him over the bundle.
And this is the last time I had the bundle ...

Soon after, in the Stutthof concentration camp, she met the doctor who had previously treated her while they both lived in the ghetto before the deportation. She continued:

And when she [the doctor] saw me there she was so happy to see me, and right away she says, “What happened, where's the baby, what happened to the baby?” And right there I said, “What baby?” I said to the doctor, “What baby? I didn't have a baby. I don't know of any baby.”
Bessie K. then paused, tapped her brow with a finger, and concluded: “That's what it did to me” (pp. 143-144).

Generalized Amnesia

In general amnesia, failure of recall encompasses the person's entire life (APA, 1994). If we extend this definition to amnesia for one's entire life before the war or until some time after the liberation, then several cases reported in the current literature should be placed under this heading. Janet (1893/1901) observed that in cases of this rare form of amnesia, “the patient, after a series of attacks or sleeps, may have apparently lost entirely all the remembrances acquired in her life. It would seem that she is born a second time, and that she has to learn over again all she has learned in her childhood” (1901, pp. 85-86).

It is perhaps not surprising that, after such massive traumatization as occurred during the Holocaust, this form as compared to the number of other reported kinds of Holocaust amnesias is not exceptionally rare.

Dan. In his follow-up study on the fate of the Jewish war orphans in the Netherlands, Keilson (1979/1992) presented 204 case studies. A few of them showed extended amnesia, which is mentioned only in passing by Keilson. One of the clearer instances concerns Dan, born on October 12, 1930, who fled from Germany to Holland at the age of seven with two older siblings.

He spent the war—separated from his siblings—in ten different hiding places. His second traumatic sequence must be classed as particularly severe. This period is described ... as follows: arrested in several raids, escaped, hiding place guesthouse, dangers, isolated, no schooling, nights on the streets, enuresis, occasional contact with older sister, courier for the resistance movement. After the war Dan stayed in his last foster environment for three months as his siblings were not yet able to take him in. Then came a six-month stay in a Danish convalescent home and return to his siblings. Apart from severe difficulty concentrating and working—he withdrew from the final examination of high school—he had considerable gratitude problems, flight fantasies and persecution dreams. He was inhibited, lacking in initiative, tense and suffered from total

amnesia concerning the first ten years of his life; he perspired heavily. Pseudo-adaptation in Jewish settings and associations. Essentially isolated, depressive, difficulty relating to others. (1992, p. 205)

O.K. Modai (1994) reported the case of O.K., a 58-year-old female hidden child survivor in Israel with total amnesia for her whole childhood including the Holocaust, who sought help for depression. She suffered from inability to function, low self-esteem, lack of concentration, insomnia, suicidal ideation, withdrawal and guilt feelings. O.K. heard some details about her childhood from a cousin in Israel who witnessed her childhood hardships. She was born in Hungary, an only child to a Jewish couple. When she was eight years old, the Germans first took her father, then a few months later, arrested her mother. She was left with her grandmother who died a few days afterwards. The neighbours found her sitting by her dead grandmother and put her in a monastery. There she learned to serve Christianity. After the war, she was collected by her parents who survived concentration camps and sent to a Jewish religious school. When she was 14 years old, she immigrated to Israel with her parents. The immigration ship was arrested by the British authorities and all immigrants were taken to a camp in Cyprus. While getting off the ship, she lost her parents and was found by a British soldier. In Israel she was put in a kibbutz (p. 69).

She suffered from total amnesia of her childhood in Hungary and of everything that happened to her during the Holocaust. When talking about it in an intellectual manner, no feelings were aroused. She could only cognitively imagine a sad story of another child going through all these hardships but without actually feeling anything. Also, she did not dream about any event that happened to her during these hard times.

The information she received from her cousin did not revive her memory. Childhood was completely dissociated from the course of her life. An attempt to confront her with actual objects from her past, for instance, sending her to visit the immigrant ship, triggered an immediate manic episode followed by a deep depression and a dangerous suicidal attempt. She tried to jump in front of a big truck. (pp. 69-70)
In the course of psychotherapy she did not regain her memory of her childhood.

Child Survivor of Auschwitz. Simenauer (1968) saw “the complete loss of identity” in numerous survivors of the concentration and extermination camps. Although it is not totally clear what he means by this loss of identity, he clearly refers to the loss of the memory of most of the traumatic period, which allows the person to live as if he had not gone through it. Simenauer describes the case of a 7-year-old boy who was taken to a Polish ghetto with his family. Afterwards he was transferred to Auschwitz. “His only conscious memory of Auschwitz contains heavy work, hunger, cold and disturbed sleep.” After the war he “achieved extraordinary adaptive processes” and besides some free floating anxiety “his character formation presents all the signs of an infinitely precarious balance, but up to now no more psychopathological symptoms are forthcoming” (p.307).

Continuous Amnesia

The DSM-IV defines continuous amnesia as the inability to recall events subsequent to a specific time up to and including the present. We have not found any reference to the occurrence of continuous amnesia in Holocaust survivors.

Research Data

In the research literature on Holocaust survivors we found six studies reporting on amnesia. We should make clear, however, that most of these studies report on amnesia as a symptom, and they generally do not refer separately or specifically to amnesia for traumatic experiences. Two clinical studies use case reports as research material; one used the Structured Clinical Interview for the DSM-III-R, and three empirical studies used the Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) in population samples.

The first study of Krystal and Niederland (1968) pertains to symptoms found in the case records of 149 patients who were treated by them. Among the “disturbances of cognition” (which nowadays are more likely to be labelled as dissociative phenomena), they report on 26 cases (19%) suffering from amnesia. The amnesia they observed consisted of far-reaching memory defects with total or partial amnesia for various traumatic events, marked vagueness of the capacity to recollect, and the emergency of acute episodes of confusion and anxiety when urged to remember what the events were.... In the most intense panics, we observed episodes of confusion, disorientation, and also dreamlike states in which the patients believed themselves to be back in a concentration camp (7 percent of our patients). (p. 329)

Kuch and Cox (1992) investigated 123 Holocaust survivors, of whom 78 had been in concentration camps for more than one month, 20 had been in an extermination camp and had been tattooed with identification numbers, and 45 had survived the Holocaust after being in labour camps, ghettos, or in hiding. Psychogenic amnesia was reported in 3 (3.8%) survivors of the concentration camps and in 2 (10%) survivors of the extermination camps.

A sample of 100 Holocaust survivors, of whom 70 had been in concentration camps and 30 had been in hiding during the Holocaust, was studied to detect differences in their symptom profiles (Yehuda, Schmeidler, Siever, Biner-Brynes, & Elkin, 1997). Participants were volunteers, and they were interviewed by mental health workers with expertise in evaluating and treating PTSD and additional training in the use of the research measures. Amnesia was measured through the Clinician Administered PTSD Scale (CAPS), which provides a quantified measure of each PTSD symptom on a scale of 0 to 8. The mean amnesia score for the whole group was 1.99 (SD 2.8) and for those who endorsed the amnesia item it was 4.33 (SD 1.79). In 46% of this sample, the amnesia item was endorsed, indicating its presence to some degree.

In three studies the DES, which taps the field of dissociation and includes several questions on dissociative amnesia was used. The studies were conducted in the United States on 60 elderly survivors with a mean age of 67 (SD = 4.4) (Yehuda et al., 1996), in The Netherlands on three samples of people who were victimized in the Netherlands Indies during World War II (Mooren & Kleber, 1996), and in Israel on a sample of 34 child survivors of the Holocaust (Cohen, Brom, & Dasberg, 2001). The data from these studies are shown in Table 1.

TABLE 1.
Dissociative Symptoms as Measured by the Dissociative Experiences Scale

	Total Score			Amnesia	
	M	SD ^b	N	M	SD
Yehuda et al. (1996)					
Survivors with PTSD	18.4	<i>a</i>	35	2.89	2.72
Survivors without PTSD	9.5	<i>a</i>	25	0.80	1.2
Comparison subjects	5.3	<i>a</i>	16	0.0	0.0
Mooren & Kleber (1996)					
Clinical survivors	25	17	63		
Survivors receiving compensation	15	13	272		
Nonclinical survivors	11	11	225		
Nonsurvivors nonclinical controls	7	9	349		
Cohen, Brom, & Dasberg (2001)					
Population sample of child survivors	7	6	34		

^aThe standard deviations are given in square root.

^bSD = standard deviation

All of these studies show that dissociative symptoms are present in different samples of survivors of World War II. Although the relationship between general

dissociative symptoms and amnesia for traumatic events has not been studied specifically, we can assume that there is a high correlation between them.

Discussion

Paucity of Literature on Holocaust-Related Amnesia

In this article an overview has been presented of the relevant literature—biographies, autobiographies, clinical and research publications—on the issue of amnesia in survivors of the Holocaust. From this overview we may conclude that amnesia for Holocaust experiences has been reported in all of the sources. The phenomenon has existed for many years, but attention to it has been relatively scarce. One reason may be that the use of psychoanalytic concepts such as denial and repression, with their often vague or ambiguous meanings, in clinical writings on Holocaust survivors have obscured the existence of the phenomenon of (dissociative) amnesia itself. It should be added, however, that in the recent psychoanalytic writings of authors such as Laub and Auerhahn (1993) trauma-induced amnesia in Holocaust survivors is receiving explicit attention.

As mentioned before, a second reason for the lack of attention to amnesia in Holocaust survivors may lie in the socially accepted norms that surround the Holocaust. Kirmayer (1996) eloquently showed the different social demands made on survivors and the influence of this demand on the narrative that has developed concerning the Holocaust, in contrast to the narrative concerning sexual abuse. The relatively low prevalence of amnesia in Holocaust survivors and the high prevalence of amnesia in survivors of child sexual abuse are described by Kirmayer in the context of social norms. The retelling of the Holocaust is experienced as a collective duty, and personal testimony is part of the evolving collective experience. Retelling of childhood abuse involves breaking an accepted image of family life and as a rule is an individual effort. Considering these social norms we may understand in part that amnesia as a phenomenon in Holocaust survivors has been relatively neglected and that hypermnesia has received most attention. Given the massive amount of empirical research on this issue (see Brown et al., 1998), it is much more expected that CSA survivors will temporarily forget their traumatization and subsequently recover these memories.

Another possible reason for the low incidence of amnesia among Holocaust survivors is the age effect, which seems to influence the prevalence of dissociative phenomena. The question that remains unanswered is what the prevalence of dissociative symptoms has been during the course of the life of the survivors from the war until now. From recent research that indicates that peritraumatic dissociation is a strong predictor for posttraumatic disorders (Marmar et al., 1994; Shalev et al., 1996), we might assume that in those survivors who suffer from posttraumatic symptoms now, dissociation has been stronger in the past.

Almost No Delayed Recall

One obvious characteristic of the examples presented of amnesia for Holocaust-related experiences is that in almost all cases the amnesia still existed at the time of the report. Although survivors of the Holocaust do mention the late recall of previously “forgotten” material, the issue of the recovery of memories has not been often described in this literature. Only in Somer’s (1994) case did the use of hypnosis help the patient to recover many of her memories of Auschwitz and of her separation from her parents. In the literature on CSA, the reported amnesia is much more often related to delayed recall, except in studies in which the researchers took a sample of reported instances of CSA and subsequently, i.e., 17 years later, interviewed the former victims (Williams, 1994).

Amnesia and Alexithymia

Another relevant concept in this regard is alexithymia, which refers to the inability

to feel or express emotions, fantasy, imagery, or to the defence against such feelings and experiences. Bastiaans (1987) related this concept to the fixation of Holocaust survivors to their most painful experiences during the war, while at the same time being unable to find words for what they went through. We can assume that alexithymia is a phenomenon related to amnesia and that we will actually find amnesia in those reporting alexithymia. Research by Yehuda et al. (1997) on survivors of the Holocaust with and without post-traumatic stress disorder, has shown that there is a relationship between post-traumatic symptoms and the presence of alexithymia.

Other Causes of Amnesia

When we try to determine the origin of the amnesia in Holocaust survivors, we have to cope with several possible explanations. The question of normative childhood forgetting inevitably comes up when we discuss the topic of amnesia. We can only speak about dissociative amnesia if we may expect recall in the given circumstances. One possible competitor as an explanation for the lack of recall is normative infantile amnesia. There are no set rules to determine what one could expect someone to recall from one's early childhood. Verbal memories are unlikely to be available for experiences prior to age two (Loftus, 1993), although a review of the literature on childhood memory (Enns, McNeilly, Corkery, & Gilbert, 1995) maintains that memory systems of young children are similar to those of older children or adults and that nonverbal memories of experiences prior to age two may be available and accessible. Infantile amnesia should be considered an alternative when dealing with memories before age four, but with prompting even earlier memories often are accessible (Parkin, 1997).

Another explanation for cognitive disturbances in Holocaust survivors is the physical ordeal they went through. Both the hunger and the other forms of emaciation have had strong influences on the physical and mental well-being of survivors, and some authors have brought up the idea that cognitive problems may have organic causes, such as extreme under nourishment (Thygesen, Hermann, & Willanger, 1970).

Recommendations for Further Study

Amnesia constitutes one of the more complex fields of study because one looks for the void, for the absence of something. In the light of the fact that delayed recall has not been reported frequently in Holocaust survivors, it seems natural that amnesia has remained an underreported phenomenon. Systematic study of amnesia for trauma will have to become more specific, and both general dissociative symptoms and amnesia as symptoms cannot be considered sufficient measures of trauma-induced amnesia. In future studies, measures will have to be developed that can grasp the discontinuity of memory that seems to be an important part of coping with massive trauma.

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