

Holocaust trauma and its transgenerational transmission in the Visegrad countries

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Abstract

In the context of Central and Eastern Europe, the legacy of the Holocaust is still very much alive. The post-war silence on the impact of the Holocaust and the persistent stigmatization of Jews during the communist era has affected coping within the intergenerational chain of Holocaust trauma. Sharing the Hungarian, Polish, Slovak and Czech experiences together shows both similarities (such as the conspiracy of silence) and differences (societal milieu, relation to Jewish population) in addition to original attempts at coping and treatment for the traumatic impact of the Holocaust. Contemporary authors on the topic of transgenerational transmission of trauma can build on the work of earlier pioneers such as Teréz Virág in Hungary, Maria Orwid in Poland, Peter Salner in Slovakia and Helena Klímová in the Czech Republic. The authors' shared experiences underscore the importance of systematic psychotherapy as a path to understanding and healing. Expanding treatment options for transgenerational trauma will be needed to prevent traumas in the future.

Holocaust; trauma; transgenerational transmission; transfer

INTRODUCTION

As a result of tragic historical events such as the disintegration of Austria-Hungary, the First World War, the onset of fascism and the cruelty of the Second World War, including the resultant consequences, psychological evidence is still persistent in the history of individuals, fam-

ilies, groups and states. The events of the Second World War still have an impact – albeit often hard to observe and sometimes invisible – on the descendants of the damaged families, the persecuted and the murdered.

Due to the circumstances, the psychological effects were often suppressed and concealed by the victims themselves and were treated, if at all, decades after the war. At the same time, untreated traumas were passed on to the next generations, thus their children, grandchildren and now great-grandchildren.

There are almost no professional links among the V4 countries in the field of transgenerational transmission of Holocaust trauma. In individual countries, some specialists have long been interested in and published about this issue. The aim

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of this project¹ was to contribute to the treatment of these long-term wounds, to look for similar and different social and cultural phenomena and to provide new information about professional work with transgenerational transfer of trauma for professionals, with Jewish communities and the general public in post-communist countries. The project included meeting specialists from the V4 countries, educating the Jewish population and mental health professionals, and above all, exchanging experiences within the V4. We tried to learn more about the context of transgenerational transfer of trauma within the Visegrad countries (V4) and to bring new insights about the healing of trauma for Jewish communities and for the specialists who work with this issue. As far as we know, this is the first attempt to link the V4 countries in this area.

1. The Holocaust and its Legacy in Hungary: Transgenerational Transmission of Trauma

1.1. Beginnings of Holocaust Research and Work in Hungary

Interest in the Holocaust in Hungary and the transgenerational effects on Hungarian Jews began in the early 1980s shortly after publication of the first international studies: this was the time when the first series of interviews was recorded in an organized and planned form, predominantly by psychologists and sociologists [1]. On 9 November 1982, Teréz Virág gave a lecture at the Hungarian Academy of Sciences as part of a conference of the Hungarian Psychological Society, in which she recounted her experience of therapy with Holocaust survivors and their children [2, 3]. This lecture meant the end of the era of silence: afterwards, research began in Hungary into the consequences of the Holocaust, and people began to speak about them.

In Hungary at the end of the 1980s and the first half of the 1990s, well-known Hungarian psychotherapists conducted interviews primarily with child survivors of the Holocaust as part of the Kestenberg Child Survivor Archive [4, 5]. Furthermore, in Hungary, psychologists and so-

ciologists initiated the first oral history research projects on the Holocaust in the early 1980s [1]. The Kestenberg project – an international undertaking, engaging Hungarian psychotherapists who already had experience with Holocaust-related work and oral history projects – fit therefore, the contemporary Hungarian scene very well.

Several other local projects were initiated in Hungary as well. These aimed to examine the impact of the Holocaust on survivors and their children, such as the deep interview survey of Ferenc Erős and colleagues [6], the case studies and therapeutical considerations of Teréz Virág and her colleagues [7-10], Judit Mészáros's case study [11] (cit. in 12), interviews and therapeutical considerations of Cserne et al. [13, 14], Pető [15, 16] and Mészáros [11], and the survey of Szilágyi et al. [17].

The first conversation group of Hungarian Holocaust survivors was organized by Teréz Virág in 1990. In 1992, the psychologists, psychiatrists and educationalists participating in the conversation groups, led by Teréz Virág, created a clinic for societal traumatization, primarily psychotherapy for Holocaust survivors, and this retained the name KÚT.

To continue that legacy, in 2018 the Teréz Virág trauma research group was formed. Some of the aims of the group are to manage the legacy of Teréz Virág, to organize conferences, to educate, to mentor students, to organize research and publish the findings, and to provide psychotherapy and consultation.²

1.2. Current State of Knowledge. Therapeutic Work with the Transgenerational Legacy: Our Own Experience

We both [Katalin Zana and Tihamér Bakó] work in private practice in Budapest, where we conduct psychoanalysis and psychoanalytical oriented therapy. Especially, we do therapies with Holocaust survivors and their descendants, and also with descendants of survivors of other collective traumas, for example, the communist regime. In our clinical work and in our re-

¹ This work was supported by the grant [removed for blinded review]

² <https://or-zse.hu/virag-terez-traumakutato-csoport/>, at the Jewish Theological Seminary – University of Jewish Studies, Hungary.

search, our main focus of interest is the short – and long-term psychological effects of collective traumas, especially the effects of mass trauma on the individual. We have developed a psychological model, the Transgenerational Atmosphere, which provides a new interpretative framework for how these events are transmitted non-verbally, in a non-symbolized way (18-25).

We developed the theory of the transgenerational atmosphere to help understand the long-term psychological effects of social traumas, when the trauma victims as a group find that the environment is indifferent, that it doesn't want to hear about the harm they suffered, and in extreme cases supports the abuse, or genocide. The theoretical framework of the Transgenerational Atmosphere helps us to better understand the way the trauma is transmitted, and how the expanded psychological field creates the possibility for former generations to pass on their traumatic experiences. The Transgenerational Atmosphere is an original concept which enables us to comprehend many familiar phenomena within a new theoretical framework, enabling us to interpret areas such as: the psychological impact of the trauma on the first generation, the mode of transmission, the psychological impacts in the heirs of the transgenerational trauma, and special therapeutic aspects [19].

The purpose of this recently-formed (ongoing) group is to process transgenerational legacies. The group includes members who are descendants of Holocaust survivors. Some of their ancestors held positions in the communist system, some were victims of the communist system, and some belong to some other minority (ethnic Germans, for instance). In the group we initially work with techniques that we are familiar with: elements of psychodrama and Playback Theatre [26; 27], and free association technique. As in individual therapy, in the group too we try to listen to the voice of the "collective," the we. We proceed from individual stories, through the transgenerational legacy to the Atmosphere forming in the here-and-now, the group's unconscious processes. The group provides an opportunity for encounters (for each member) to

look beyond their own transgenerational legacy: they listen to the other, in order that the we may come in to being. We ascribe a kind of witnessing role to the group, which may help to work through the individual's collective aspect in the group [24].

1.3 Hungarian Reflection on the Outcomes of the Project

In Hungary, we have organized two events within the framework of the project.

The first, personal event was organized in cooperation with the local Jewish Community Hungarian and the Family Therapy Association in a large rural town, Pécs on 8 June, 2022. It was an open and free event, where professionals (not only psychologists), members of Jewish community and other people interested in the topic were present. The number of participants was approximately 70 people. The other event was organized in Budapest, at MAZSIHISZ Szereketkórház (Hospital of Mazsihisz³) on 10 May, 2023. It was a free, personal event. The meeting was recorded, and the video was shared on the website of the Hospital. Approximately 50-60 participants, including representatives of Jewish communities as well as professionals were present, as for example, representatives of the synagogue of Páva street (the biggest Hungarian synagogue), social workers, representatives from the Holocaust museum and professionals from the Hospital (medical doctors, nurses, hospice team).

Both events were structured in such a way that we held a presentation in the first half, which was followed by a free discussion with the participants. In the presentation we gave a brief introduction to the audience describing the historical context, the Hungarian aspects of the Holocaust, and findings of Holocaust research. Following this, we shared with the audience the results of our previous works, which deal with the long-term psychological effects of collective traumas, especially the Holocaust trauma. Setting out from the direct deep psychological effects of individual trauma, and progressing toward the effects over generations of collective

³ MAZSIHISZ: one of the four historical denominations in Hungary; it is the general representative body of the Jewish community in Hungary. The hospital is operated by the Mazsihisz, but patients and medical staff are not exclusively Jewish.

trauma, we have discussed the role of the social environment in the processing of trauma, and the hereditary transmission of trauma. The presentation was followed by a half-hour discussion. We have received several, very important and interesting comments and questions from the audience. The results are still under discussion in the group; presently we can share some of the topics that have arisen.

At Pécs, we have received a lot of questions in relation to the topic of the replacement children (Memorial Candles lit in memory of the dead). The participants were really touched by the topic and shared their own family history. The question was asked regarding how long, for how many more generations must we carry that difficult legacy. A non-Jewish participant shared with the audience that he is always very touched when he sees stones (so called "stumbling stones") in front of their house, on which names of children who died in the Holocaust are marked. These children were the same age as his children are at present. We also discussed other societal taboos which haunt later generations, for example the rapes and other crimes committed by Soviet soldiers.

In Budapest we have received several questions concerning the remembering (witnessing) from social workers, interviewers, and medical doctors who deal with first generation survivors. First generational survivors, who had remained silent all their lives about what happened to them, sometimes begin to talk, or dream about their Holocaust experiences at the end of their life, but often in a confused state [19]. Professionals raised the question, regarding what they can do when they feel that there is "something," a non-verbal trauma. The "discussion" regarded whether the verbalization can be helpful or not. If not, what can they do, how they can help? Connected to this topic, the museum staff shared with the audience a difficult experience: sometimes they receive objects from the heirs (second and third generational survivors), but there is no related narrative (meaning): the object was important for the survivor, but the heirs do not know why. The question was also raised regarding whether there is a connection between somatic symptoms, mental health, and transgenerational trauma. If so, is there a difference between first and second (or third) generations in this regard?

In both events, the question was raised regarding mixed groups, in which the descendants of victims, perpetrators and "bystanders" are also present. They (we all) questioned whether a dialogue between descendants of victims and perpetrators could be helpful. How could a discussion group or sociodrama group work in the actual political-historical milieu?

In summary, we would like to highlight just some of the important emergent topics. The questions and comments drew the attention again to the trauma of "bystanders," the role of witnessing, and the high importance of the remembering and symbolization process in cases of transgenerational trauma.

2. The Holocaust and its Legacy in Poland: Transgenerational Transmission of Trauma

2.1. The Beginnings of Transgenerational Trauma Work in Poland

In Poland, already in the years 1959-1963, a group of young psychiatrists from Krakow, under the patronage of Antoni Kepiński, conducted the first in Central Europe and one of the first studies in the world of chronic consequences of war trauma, conducting structured interviews with one hundred former prisoners of the Auschwitz concentration camp. Krakow studies were ahead of their time. They were holistic, interested in the context and ways of dealing with trauma, especially through the work of Maria Orwid, who was devoted to "adjustment to post-camp life" [28]. The result of the research was long-term therapeutic help for former prisoners of concentration camps and their families.

Until 1989, however, the Jewish specificity and the Holocaust as such were not dealt with fully. The interest in the subject of the Holocaust began with the examination of twenty Holocaust survivors and their children in the years 1989-1992. This study showed traumatized populations of people struggling with loneliness, with questions about their identity and suboptimal functioning in family life [29].

As a result, thanks to the energetic activities of Maria Orwid, in 1995 a therapeutic program for the Children of the Holocaust was launched, and is continued to this day. With time, therapy for the second generation was added to the pro-

gram as well. In the case of the first generation, a significant proportion of the participants in the therapy groups were survivors who were born during the war or just before it. In the literature, they are sometimes called the “one and a half” generation. This means that some of their characteristics are similar to the survivors, in other ways they are similar to the second generation [30].

2.2. Current State of Knowledge

A team of researchers and psychotherapists initially centered around Maria Orwid, and later led by Katarzyna Prot, has published over 80 articles and chapters in books dedicated to the chronic consequences of trauma among Holocaust survivors and the intergenerational transmission of trauma.

Polish research on the second generation showed a group with different characteristics than those studied in the USA or Israel. They were younger, because their parents mostly survived the Holocaust as children, usually from assimilated families or with a complex ethnic identity before the war. The survivors after the war formed difficult, non-functional relationships, usually ethnically mixed. Children from these families (second generation) usually have a Jewish mother (a child of the Holocaust). The second generation in the interviews relates a difficult childhood, with conflicts between parents, divorces and other serious deprivations. They were brought up outside Jewish traditions, often in Catholicism. The “second generation” experienced a double taboo – concerning not only the Holocaust, but also their Jewish origin. The “disclosure” of the Jewish origin of one of the parents usually took place during adolescence, sometimes even later. Silence and secrecy prevailed in most families. They lived outside the Jewish reference groups, with a sense of loneliness and the uniqueness of their situation. In a formative period for constructing their identity, they experienced a paroxysm of anti-Semitism in 1968 and subsequent years, and the expulsion of the remnants of the Jewish community. According to research [31], the second generation remained in long-term relationships significantly less often than the general population at their age, had a low fertility rate, and

yet remained in strong, often symbiotic intergenerational relationships (with aging parents and children).

During the years 1998-2014, there was a second-generation psychotherapeutic group led by Maria Orwid’s team. From the first meeting in late 1998, the group met every two to three months for a marathon session (an extended group psychotherapy meeting lasting longer than usual sessions of psychotherapy). Initially, the group was completely open, but since 2007, after numerous discussions, it has become a semi-open group.

The therapeutic group existed until 2014. The decision to close it was preceded by the establishment of the Second Generation Association, the first formalized organization of this type in Poland. The association, which exists to this day, seems to be a good answer to the identity and community needs of its members. In this way, the inevitable development process (observed earlier also in the West) of turning away from the “psychiatric” understanding of the issues and forming new psychological understandings and multi-layered awareness of the second generation took place. This group more and more often talks about itself in the language of identity choices, pride, and the cultivation of memory. At a similar time, the second generation began a debate about its condition using the language of literature and art. The debate turned out to be of universal importance. At least a few second-generation books reflecting the condition have been widely discussed, and mainstreamed. Their key experiences – peripherality, marginality, alienation, not belonging, being “different,” searching, uncertainty, having to make choices, fluid identity – turned out to be universal and important for contemporary societies.

2.3. Polish Reflection on the Outcomes of the Project

One of the goals of the program, apart from learning about experiences from other countries, is to disseminate knowledge about the intergenerational transmission of trauma. Researchers from Poland conducted a lecture for psychotherapists, which was posted online and received 3.6 thousand views [32].

In addition, we met with the representatives of the second generation. The meeting was at-

tended by 20-30 people aged between 40 and 70, with a significant majority of women. At the beginning of the meeting, we presented the concept of transgenerational transmission and the results of research on trauma transmission conducted in various countries and invited this topic to the conversation. The participants talked about the lack of trust in scientists and therapists who question the intergenerational transmission of trauma. They talked about doctors who they turned to for help, only to encounter jokes or anti-Semitic remarks. Remarks were made about the therapeutic value of the second-generation groups and the safety of meeting in a group with similar experiences. They started talking about different experiences, including the understanding and lack of understanding by therapists and in therapy groups.

After this introduction, which we understand as a group safety study, the members of the meeting begin to tell their stories. They talked about the circumstances in which they found out about the Jewish origin of one of their parents (usually the mother). They shared about how little they know about their family and what they are doing to find out more about them. One of the participants said: "I want to say more because I think I'm screwed in another way and I feel lonely. I want to ask if anyone has it. My father's entire family died. He was the only one who survived. I have the impression that if it wasn't for the war, my father and mother would not have met and this genetic mix in my character would not have been created. My father didn't know much. I managed to find many names of those people who died and over time I feel worse and worse with the feeling that they had to die so that I could live and each new name is guilt, not joy. It's such a mess I can't deal with."

We quoted only a fragment of the meeting with the second generation to show how vivid their experiences related to the intergenerational transmission of trauma are. The meeting

also showed a great need for psychotherapeutic help. In a relatively short time (the meeting lasted two hours) the discussion group turned into a psychotherapeutic group.

In Poland, interest in transgenerational transmission has been increasing in recent years. This applies to both the small Jewish community and society as a whole. Recently, in addition to publications on the second generation of Holocaust survivors, works have begun to appear on the processing of trauma by Polish children – victims of camps and displacement. The experience of working with Survivors and their descendants may indicate the possibility of integrating trauma at the social level. As historian Dominick LaCapra writes: "(...) people are entangled in the past (...) they are subject to experiences that require an attempt to historically locate themselves, work on this positioning and work through it." [33].

3. The Holocaust and its Legacy in Slovakia: Transgenerational Transmission of Trauma

3.1. The Beginnings of Transgenerational Trauma Work in Slovakia

The absence of a group of psychologists and psychotherapists dealing with the transgenerational transmission of the trauma of the Holocaust is the specificity of Slovakia within the context of this paper. The first to work with Jewish survivors were researchers who, in 1995-1997, conducted their life stories using the oral history method.⁴ They published the results of their research,⁵ compiled them into educational programs for schools,⁶ and disseminated them via discussions with the community and the public. This research began the era of witnesses [36]. The stories of Holocaust survivors gradually became part of public and media discourse; they inspired many literary, cinematic and theater works [37].

⁴ The research was part of the international project "Oral History: The Fates of Those Who Survived," which was initiated by Yale University. Fifty years since the end of the Second World War, Holocaust survivors were able to tell their stories (Salner and Vrzgulova, 2020; Vrzgulová, 2005).

⁵ See: P. Salner <https://orcid.org/0000-0002-6844-0235>; M. Vrzgulová <https://orcid.org/0000-0002-3463-9166>

⁶ Between 2005 and 2012, the education program "Why to Teach about the Holocaust?" were organized by the Holocaust Documentation Center (*Dokumentáčné stredisko holokaustu*). During that period, Monika Vrzgulová was the center's director, see (<https://www.holokaust.sk/en/why-to-teach-about-the-holocaust>)

Jewish identity has been a major topic of the research. The survivors shared a common experience of the Holocaust (although they experienced it differently). Their relationship to Judaism and Jewish identity was diverse; they also had different experiences of the communist regime.

Another space for communicating experiences during the Holocaust provided in 2007, was the international conference, *Holocaust as a Historical and Moral Problem* [38]. At the conference, survivors actively discussed and commented on the scientific findings and supplemented them with their own lived experiences. For the first time, psychotherapeutic experiences of working with survivors and their descendants were presented at this forum by Michaela Hapalová [39] and Helena Klímová [40]. They highlighted the collective significance of Holocaust testimonies and their healing impact resulting in a great psycho-hygienic charge for the Jewish community as well as for the surrounding society. The authors of this text met for the first time at this conference, where their collaboration began.

Encouraged by the experience of the international scientific forum, some survivors began to speak openly and publicly about their fates. In Bratislava, at the Senior Club of the Jewish Community in Bratislava, an event entitled *My Return Home after Liberation* took place. Afterwards, M. Hapalová led an experiential discussion with the survivors at this club. Drawing on her experience of working at the Raphael Institute in Prague, she spoke about communication in families after the Holocaust. She opened the way for survivors to talk about themselves. In Košice, members of the local Hidden Child organization actively communicated with the public, especially in schools. The topic of Jewish identity and the role of the Holocaust resonated in several discussions in the Bratislava community. The second and third generations partly refused to connect their identity with the Holocaust; the discussion of transgenerational transmission of trauma was not always met with understanding. The very notion of trauma was perceived negatively as a handicap. The fact that the psychologists in Bratislava did not provide the same services as the team from the Raphael Institute in Prague certainly contributed to this. An exception was the work of psychologist and

survivor Ivan Kamensky in Košice for several years, who was a member of the Families after the Holocaust project in Prague.

The period of the Covid-19 pandemic showed an acute need for crisis interventions and therapies. Michaela Hapalová was at that time working externally for the Bratislava Jewish community. Clinical experiences revealed traumatic experiences of feelings of isolation, and anxiety of loss, but also a strengthening of community cohesion and resilience that was a source of support and drew on the strength of ancestral survival.

The intergenerational discussion of the Holocaust in the public space and its impact on society as a whole opened the oral history research in the 1990s. In the following years, it raised other themes, such as issues of cultural trauma [41] or the cultural complex [42].

3.2. Slovak Reflection on the Outcomes of the Project

In the Slovak part of the International Visegrad Fund project, we set two main goals: 1. to make information about transgenerational transmission available to members of the Jewish community, with a focus on the second generation and the next generations, 2. to recruit professionals to work with transgenerational transmission of Holocaust trauma, as such professional work is lacking in Slovakia.

Meetings were organized in an interdisciplinary way and were led by both authors of this text. The ethnologist Peter Salner participated in three. Together with Monika Vrzgulová, they have been working with Jewish communities in Slovakia for a long time. They study the memory of the Holocaust in the first and subsequent generations, as well as the politics of remembrance, among the non-Jewish majority. Michaela Hapalová represented psychological and psychotherapeutic expertise. She works on the topic of transgenerational transmission of trauma in the families of survivors at the Rafael Institute in Prague. We conducted two meetings with community members (one online and one in person). We presented our professional experience and discussed the topic with the participants (most were from the second generation, but representatives of the 1st and 3rd generations were also present) about memory, identi-

ty and the interconnectivity of both. We talked about how to live in a destroyed home, about the importance of remembering a place, that historical trauma relates to the trauma of a parent and their culture, and that it is a cultural trauma, which in turn affects the quality of the relational bond with the next generation.

The other two meetings (one online, the other in person) were with psychologists, psychotherapists, social services, cultural and arts workers who deal with Holocaust survivors or their descendants. Our ambition was to stimulate their interest in order to form an informal group of such experts from different fields. We discussed working with relational bonds and fragile identities in the context of historical trauma, but also the transgenerational transmission that is not only present on the part of survivors and their descendants, but also those who meet them in their daily lives, such as in work.

Finally, we would like to conclude our findings from the project activities. 1. A key challenge is the absence of psychological and psychotherapeutic support within the Jewish community in Slovakia. 2. It is essential to develop discussion and cooperation in the field of transgenerational transmission of trauma with other helping professions, as well as with cultural and artistic professionals and opinion authorities.

Since the 1990s, the silence about the Holocaust in Slovak society has been broken. Survivors began to share their life stories and experiences within the community, but especially beyond. The oral history project with survivors undoubtedly accelerated communication within their families.

4. The Holocaust and its Legacy in the Czech Republic: Transgenerational Transmission of Trauma

4.1. The Beginnings of Transgenerational Trauma Work in the Czech Republic

In the region previously known as Czechoslovakia, there are people with Jewish roots who were involved in the study of transgenerational transmission, especially Leo Eitinger (1912-1996), a Czech Jew, a Holocaust survivor and a physician who has spent his life dedicated

to the consequences of imprisonment and other traumas, Helen Epstein (born 1947) who explored the subject of the second generation of sons and daughters of Holocaust survivors in her book, *Children of the Holocaust* (1979) and of course Sigmund Freud, a native of Příbor, to whom authors of papers on transgenerational transmission of trauma refer.

In this part of the text, we focus on mapping the transgenerational transmission of trauma in the context of the Czech and more broadly, the Czechoslovak experience. We see the history of interest in transgenerational transmission of trauma in Czechoslovakia and the Czech Republic as stemming from several traditions and areas: the interest in history and intergenerational comparisons, the influence of various psychotherapeutic experiences and traditions – especially psychoanalytic, an existential interest of Helena Klímová and other psychotherapists in trauma and the transgenerational perspective, and in this context, the founding of several organizations that develop this interest, including the current work of the Raphael Institute as well as other organizations.

It was only after the Velvet Revolution (1989) that people began to talk about the consequences of the Holocaust. The first research interviews with survivors in Czechia began in 1990 with an oral-history project by the Jewish Museum in Prague to establish the Jewish experience as part of Czech collective memory.

At the same time, it is beginning to be recognized that there is a need for specific therapy for Holocaust survivors and their families. The so-called conspiracy of silence, in which former perpetrators as well as survivors and mainstream society participated, has contributed to the fact that real reflection on the Holocaust has been delayed for almost half a century.

Charter 77 was signed by 25 psychologists, among whom we can also find lines leading to issues of traumatization and transgenerational transmission. On the initiative of the Charter 77 signatory, group analyst and publicist Helena Klímová, who survived the Shoah as a “hidden child” (those who were secretly “hidden” before the transport), a self-help group of Jewish therapists began meeting in the early 1990s to educate themselves together on war and transgenerational issues. In 1994, in collaboration with Věra

Roubalová, also a Charter 77 signatory, those belonging to the so-called second generation after the Shoah (those born after the war as children of survivors), founded the Holocaust Families Project, a follow-up to the Tolerance Association as a continuation of the original Charter 77 Section Against Racism [43]. The mission of the Holocaust Families Project was to organize and provide psychotherapeutic help for people who suffered the consequences of the Nazi genocide, as well as for victims of totalitarian violence.

Thanks to Helena Klímová's initiative, since 1995, the British psychoanalyst Irene Bloomfield (1918-2001),⁷ a Shoah survivor, came to Prague from London and together with her colleague, Gaby Glassman,⁸ a second-generation survivor, conducted seminars and workshops on Holocaust trauma.

Because for many therapists marked by the Holocaust, this experience remained repressed and unspoken even while preparing for their profession, the need for a self-experience group soon arose. Gradually, these therapists worked in three self-experiencing groups, meeting once a month for a weekend and once a year in a large group, discovering for themselves the painful and tragic effects of trauma, the importance of witnessing, and the hope of restoring meaning while attempting to transform trauma [43]. Project Families After the Holocaust initially offered individual and family therapy and continue to do so. The first client group for people from post-Holocaust families was founded in 1997. Helena Klímová authored the first text on transgenerational transmission, *The Influence of the Holocaust on "Hidden Children" and on the Second Generation*, which summarizes the essential findings of more than ten years of teamwork of the Raphael Center [43].

4.2. Current State of Knowledge

After Irene Bloomfield's death in 2001, Helena Klímová and Irene's students established the an-

nual Prix Irene⁹ and founded an annual tradition of one-day conferences on specific topics. In Irene's memory, the Families After the Holocaust project is renamed the Raphael Center, after the facility of the same name that she founded and ran in London. Later, in 2006, the Raphael Institute was founded.

Initiated by Helena Klímová, the Raphael Institute's internal publications on intergenerational trauma and spirituality, civic attitudes – with original and international contributions – were published between 2006 and 2010. Later, the Irene Society was founded, which now, in addition to awarding the Prix Irene, publishes books in the Irene Press editions.

Due to Věra Roubalová-Kostlánová's international initiatives, the organization also addressed the issues of refugees, for whom Věra had long initiated aid. Furthermore, it helped those in need, including refugees from Syria and other Arab countries, refugees from the countries of the former Soviet Union, and, earlier in the 1990s, refugees from the countries of the former Yugoslavia and Chechnya. The first client group, led by Helena and Věra, was established in 1997. The next client groups were led by Marek Preiss and Jana Vohryzková (2002-2006), Václav Mikota and Elena Turnovská (2014-2018), and Magdalena Kolínská Singerová (2019-2022). Michaela Hapalová founded a discussion and experiential focus group on culture, identity, ancestors and personal growth for people from Jewish families called *Generations After* (2011-2015) and led the group with Gabriela Dymešová and later with Helena Klímová (2020-2021).

The outcome of research and practical work with transgenerational transmission in the Czech Republic produced two original publications: *Transgenerational Transmission of (not only) Trauma* (editors Marek Preiss and Daniela Vizínová) published by Irene Press in 2019 [44], and *Transgenerational Transmission: Trauma and Resilience* (editors Marek Preiss and Daniela Vizínová) published by Grada in 2023 [45].

⁷ The predecessor of the Raphael Institute, Tolerance and Civil Society, also published some of Irene Bloomfield's writings (*Breaking through the Wall of Science*, 2001), where Bloomfield discusses, among other things, the transgenerational transmission of trauma. Bloomfield refers to the work of Vamik Volkan, Anne Karpf, Anna Aceline Schutzenberger, and Helen Epstein.

⁸ See e.g., the works of both: Bloomfield z'l, I., & Glassman, G. (2022). Living with the Legacy of the Holocaust through the Generations. *European Judaism*, 55(1), 1–27. <https://doi.org/10.3167/ej.2022.550102>

⁹ www.spolekirene.cz

The basis of our work with transgenerational trauma is the perception of historical context and the embedding of cultural trauma in the collective and individual psyche of several generations. Thus, aspects of psychodynamic psychotherapy, family therapy and other approaches such as body work, psychodrama and others are practically applied in a psychotherapeutic context.

4.3. Czech Reflection on the Outcomes of the Project

Two meetings for the Jewish community and two meetings for professionals were held in the Czech Republic. At each meeting (held in 2022-2023) we presented the essence of the Visegrad program and its importance for sharing and healing unprocessed collective and individual trauma in society. We drew on topics of historical and cultural trauma, the social unconscious and the mechanism of transgenerational transmission of the Holocaust.

In the Czech Jewish community, the discussion revolved around the topic of emigration and the sense of identity, acceptance or ambivalence toward Jewish identity, and feelings of alienation. In a face-to-face discussion held in the Rafael Institute, an intergenerational dialogue took place on the topic of home as well as identity and the direction of the generations. Questions arose about how to live with a Jewish identity in the contemporary world, and how to communicate within the family between generations.

Webinars for the professional public also opened the topic of the Sudeten Germans (German Bohemians). Colleagues became aware of the importance of the trauma of home and place, as well as the emotional atmosphere of anxiety and the consequences of both on the psyche of individuals and families in the area. Questions touched on techniques for working with transgenerational transmission. In a personal discussion in the premises of a social care home for Jewish elderly and other post-Holocaust generations at Hagibor, questions were raised as to whether rapid psychotherapeutic support immediately after the war could prevent the transmission of Holocaust trauma, whether transmission is possible even to non-Jewish professionals who work with the subject of the Holocaust, what is the difference in healing the Holocaust

syndrome in the Diaspora and Israel, where we discussed the meaning of the physical and metaphorical "home" Israel with its present cultural tradition, and the differences in working with the transgenerational phenomenon in the Czech Republic and Slovakia, given the differences in the history of the Holocaust and the different identity traits. The webinars showed the presence of transgenerational transmission in both minority and majority societies, raised questions about the meaning of expulsion and loss of home, as well as feelings of uprooting, threats to trust, and the need for other discussions and sharing.

CONCLUSIONS

In this article, we wanted to highlight the importance of collective history and cultural trauma when working with transgenerational transmission of trauma using the Holocaust as an example. We wanted to present and describe the journey from silence to narrative, in addition to providing a current and holistic view on the state of research and healing of transgenerational transmission of the Holocaust in the V4 countries.

Such collective trauma, as examined through the Holocaust while recognizing the existence of a multitude of experiences, cannot be understood and processed without understanding the then-and-there and here-and-now social-political-historical contexts, and without a societal dialogue. With a lack of genuine dialogue, the heritage of transgenerational traumas can remain in parallel for decades and may haunt society for a plethora of years.

Ethnic homogeneity seen as an ideal that shaped the identity and politics of many countries in Central Europe after the defeat of the Habsburg Empire in WWI [44] proved to be an illusion, since the populations living within the re-designed state borders remained mixed. Also, the experience of participants in this project typically crossed national boundaries. Some had roots that were different than their previous or current cultures, for example, an individual born in Slovakia with Hungarian roots, but who later lived in the Czech Republic or Poland.

Some of the Holocaust survivors learned to conceal their Jewishness even before the end of

the war, especially if they survived by hiding or by using a false identity through the use of “Aryan papers”. Child survivors mostly adopted the national and religious identity of their fosterers, which resulted in serious identity problems with respect to nationality, religion, or continuation of tradition [47]. Thus, an individual, especially if he or she grew up in the 20th century in Central and Eastern Europe, can adopt various mixtures of Jewish identities during his or her lifetime. Jewish identity can thus be multilayered, strong or weak, conditioned by culture and/or origin, based on family history, self-definition, but also imposed from the outside. It can be secular, religious, on the move, even tied to several nations. Attitudes and feelings toward Judaism can be stable throughout an individual’s lifetime, evolving or changing according to specific historical content or social institutions.

Not surprisingly, the healing of historical trauma is being addressed by the helping professions. Our small team includes psychologists [removed for blinded review] psychiatrists [removed for blinded review] and medical doctors [removed for blinded review].

The only exception in our team that deviates from a health profession is ethnologist [removed for blinded review]. In all countries, except Slovakia, one can find Holocaust trauma specialists. Almost all team members are descendants of Holocaust survivors and there is a strong personal motivation for their interest in this area.

The experience of the project participants pointed to a “conspiracy of silence” in all V4 countries. This mechanism is considered to be the most widespread of the adaptation mechanisms enabling or attempting to enable coping with the legacy of the Holocaust. It has been described in many previous works as well (e.g., 48; 49).

Significant pioneers of historical trauma treatment could be identified in all countries. In Hungary it was psychoanalyst and child psychologist Teréz Virág (1930-2000) with the study of three generations of Holocaust survivors’ families in Hungary. In Poland it was psychiatrist Maria Orwid (1930-2009) with a therapeutic program for Holocaust survivors and the next generation. In the Czech Republic, it was Helena Klímová (b. 1937) who brought together those interested in the topic of Holocaust trauma heal-

ing into one organization. Only Slovakia lacks a focus on treatment, but the long-term ethnographic research of Peter Salner (b. 1951), former chairman of the Jewish religious community in Bratislava, and his colleague Monika Vrzgulová (b. 1965), who for 12 years led the Holocaust Documentation Center in cooperation with Jewish communities in Slovakia, is present.

The exception among the V4 countries was Slovakia, where a group composed of members of the helping professions interested in healing historical trauma of the Holocaust had not yet been formed. We can only speculate about the reasons – there is an unprocessed trauma of war history in Slovakia, Slovakia was a satellite of fascist Germany during the Second World War, the state leadership supported anti-Jewish persecution, anti-Semitic resentments are still alive. Furthermore, the interest in historical traumas related to fascism and Judaism can be threatening and not bring a sense of safety and security even in a shared atmosphere of therapeutic dialogue about the trauma of the Holocaust.

Initiatives outside the V4 region, such as the work of Polish-born psychiatrist Judith Kestenberg (1910-1999), co-founder of the Hidden Child Foundation and the Kestenberg Child Survivor Archive, which collected interviews with survivors internationally, and the archive of Holocaust survivor testimonies filmed by filmmaker Steven Spielberg between 1994 and 2000, have made significant contributions.

It is probably no coincidence that transgenerationalism is of interest to psychotherapists internationally. In 2014, Moscow-born psychotherapist Schützenberger (1919-2018) founded a transgenerational training project – the Anne Ancelin Schützenberger International School of Transgenerational Therapy. The international training program focuses on self-experience, theory and supervision in the area of transgenerational transmission phenomena. The project is creating a network of trained psychotherapists who provide services to clinicians nationally and internationally.

Last but not least, repeated reflection on traumatized minorities and their families, as well as their relationship to the surrounding majorities, leads to awareness and healing of cultural trauma in parts of Eastern Europe, contributing to a culture of relationships, communication and

prevention as well as healing of war sentiments and national conflicts.

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