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The impact of the Coronavirus pandemic on the analyses of Holocaust survivors' offspring

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Abstract

This essay tackles the following issues: (a) The encounter of Holocaust survivor offspring whose damaged parents suffered from unresolved grief with a life-threatening pandemic; (b) Changes of technique that may be needed during this period; and (c) The impact of countertransference of the analyst in the analytic cure in a shared life-threatening situation. This theme will be examined by means of a case study, in which the life-threatening situation of the pandemic reactivated guilt feelings. These feelings belonged to the patient's relationship with her mother, as well as to the Holocaust survivor mother, who committed suicide as a result of her unresolved mourning.

KEYWORDS
boundaries of the setting, countertransference, deposited representations, transmission of trauma

1 | INTRODUCTION

The psychoanalytic literature on the offspring of Holocaust survivors states that the Holocaust is transmitted to them through early, unconscious identifications which carry in their wake the parents' perception of an everlasting, life-threatening inner and outer reality (Axelrod et al., 1978; Barocas & Barocas, 1973; Laufer, 1973; Lipkowitz, 1973; Rakoff, 1966; Sonnenberg, 1974). These children, whose minds have been impregnated with mental representations of the atrocities of the Holocaust deposited by their parents, carry within themselves powerful feelings of loss and humiliation, guilt, and aggression. Volkan (1987) coined the concept of "deposited representations" (p. 73), emphasizing the role of the parent, who unconsciously, and sometimes even consciously, forces aspects of himself onto the child. By doing so, the parent affects the child's sense of identity and gives the child certain specific tasks to perform. In these cases, the children become the reservoirs for deposited images connected to the trauma, which often initiate unconscious fantasies linked to it. The children are compelled to deal

with the shame, rage, helplessness, and guilt that the parents have been unable to work through for themselves (Kogan, 2019b; Poland, 2019; Volkan, 2014, 2017, 2019; Volkan et al., 2002).

In this essay I want to address the following questions: (a) What happens when Holocaust survivor offspring whose damaged parents suffered from unresolved grief encounter a life-threatening pandemic; (b) What changes of technique may be needed during this period; and (c) What is the impact of countertransference of the analyst in the analytic cure in a shared life-threatening situation.

For this purpose, I will use a case study in which the life-threatening situation of the pandemic reactivated guilt feelings. These feelings belonged to her relationship with her mother, as well as to the Holocaust survivor mother, who committed suicide as a result of her unresolved mourning.

2 | THE CASE OF DEBORAH

Deborah was the daughter of a Holocaust survivor mother and a father who arrived in Israel with his parents at the age of 16 before World War II. Her mother arrived by herself as an adolescent, and her parents and siblings were taken to Auschwitz where they were gassed and their bodies cremated in the ovens. Since she came to Israel, Deborah's mother had suffered from depression, which worsened with age. She had a miscarriage before the birth of Deborah, after which her psychic situation greatly deteriorated. Deborah was the youngest of four children. After her birth, her mother had become so depressed that she was unable to take care of her. When this was discovered, Deborah was put in a children's home together with other children.

Deborah remembered her mother as a sad, passive woman, who could not cope with the simple chores of life. "She was more preoccupied with her dead relatives than with us, her children", was how Deborah described her mother.

When Deborah was 11 years old, the family moved to South America for a period of 2 years. Her mother had a very bad reaction to leaving Israel, where she had led a sheltered life and where her children had been cared for. Deborah remembered that during this period her mother would lie in bed for days on end, unable to buy food or cook for her family, never responding to teachers' requests to discuss the problems the child was having in school. Father took care of these matters, and Deborah learned to live with a depressed, psychically dead mother.

Upon their return to Israel, Deborah was placed in a boarding school where she began to thrive. She was a good student, had many friends, and led the life of a normal adolescent.

When Deborah was 16, her mother committed suicide. She had apparently put her head inside the oven (it was an old-fashioned gas oven with an open flame). Father was the one who found her burnt corpse near the oven. It was never clear whether the mother had died from gas inhalation or from the flames which consumed her body after she had poured gasoline over herself. Deborah was shocked and horrified by this terrible event. Nobody talked with her about what happened; the father never mourned his wife. After the mother's death, her father's mental and physical situation deteriorated, and one year after this tragic event, he died in a mental institution. Deborah visited him regularly in the hospital and was terribly ashamed of the way he looked and behaved.

After the initial shock caused by the loss of her parents, Deborah made a conscious decision to get on with her life. She studied and worked, and married a man she did not love, out of fear that she would remain an old maid. She gave birth to her first child, a boy. Throughout her life, Deborah was plagued by psoriasis and periodic depressions. She encountered great difficulties in raising her son, and in spite of giving him love and care, she sometimes lost her temper and became violent, a fact which tormented her deeply and aroused feelings of guilt. Deborah had been in psychotherapy for a period of 7 years, at the end of which her therapist developed a terminal illness and died.

Our painful analytic journey lasted about 10 years. One of the important themes in this analysis was the elaboration of Deborah's guilt feelings towards her mother, which stemmed from the unconscious fantasy that she might have been the cause of her mother's unhappiness, and consequently, her suicide. Deborah emerged from this analysis without any bodily symptoms, and more satisfied with her life and work.

With the outbreak of the pandemic, Deborah became anxious and asked me to come back for another round of psychoanalysis via telephone. I responded positively to Deborah's request to continue therapy in this way, as I thought that this may reassure her that both of us were alive and well, and thus alleviate her anxieties.

Initially, Deborah denied that her anxiety might have any connection to the pandemic. She believed in the "conspiracy theory", and claimed that the fear of the pandemic was exacerbated by politicians for the purpose of political or financial gains. Deborah was a member of a group of people who strongly advocated the antigovernment position regarding the management of the illness in the country. She participated in demonstrations which took place in front of the prime minister's house, and the violent clashes with the police never deterred her from what she was doing. On the contrary, they increased her emotional excitement and the importance of the demonstrations for her. Although I realized that Deborah's anxiety was linked to the pandemic, I felt that it was important to respect her resistance and support her ego until she felt safe enough to give up her defenses.

During the ensuing lockdown (in which we were all forbidden to leave our homes), Deborah realized that her deep anxiety was evoked by the pandemic and began to share with me her feelings of fear and helplessness. I tried to calm her down by stating that it is normal to be afraid during such difficult times, and disclosing my own feelings of being threatened by the Coronavirus. Our telephone sessions did not have much impact upon Deborah, and her anxiety persisted. She expressed her dissatisfaction with my attempts to calm her down by saying that she missed the holding that my couch gave her, and she wondered if via telephone she could at all benefit from analysis. Only when I became aware that my attempt to calm Deborah resulted from my inability to deal with my own feelings of anxiety regarding the pandemic, could we explore in depth the source of her anxiety: Deborah felt that she unknowingly might contaminate her pupils when she resumed work as a teacher. The fantasy regarding her destructivity was accompanied by guilt and shame. I interpreted to Deborah that she possibly transferred her guilt-ridden relationship with her mother to her pupils, and thus, the relationship with them became another source of torment for her. Then, my thoughts turned to Deborah's guilt-ridden mother, who had put her head in an oven, possibly choosing to concretely follow the fate of her relatives who had been gassed and cremated in Auschwitz. Consequently, I raised the hypothesis that the mother might have transmitted her burden of guilt to her daughter. This enabled us to elaborate upon the fact that Deborah was not reacting to the external reality of the pandemic only, but she was also reacting to an internal world full of fear and feelings of guilt, which might have been transmitted by her depressed mother. This elaboration of the origin of her guilt feelings helped to alleviate Deborah's anxiety, and enabled her, when school resumed, to continue her work as a teacher.

3 | DISCUSSION

My work as a psychoanalyst during the pandemic led me to explore the following issues: (a) The impact of the pandemic on the psychic reality of Holocaust survivors' offspring; (b) Changes of technique that may be needed in the analyses of Holocaust survivors' offspring; and (c) The impact of countertransference feelings of the analyst in a shared life-threatening situation.

3.1 | The impact of the pandemic on the psychic reality of Holocaust survivors' offspring

In analysis, I tried to explore together with my patients the inner universe that processes and handles the reality of the pandemic in unique and idiosyncratic ways. In my view, since Holocaust survivors' offspring are reservoirs for deposited images connected to their parents' trauma, which often initiate unconscious fantasies and affects linked to the trauma, their perception of a life-threatening pandemic may bear the mark of the Holocaust.

The reactions of patients whose parents were not Holocaust survivors were often different from those of the patient described above. For example, a patient who had been traumatized by a close relative stealing his money

became very preoccupied with the potential financial loss caused by the pandemic; a hysterical patient with paranoid traits claimed that her life-long fears of germs and pandemics, which colored her perception of reality, were proven to be correct.

It is possible that many Holocaust survivors have been linking the threat of the pandemic to their internal reality, which includes the Holocaust history of the Jewish people. I would like to suggest that the current ongoing situation of the pandemic has reactivated devastating effects and implications of the traumatic Holocaust past, not only among those who were directly affected by it (Brenner, 2002; Moses, 1993; Volkan et al., 2002), but also among their offspring.

This issue presents us with the question of how present trauma affects the memory of the past. According to Freud (1915), there is no time in the unconscious. Past and present merge there, so that meanings that were still are, and the meanings that are affect and change those that were (Kogan, 2007a; Loftus & Loftus, 1980; Schaeffer, 1980).

We can understand this reactivation by means of the psychoanalytic model of trauma, which posits two events: a later event that revivifies an original event, which only then becomes traumatic (Laplanche & Pontalis, 1967). As it is linked to past horrors, the present terror takes on the quality of childhood fears and nightmares. This threatens to destroy the boundary between inside and outside, between reality and fantasy (Auerhahn & Prelinger, 1983). These "unfortunate encounters" (Green, 1973) between fantasy and traumatic events in reality can be terrifying because the communication from inside to outside is damaged to the point that inner spaces are no longer able to contain the inner world (Janin, 1996). The subject can no longer tell whether excitation is of internal or external origin, and so is overwhelmed by feelings of helplessness and fear—the famous "hilflosigkeit" described by Freud (1917). Traumatic external reality becomes the embodiment of the worst fantasies of inner reality, overwhelming the subject with the realization of his or her own helplessness. The life-threatening external reality may lead to a perception of reality based on past scripts and may reinforce the imprints of the past, which insidiously spill into and permeate the present.

As I have illustrated in various works (Kogan, 1995, 2007a, 2007b, 2012), history is never properly over. That is, the past is never dead; it lives in the mind, never to perish. The intermeshed nature of past and present has been eloquently expressed by Turner (1938): "For the present is simply the undeveloped past, the past is the undeveloped present." Thus, the shared mental representation of the traumatic Holocaust past, with all its devastating effects of aggression and guilt, may be present in the minds of Holocaust survivors' offspring.

In the above-described case, the life-threatening reality of the pandemic did not reactivate only a simple recollection of traumatic events, but it also reactivated the mental representations of the Holocaust which Deborah shared with her mother. These included real events of a traumatic nature (the loss of her relatives), conscious and unconscious fantasies of destructivity, accompanied by intense feelings of guilt.

3.2 | Changes in psychoanalytic technique in the analyses of Holocaust survivors' offspring

In the current wave of the Coronavirus pandemic that is overwhelming us, we can observe the disintegration of the normal fabric of life and the destruction of a sense of safety. The sense of safety is described by Sandler (1960) as a feeling that is so much a part of us that we take it for granted as a background to our everyday experiences. It is a feeling of well-being. The need to maintain a sense of safety is of greatest importance in learning and development, and is therefore one of the fundamental components of the therapeutic situation. In treatment, we often address the internal anxieties and conflicting wishes that underlie our patients' reactions to external reality. As analysts, we try to provide an environment that is safe and protected, that will enable the therapeutic regression to unfold, and that will facilitate the search into the individual's internal world.

But what happens when external conditions are filled with the threat of disease and death, and patients are prevented from coming to this "safe haven"? Should we, as analysts, preserve the physical setting intact and stop seeing our patients in a time of need? Is the setting more important to us than our emotional engagement with our patients? Can we cling to the ordinary notions of "classical analysis," by encouraging the exploration of inner conflicts and anxieties only in the physical presence of the analyst, not taking into consideration a situation of lockdown as during the Coronavirus crisis?

In my view, the firm boundaries of the setting in psychoanalysis are very important. They are implicit assertions of the reality principle (Freud, 1911) and guardians of separateness and of the incest barrier at a deeper, unconscious level (Akhtar, 1999; Kogan, 2019a). Thus, during the pandemic, when patients became anxious and helpless, I was confronted with the dilemma of how to modify the analytical technique so that it would be effective in this situation. On this topic, I found Eissler's (1953) eloquent words very helpful: "No individual can divorce himself from the historical period in which he is living, any more than he can put himself beyond time and space" (p. 107). In my view, we have to respect the period in which we are living and adjust the analytic tool accordingly.

I therefore accepted the patients' request to continue analysis via Internet or telephone, and change the analytical setting into one in which the physical presence of both members of the analytic couple was absent. Changing the setting was the only way to enable a continuation of therapy, which provided psychoanalytic listening (Mirkin, 2011), and alleviated the patients' fears by giving them the feeling that life continues.

3.3 | The impact of countertransference of the analyst on the analytic cure in a shared life-threatening situation

The issue that preoccupied me for some time regarding the above-described analysis brought to my mind the following questions: What made me blind to the understanding of my patient during the pandemic? Was I so unable to contain my own anxiety that I lost sight of a psychoanalytic understanding of the patient's anxiety, and instead tried to calm her down?

On the issue of containing the patient, I wish to quote Bion (1959), who pointed out that, "When the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain, he split off his fears and put them into me, the idea apparently being that if they were allowed to repose there long enough, they would undergo modification by my psyche and could then be safely reintrojected" (p. 103).

Are we able to contain and modify the fears of our patients while we find ourselves confronted with the death and destruction caused by a pandemic? Isn't our psyche, the inner space in which these fears are to repose, constricted by such a situation? Regarding this issue Abend (1986) has remarked that "the impact of daily events, inner as well as outer, plays upon our psychic integration and produces those fluctuations of mood, thought, and behavior which are part of our so-called normal personalities. As our receptivity and reactivity to our analysands depends upon our psychic balance, how can we imagine that this 'analyzing instrument,' as Isakower liked to call it, is unaffected by its constantly shifting dynamism?" (p. 565).

In the shared life-threatening situation during the pandemic, I have found that our "analyzing instrument" is indeed affected by anxiety provoking events. The turning point for me in the treatment of Deborah was when I realized that my countertransference feelings were not induced only by the typical patient's transference and actions toward me (Boyer, 1983, 1999; Giovacchini, 2000; Kernberg, 1984; Volkan, 1987; Volkan et al., 2002); they were mainly the result of my own defense mechanisms in confrontation with the pandemic. These defenses had a deep impact on the analytic encounter.

Only when I became aware of my own fears of external reality, I could attempt to understand the source of Deborah's anxiety. This realization enabled me to explore the current traumatic reality that caused Deborah to transfer her feelings of guilt in relation to her mother towards her pupils. Moreover, we elaborated upon the possibility that her guilt feelings might have been transmitted to her by her traumatized mother. The working

through which ensued helped Deborah understand that her feelings of aggression and guilt did not belong only to her own past, but also to the traumatic past of her mother. Deborah realized that her fantasy of being the source of destruction of her pupils stemmed from her inner reality, and was superimposed upon traumatic external reality, thus enhancing it.

In summary, prominent analysts such as Kestenberg (1972, 1980, 1982a, 1982b); Kestenberg and Brenner (1996); Krystal (1981, 1988, 2007); Parens (2004, 2007); Ornstein (1985); Laub (1998, 2017); Grubrich-Simitis (1984); Brenner (2002, 2004, 2019); Kogan (1995, 2007a, 2007b, 2012, 2019), among others, have studied the varied and complex phenomena in the realm of the transmission of the Holocaust trauma from survivor parents to their offspring.

In my view, the aim of therapy with these offspring during the pandemic was to help them perceive the reality of what is happening to them at the present time, rather than concentrate on what they imagined had happened to their parents in the past. As illustrated in the above-described case, I reacted to my patients' request during the pandemic by agreeing to change the psychoanalytic setting in order to continue therapy. Prior to the lockdown, I often came up against defensive reactions of denial and omnipotence. I did not tackle these defenses, as I believe that they had an adaptive function, helping the patients to feel a better sense of control.

In analysis, the course of recovery, based on the strengthening of the ego, is brought about by the progressive acquisition of insight. But the analytical situation causes regression, and this weakens the ego so that it becomes increasingly susceptible to fear—which in turn weakens it even further. Moreover, people who suffer from blurred ego boundaries, like the children of Holocaust survivors, experience their anxiety as even more threatening to their ability to cope than do others. At this stage, I felt that it was important to respect the patients' resistance and support their ego until they felt safe enough to give up their defenses.

Only after I realized the impact of my anxiety on my work as an analyst, I could elaborate together with my patients their concealed terror in connection with the Holocaust past of their parents, which had permeated into their present experience of the pandemic. In this stage of therapy, when patients felt more secure because of better stabilized ego boundaries, it was possible to use increased insight to work through their mechanisms of denial and omnipotence which had developed with the outbreak of the pandemic. The patients' mental organization was strengthened to the point where they could differentiate between the feelings of anxiety caused by the real threat they were facing from those linked to their parents' past. This eventually facilitated better reality testing, a greater ability to cope and, in many cases, improved subsequent analytic work.

REFERENCES

Abend, S. M. (1986). Countertransference, empathy, and the analytic ideal: The impact of life stresses on analytic capability. *The Psychoanalytic Quarterly*, *55*, 563–575.

Akhtar, S. (1999). *Immigration and identity—Turmoil, treatment and transformation*. Jason Aronson.

Auerhahn, N. C., & Prelinger, E. (1983). Repetition in the concentration camp survivor and her child. *International Review of Psychoanalysis*, *10*, 31–46.

Axelrod, S., Schnipper, O. L., & Rau, J. H. (1978). *Hospitalized offspring of Holocaust survivors: Problems and dynamics*. Paper presented at the. Annual Meeting of the American Psychiatric Association.

Barocas, H. A., & Barocas, C. B. (1973). Manifestations of concentration camp effects on the second generation. *The American Journal of Psychiatry*, *130*, 820–821.

Bion, W. (1959). Attacks on linking. In *Second thoughts—Selected papers on psychoanalysis* (pp. 93–109). Heinemann.

Boyer, C. B. (1983). *The Regressed Patient*. New York: Jason Aronson.

Boyer, C. B. (1999). *Countertransference and Regression*. Northvale, NJ: Jason Aronson.

Brenner, I. (2002). Forward. In V. D. Volkan, G. Ast, & W. GreerJr. (Eds.), *The third Reich in the unconscious: Transgenerational transmission and its consequences* (pp. xi–xvii). Brunner/Routledge.

Brenner, I. (2004). *Psychic trauma: Dynamics, symptoms, and treatment*. Jason.

Brenner, I. (2019). *International textbook of Holocaust studies*. Routledge.

Eissler, K. R. (1953). The effect of the structure of the ego on psychoanalytic technique. *Journal of the American Psychoanalytic Association*, *1*, 104–143.

Freud, S. (1911). Formulations on the two principles of mental functioning. *Standard Edition*, *12*, 218–230.

Freud, S. (1915). The unconscious. *Standard Edition*, *14*, 159–215.
Freud, S. (1917). Mourning and melancholia. *Standard Edition*, *14*, 237–260.
Green, A. (1973). *Le Discours Vivant. La Conception Psychanalytique de L'affect*. P.U.F.
Giovacchini, P. I. (2000). *Impact of Narcissism: The Errant Therapist as a Chaotic Quest*. Northvale: Jason Aronson.
Grubrich-simitis, I. (1984). From concretism to metaphor. *The Psychoanalytic Study of the Child*, *39*, 301–319.
Janin, C. (1996). *Figures et Destins du Traumatisme*. Presse Universitere de France.
Kernberg, O. F. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven: Yale University Press.
Kestenberg, J. S. (1972). How children remember and parents forget. *International Journal of Psychoanalytic Psychotherapy*, *1–2*, 103–123.
Kestenberg, J. S. (1982a). A metapsychological assessment based on an analysis of a survivor's child. In M. S. Bergmann & M. E. Jucovy (Eds.), *Generations of the Holocaust* (pp. 137–158). Basic Books.
Kestenberg, J. S. (1982b). The experience of survivor-parents. In M. S. Bergmann & M. E. Jucovy (Eds.), *Generations of the Holocaust* (pp. 46–62). Basic Books.
Kestenberg, J. S., & Brenner, I. (1996). *The last witness*. American Psychiatric Press.
Kestenberg, J. S. (1980). Psychoanalyses of children of survivors from the Holocaust: Case presentations and assessment. *Journal of the American Psychoanalytic Association*, *28*, 775–804.
Kogan, I. (1995). *The cry of mute children—A psychoanalytic perspective of the second generation of the Holocaust*. Free Association Books.
Kogan, I. (2007a). *The struggle against mourning*. Jason Aronson.
Kogan, I. (2007b). *Escape from selfhood*. IPA Publications.
Kogan, I. (2012). *The Canvas of Change- Analysis through the Prism of Creativity*. London: Karnac.
Kogan, I. (2019a). Could your next analyst be a computer? Psychoanalysis in the digital era. In A. Sabbadini, I. Kogan, & P. Golinelli (Eds.), *Psychoanalytic perspectives on virtual intimacy and communication in film* (pp. 11–35). Routledge.
Kogan, I. (2019b). Holocaust studies and the nature of evidence: Commentary on Gomolin's "the intergenerational transmission of Holocaust trauma: A psychoanalytic theory revisited". *The Psychoanalytic Quarterly*, *88*(3), 525–540.
Krystal, H. (1981). The aging survivor of the Holocaust. *Journal of Geriatric Psychiatry*, *14*, 165–189.
Krystal, H. (1988). *Integration and self-healing*. Analytic Press.
Krystal, H. (2007). Resilience: Accommodation and recovery. In H. Parens, H. P. Blum, & S. Akhtar (Eds.), *The unbroken soul tragedy. Trauma and resilience* (pp. 47–64). Jason Aronson.
Laplanche, J., & Pontalis, J. B. (1973). *The language of psychoanalysis*. translated D. Nicholson-Smith. Norton.
Laub, D., Auerhahn N. C., & Hamburger, A. (Eds.), (2017). *Psychoanalysis and Holocaust testimony: Unwanted memories of social trauma*. Routledge.
Laub, D. (1998). The empty circle: Children of survivors and the limits of reconstruction. *Journal of the American Psychoanalytic Association*, *46*(2), 507–529.
Laufer, M. (1973). The analysis of a child of survivors. In E. J. Anthony, & C. Koupernik (Eds.), *The child in his family: The impact of disease and death* (Vol. 2, pp. 363–373). John Wiley.
Lipkowitz, M. H. (1973). The child of two survivors: The report of an unsuccessful therapy. *Israel Annals of Psychiatry & Related Disciplines*, *11*, 2.
Loftus, E. F., & Loftus, G. R. (1980). On the permanence of stored information on the human brain. *American Psychologist*, *5*, 405–420.
Mirkin, M. (2011). Telephone analysis: Compromised treatment or an interesting opportunity? *The Psychoanalytic Quarterly*, *80*(3), 643–670.
Moses, R. (Ed.), (1993). *Persistent shadows of the Holocaust: The meaning to those not directly affected*. International University Press.
Ornstein, A. (1985). Survival and recovery. *Psychoanalytic Inquiry*, *5*, 99–130.
Parens, H. (2004). *Renewal of life—Healing from the Holocaust*. Schreiber Publishing.
Parens, H. (2007). An autobiographical study: Healing from the Holocaust. In H. P. Blum & S. Akhtar (Eds.), *The unbroken soul tragedy. Trauma and resilience* (pp. 85–116). Jason Aronson.
Poland, W., & Kogan, I. (2019). Holocaust studies and the nature of evidence: Commentary on Gomolin's "the intergenerational transmission of Holocaust trauma: A psychoanalytic theory revisited. *The Psychoanalytic Quarterly*, *88*(3), 525–540.
Rakoff, V. (1966). Long-term effects of the concentration camp experience. *Viewpoints*, *1*, 17–21.
Sandler, J. (1960). The background of safety. In *From safety to superego* (pp. 1–9). London: Karnac Books.
Schaeffer, S. F. (1980). The unreality of realism. *Critical Inquiry*, *6*, 727–737.
Sonnenberg, S. M. (1974). Children of survivors. *Journal of the American Psychoanalytic Association*, *22*, 200–204.
Turner, F. J. (1938). The significance of history. In E. E. Edwards (Ed.), *The early writings of frederick Jackson turner* (Vol. xi, p. 316). University of Wisconsin Press.

Volkan, V. D. (1987). *Six steps in the treatment of borderline personality organisation*. Jason Aronson.
Volkan, V. D. (2014). *Animal killer: Transmission of war trauma from one generation to the next*. Karnac.
Volkan, V. D. (2017). *Immigrants and refugees: Trauma, perennial mourning, and border psychology*. Karnac.
Volkan, V. D. (2019). *Ghosts in the human psyche: The story of a "Muslim Armenian"*. Routledge.
Volkan, V. D., Ast, G., & Greer, W. F. (2002). *The third Reich in the unconscious*. Bruner-Routledge.

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