Carrying the Burden of Loss Across the Ocean: Transmission of Trauma in Migrant Families

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“We all know what immigration is like,” casually asserts a Jewish immigrant from the former Soviet Union during the initial consultation in my psychotherapy office. “I remember what mine was like, but do please tell me about yours,” I respond. In New York City, where I work, about forty percent of the residents were born abroad, so my patients hail from all over the world. Given the ethnic and cultural diversity of migrants and their experiences, generalizations seldom do them justice. However, many of my patients from the former Soviet Union have similar family histories of persecution and loss.

Many Jewish immigrants moved to the United States in search of better opportunities for their families. At the same time, many of them have suffered the loss of extended family and community, cultural traditions, and professional status. There are former ballerinas and university professors who, upon their arrival in the new country, had to earn a living as gardeners and home attendants. In addition, many of my patients’ persistent difficulties in living full, meaningful lives (poor self-esteem, botched careers, failed relationships) are rooted in their family history of persecution and loss. In fact, many people turn to psychotherapy to find new ways of coping with the emotional effects of their traumatic past. Some of them lack a sense of belonging and describe themselves as “wandering Jews.”

In the twentieth century, most families in the former Soviet Union were affected by a series of cataclysmic historical events: the Revolution, the Civil War, Stalinist repressions, forced collectivization and famine, and the Second World War, to name just the bloodiest ones. For example, during Stalin's rule (1928-1953), in the country of about 200 million people, about 25 million people were killed, sent to labor camps, or deported to Siberia. In addition, over 20 million people perished in the Second World War, and several million starved to death when the state confiscated farmers' land and property in the 1930s. In addition, there were tens of millions, the relatives of the victims (bereft spouses, orphaned children), whose lives were altered in terrible ways (Figes, 2007). In short, almost every family suffered one kind of massive trauma or another.

Many of my patients from the former Soviet Union do not link their personal and professional struggles to their families' traumatic past. Their parents and grandparents grew up in a society that largely failed to acknowledge and mourn the crimes of the Soviet government against its own people. In the absence of free press, and an atmosphere dominated by the omnipresent police state, there was a dearth of oral or written accounts of the traumatic past. Living in fear of further persecution, most survivors of repressions hid what happened to them and their families even from their own children. According to the historical research of the private lives of Russian citizens conducted by Orlando Figes (2007), the totalitarian regime that ruled Russia for close to 75 years had a profound influence on all aspects of the lives of Russian families. People who had to live through the waves of Terror between 1917 and 1953 often relied on dissociation and fragmentation to manage the shame, fear, and moral confusion.

Since no two families are the same, I pay special attention to the specific social circumstances

and events that shaped people's responses to trauma. When people's traumatic losses are not mourned, their grief becomes frozen (Kuriloff, 2014). Unformulated traumatic experiences do not emerge in a vacuum; they require an interpersonal connection with an empathic witness (Stern, 2009). Unfortunately, many psychotherapists from the former Soviet Union, especially those who have not undergone personal analysis, might be suffering from dissociated, unprocessed trauma themselves. Thus, when they enter into a relationship with a traumatized patient, what often ensues is an enactment of mutual dissociation of their collective and personal trauma (Bromberg, 2011), a sort of unconscious "don't ask, don't tell." Therefore, in my own work, I try to stay aware of the ways in which my own traumatic family history might be affecting my ability to assist my patients in working through the aftermath of their families' tragic past.

Like my patients' grandparents, my own grandparents were born into Yiddish-speaking, religious families in the Pale of Settlement. The Russian Revolution ushered in new hopes for the long discriminated Jewish population. No longer confined to the Pale of Settlement, many Jews, including my grandparents, moved to big cities in pursuit of higher education and professional careers. The 1920s saw the emergence of new Yiddish newspapers, books, and theaters. However, the Holocaust, coupled with the Stalinist Repressions, put an end to that brief Yiddish Renaissance. Millions of Russian Jews were slaughtered by the Germans. Their communities were destroyed. The survivors were strongly discouraged by the Soviet regime from practicing their religion and from following their traditions. Yiddish theaters and newspapers were closed and many leaders of the Jewish communities were persecuted. Furthermore, the Soviet regime effectively doctored the country's history to serve its ideological goals. In the former Soviet Union, there was no word for the Holocaust, no Holocaust museums or memorials. The official history referred to perished Jews only as Soviet citizens, thus posthumously erasing their Jewish identities.

For example, in 1935, my grandfather, Boris, moved to Moscow from a small town on the Black Sea coast to pursue a college degree. Seven years later, the Jewish population of his hometown was exterminated by the Nazis. Although he looked unmistakably Jewish, Boris never spoke to his children and grandchildren of the religion, language, and culture of his parents.

Both my grandfathers fought the Nazis during the war, and my paternal grandfather, Abraham, was wounded in battle. After the war, soon after the birth of his sixth child, Abraham spent several years in prison for criticizing the Stalinist regime in a private conversation with a neighbor. His wife and children were labeled the family of the “enemy of the people.” A central narrative in my father's life depicts his adolescent experience of meeting his father for the first time. His mother took him and his siblings to a train station flooded with recently released political prisoners. She pointed out an old-looking, bearded man and introduced him as their father.

In many families, parental suffering often ruptures the emotional bonds between parents and children, paving the way for an intergenerational transmission of trauma. After his release from jail, Abraham emotionally withdrew from his wife and children who remember him as an irritable, depressed, and psychologically broken man. He subsequently divorced his wife and played almost no role in the lives of his children.

In the 1970s, in response to international pressure, the Soviet government finally allowed the Jews to leave the country. Like the families of many of my patients, my grandfather Abraham, an observant Jew, moved to Israel. Unfortunately, his immigration cast a shadow on his children's careers, for now they faced the stigma of being the children of the “traitor of the Motherland.”

In the absence of a father figure, my father lacked a male role model who would guide him both personally and professionally. Unfortunately, disrupted emotional attachment has continued to rear its head in a number of parent-child relationships in my family. For example, just like his own father, my father made no effort to attend my college graduation or my wedding. Having spent many years struggling to make emotional sense of my own family legacy of migration, persecution, and loss, I try to tap into these emotional experiences to empathize with my patients' psychological wounds.

Some of my Jewish patients from the former Soviet Union show little curiosity about my life or any interest in connecting with me on a more personal level. They seem both emotionally dependent on me and at the same time distant from me. In their presence, I often feel the pressure to stock them with my insight and advice. At the same time, I often experience them as sincere, honest, and insecure. I believe that these countertransference reactions are both concordant and complimentary. They put me in touch both with how my patients treat other people in their life as well with their tendency to question the depth of other peoples' interest in them.

I believe that traumatic losses sustained by my patients and their families might have undermined their overall sense of security and safety, as well as their trust in other people's. To survive in the world that feels either indifferent or hostile, many migrants rely on dissociation between their desire to belong, to fit in and their need to preserve their uniqueness and individuality. Some of my patients feel that they have to choose between being lonely and isolated or engulfed and smothered. I hope that our connection might eventually foster my patients' ability to navigate the conflicts between emotional dependence and autonomy.

In our work together, my patients and I explore their identities as "wandering Jews" in the context of the instability, anxiety, and loss that marked their family history and personal development. In that process, they begin to give voice both to their longing for a stable, loving home, as well to articulate their long-standing, deeply ingrained fear that the world is an unfriendly, often dangerous place. In Sullivan's words, they are afraid of what already happened to them and their families in the past.

Some of my migrant patients have realized that their avoidance of personal and professional commitments might be a form of preemptive coping with what feels like an unavoidable loss of stability and happiness. Getting their hopes up, settling down, making a home could potentially expose them to emotional devastation, for displacement and loss of family, friends, and lovers always feels just around the corner. In the process of helping migrants reclaim their faith in secure human connections, the therapist needs to bear witness of their family trauma. Witnessing patients' previously unformulated experiences is an interpersonal event that involves sharing the memories of the past and empathizing with the powerful affect that they continue to unleash in the present.

The therapist needs to acknowledge that reliving painful past experiences often raises the specter of retraumatization. For example, by helping migrants access their memories of loss and persecution the therapist might inadvertently hurt them emotionally. Therefore, comforting patients and assisting them with developing reliable self-soothing strategies are central to the rebirth of their ability for intimacy and closeness.

Slowly, my patients and I establish a trusting relationship where all their emotional experiences and parts of the self (both the competent, creative self and the insecure, scared self) are welcome. Our goal is to make new meaning of their traumatic past, while at the same time fostering

their capacity for emotional intimacy with other people (including me). I hope to use the emotional bond between my patients and I to assist them in containing, contextualizing, and metabolizing their dread, shame, and hopelessness.

I strive to touch my patients emotionally by revealing their emotional impact on me in spontaneous, authentic, and creative ways. At the same time, I help migrants articulate their previously unformulated sadness and loss in the context of a new narrative. Since my aim is to foster patients' growing recognition and acceptance of their shifting affective states, I assist in giving voice to their sense of hopelessness, on one hand, as well their longing for a new start, on the other. When migrants with a family history of trauma gradually forge an empathic connection to a therapist who bears witness to their psychological pain, their hope and trust in human relatedness start to reemerge.

References:

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