PSYCHOPHYSIOLOGICAL SEQUELAE OF HOLOCAUST TRAUMA IN A JEWISH CHILD

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This paper explores neurotic and religious components of conversion and psychophysiological sequelae of Holocaust trauma in a child of concentration camp inmates. The patient is a 26-year-old married woman of orthodox Jewish faith, whose presenting symptom was noncyclic uterine bleeding. The uniqueness of the symptom is emphasized within the defensive use it represents of the ritual menstrual code of the patient's orthodox Jewish way of life. Complexities in differentiating the symptom as either psychosomatic, hysterical, or both, as well as some of the sociocultural background which lends significance to the patient's symptoms, are discussed below.

This study is intended as a contribution to the literature on the treatment of religious patients. As this case study deals indirectly with the effects on the psychological health of their post-war child of parental pathology resulting from concentration camp experiences, it will be a contribution to the slowly growing body of literature examining this important topic.

Recent psychiatric literature contains relatively few detailed case studies focusing on the unique neurotic or disordered uses of religious institutions within the defensive or symptomatic characteristics of the religious patient. This is possibly because of a philosophical unwillingness to view such clientele as presenting unique therapeutic challenges, or a general failure to appreciate the defensible clinical need to approach such patients with two conceptions: the patient qua patient and the patient qua religious individual. Part of this failure has to do with therapists' assumptions about the value of religion itself as a meaningful social institution. Yet, as I have noted elsewhere, there is no hard and fast rule that dictates that analytic patients be treated independently of, or in ignorance of, it or despite their religion. Rather, religious institutions that have been co-opted to serve defensive functions in the case of the neurotic patient need to be considered, and treated, within the overall context of the balance of healthy religiosity and unhealthy religiosity.

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RELIGIOUS BACKGROUND

The nexus between person as patient and person as religious believer is but one clinical complexity relevant to the case at hand. Another clinical issue has to do with personality conceived of as the nexus between psyche and soma, an inextricable relationship graphically illustrated in the etiology and treatment of psychosomatic illness and, to a greater degree, in the hysterical neuroses.

The classic hysterical symptom of conversion reaction—somatic dysfunction with no physical cause—in addition to the broad constellation of hysterical characterological patterns, is a prime example of the power of psychic processes over physical equilibrium. Hysterical symptoms and those psychosomatic symptoms that have their bases in the dispositions of hysterical personality are conspicuous by their intricate symbolic associations and meanings for the patient and, often, by a curious patient apathy about these symptoms (so-called la belle indifférence). This apathy is more correctly a dissociation by the patient of the symptom from conscious awareness. In certain cases, it is difficult to draw clear diagnostic lines between the purely hysterical and the purely psychosomatic. Hysterical conversion symptoms tend to have symbolic meanings which relate to the general hysterical personality. On the other hand, true psychosomatic illness has not been considered to bear symbolic or dynamic significance, nor is it viewed as a defense against anxiety—both characteristic of true neurotic symptomatology. Rather, it is the failure of other defense mechanisms to protect the ego against anxiety that precipitates the onset of psychosomatic disorder. While debate continues among those who argue for specific relationships between physical symptom and dynamic significance and those defending more-generalized stress-adaptation theories, still others have attempted to obviate the fuzziness between psychosomatic and hysterical pathology by rejecting entirely the clinical division between them.

Holistic diagnosis, accordingly, takes into account the possibility that even "true" psychosomatic symptoms can become compliant with the unconscious behavior-organizing needs of the ego (following Shapiro). (The opposite also occurs; e.g., anorexia nervosa, which, though functional in origin, eventually leads to actual physiological alterations and morbidity.) When dealing with the hysteric or hysterical personality type—given their general disposition toward repression and somatic compliance when anxiety threatens—even ostensibly psychosomatic symptoms need be considered with an eye toward possible symbolic significance. This is in keeping with the broadly based view that psychophysiological manifestations are part of a total mind/body process involving a multiplicity of organizational, developmental, and social factors.