

Casework with Survivors of Nazi Persecution

Twenty Years After Liberation *

GERTRUDE CONRAD
San Jose, California

IT may seem strange that after almost a quarter of a century we should still be discussing the emotional problems of the victims of Nazi persecution. In fact, for many years little has been written or said about these people except for some specialized professional literature. The victims wanted to forget; the rest of the world was afraid to remember.

Recently a large number of novels, short stories and autobiographies dealing with the Nazi period have begun to appear. As is often the case, the works of talented and visionary authors have served to illuminate this barbaric time far better than the technical material, the statistical studies and the case records. This new literature serves to direct our attention to the fact that there are still hundreds of thousands of people alive today who survived Nazi persecution. At this late date, many of them are becoming known to various types of mental health facilities.

Survivors can be found in all large cities and most small communities in the United States. They often come to the attention of agencies, clinics and therapists but no one is aware of their background. They sound so much like "typical" clients and their complaints seem so commonplace that there is a tendency to regard them as the same as all other

clients. They rarely volunteer any information about their war-time experiences. When asked they will often insist that they can see no connection between the past and their present difficulties. Since the literature on this subject is sparse, it is not always known that these people present a unique treatment problem.

Research Findings

Studies of survivors have been made in many countries, notably Germany, Israel, Norway and the United States. These studies indicate general agreement that there exists a group of symptoms which can be labelled "Concentration Camp Syndrome." These symptoms include a wide variety of somatic complaints, inability to make close relationships; and feelings of guilt, depression, anxiety and isolation. Insomnia and anniversary phenomena are also common.

Most writers are of the opinion that while these symptoms can be related to the early life adjustment of the individual, they are more directly the result of the concentration camp experience.^{1, 2} The severe psychic trauma are frequently accompanied by physical problems which derive from malnutrition, brutal treatment and illness, all of which were endemic in camp life. A study in

* All case material has been disguised in the interests of confidentiality. Records have been selected over an extended period of time and do not refer exclusively to persons residing in San Jose. No case is currently active with the writer.

¹ Paul Chodoff, "Effects of Extreme Coercive and Oppressive Forces: Brainwashing and Concentration Camps," in Silvano Arieti, ed., *American Handbook of Psychiatry*, Vol. III, New York: Basic Books, 1966, pp. 384-405.

² *San Jose Mercury*, Nov. 9, 1968, p. 17.

Norway showed that "Many patients were found to have some kind of illness, the commonest being those that affected the digestion, heart and lungs. One hundred of the two hundred and twenty-seven patients were classified as having intellectual deterioration—which included loss of memory, lack of concentration, fatigue and mental disturbance. Tests showed that this was not a neurotic reaction to their appalling experiences, but was due to a reduction in the size of the brain."³

Life Adjustment of Survivors

Outwardly the survivor can give the appearance of living a "normal" existence and there is no obvious indication of his feelings of tension and emptiness. Indeed, people who know him well may remark on how nicely he is doing and how he seems to have "gotten over" the past. The more than twenty years that have elapsed only serve to heighten the impression that these people have long ago settled down and found their place in the world.

Thus when a survivor comes to the attention of an agency, the tendency is to evaluate his problem in the usual way. This is especially true if the client has been successful in his business, professional and social life. The diagnosis and treatment plans are set up within the theoretical framework of the practitioner, who then proceeds to work in line with this perspective. All too often the client shows little progress and the practitioner wonders why. The reason is that the Concentration Camp Syndrome does not fit into any of the traditional psychiatric or psychological systems but constitutes a specific and peculiar entity.

Survivors try hard to create and main-

tain the impression that they are just like other people, especially when they are in the presence of non-survivors. They will not discuss their past except with those who have shared their experiences. Groups of survivors act like a family, guarding the family secrets from outsiders and presenting a solid front to strangers. The analogy of a family can be carried even further for the group members are often very critical of each other. But in times of trouble they offer mutual comfort and help with the greatest loyalty and devotion.

The universal feeling of survivors is depression and guilt. They see their suffering as a kind of punishment, yet they do not know what they could have done to deserve such treatment. They can find no rational reason for their lives being spared. Their continued existence was a whim of destiny for all about them they saw those who were younger, stronger or wiser die. They tend to ruminate on the fate of their parents and children, relatives and friends. More common are feelings of apathy, cynicism and mistrust. Often there is simply an all-pervasive sadness.

Why Survivors Seek Help

The survivor comes to an agency or clinic at the time when his defenses no longer hold him together so he can function. He becomes overwhelmed with anxiety or drowned in a depression. This may be at the time when someone in the family has become seriously ill or has died. The client cannot bear another loss and the memories which it revives.

Sometimes the crisis comes when the client himself falls ill. At first he seems to do very well. His physician may comment on this model patient who is so cooperative and uncomplaining, even

³ *Ibid.*

stoic. His recovery seems assured. Suddenly the patient takes a sharp turn for the worse or begins to show signs of serious mental disturbance.

Mr. A. aged 50, lost his entire family in a concentration camp. After coming to the United States he married a woman whom he had met in camp and they had four children. He made a satisfactory social and vocational adjustment.

Without warning he became ill and was rushed to surgery. He took the diagnosis of his illness without show of emotion. The surgery went "like a textbook" and everyone spoke of his amazing fortitude and quick recovery. At the time of discharge, the patient's equanimity disappeared. "He was like a different person." He complained continuously, refused to carry out medical orders and found fault with everyone and everything. In a few days he developed a full blown paranoia with delusions of persecution.

In this case the threat to life presented by the illness was reminiscent of the daily existence in the concentration camp. By recovering, the patient felt that once again he had cheated death. His great guilt was reactivated and the only way out was an escape into mental illness.

Many clients will state that they got along much better when they were struggling to reconstruct their lives. They worked hard, worried about making a living, had to accommodate to a new language and a different culture. They achieved a stable life and financial security, yet they are unable to sit back and relax. They are nervous, depressed and lonely. There is a compulsive need to work and to keep moving all the time. They are unable to enjoy anything fully and feel that they have no right to a good and satisfying life.⁴

These clients give one the impression that they are doing eternal penance.

Women will often have a crisis at menopause or at the time their children leave home. This is usual in any population or sub-culture. However, in survivors it seems to have broader implications. These women see their role in terms of their usefulness to others. Anything which removes their sense of being needed also removes their right to exist.

Mrs. B. aged 48, was in a concentration camp for two years. She married a man in Europe while awaiting transport to the United States. When her son went into the army and her daughter to college, she became depressed, withdrew from all activities and refused to leave her home. She complained of insomnia, terrible nightmares, feelings of being worthless and emotional deadness. She repeated continuously that she had no more reason for living and that those who had died in the camp were better off.

Some clients have done sensationally well for years, then suddenly become depressed and seem to have no further interest in anything. This can be due to the feeling that they have overcome all obstacles. They have managed to survive and to build a new life. Having thus proved their right to exist and in a sense having beaten the enemies who tried to destroy them, they find no further zest in living.

Mr. F. a successful professional man, had also done remarkably well financially. After a severe illness from which he recovered without incident, he refused to leave his bed and said he had no further reason for going on.

His son states, "You know, he only wanted to show everyone. He wanted to prove he was somebody and had a right to stay on this earth. That's why he always worked so hard. I think he just had time to think about it when he was sick. He realized he had it made so the need to prove something; the challenge was gone. That was all that mattered. He hated the world and everyone and then one day it wasn't important any-

⁴ Peter Ostwald and Egon Bittner, "Life Adjustment After Severe Persecution," *American Journal of Psychiatry*, 124:10 (1968), pp. 87-94.

more. He had reached his goal. But it still didn't change the past and he knew it.

The survivor often acts like a child with a separation problem when he is left alone or on his own. The feeling is one of being abandoned, regardless of the circumstances.

Mrs. N lived on forged papers for two years, moving from place to place. Eventually she was sent to a labor camp. After the war she came to the United States with her husband and children. At the time she was seen by the caseworker she was depressed, extremely anxious and obsessed by terrifying thoughts.

In the five years prior to seeking help she had lost her husband and the last remaining relative of her generation. Two of her children married and one went into the army. She lived alone, felt unloved and unwanted.

The client was asked to describe what it was like when she was liberated from the camp and went back to her home town to seek her family. The client sensed the analogy and responded with a description of the original separation from her family when the soldiers came and took them all away. At that time, the adults were sent to one camp but the client was smuggled away and given false papers. She never saw her people again.

Children of Survivors

There is little material available on the relationship of survivors to their children. However, parents who have known such persecution tend to give their children a special status and obligation. The children are usually aware of their parent's history and can be surprisingly tolerant and understanding. At the same time they feel hemmed-in by the stifling over-protectiveness which is found in these families.

Parents tell their children that it is up to them to maintain a name which was almost wiped out in the Holocaust. A Jewish family will emphasize the great numbers lost to the Jewish people and indicate that the children have a special responsibility to insure the sur-

vival of the group. In this way, the children seem to become symbols rather than individuals. They often resent the role assigned to them and wish to free themselves from the burdens of guilt and anxiety which dominate their parents. They are sensitive to the tragic aspects of their parents' experiences, but they wish to see it as a thing of the past. They want to be left alone, to live in the present and to be like their contemporaries. They want to be persons, not symbols. Thus the demands and expectations of the parents can clash head-on with the needs and wishes of their children. A new dimension is added to the generation gap.⁵

Treatment of Survivors

Survivors tend to feel isolated and apart from all humanity. They believe they have lived through a horror so unique that its essence can never be communicated to a nonsurvivor. This feeling can make for difficulty in treatment because the client continuously tries to make the worker understand while in his innermost being he is sure that no one can understand.

It is extremely difficult and emotionally draining to treat survivors. This is true for both the worker and the client. Some clients will try to deny that their past has anything to do with their present stress and suffering. When they do recall their experiences, they recall everything in the clearest and most vivid detail. Once having started on their memories, they will repeat them over and over again. This does not seem to have an abreactive or cathartic effect. They will continue with these painful

⁵ The writer is indebted to Mrs. Lomogy and the Staff of the Youth Aliyah Guidance Center in Haifa, Israel and to Dr. Miriam Goldwasser and the Staff of the Mental Health Clinic in Tel Aviv, Israel for many of these concepts.

recollections and may be unable to go beyond this point without help. Yet the worker will not be able to exercise appropriate control in the situation because he cannot cope with the disturbing material which he hears.

Since survivors do present a special problem, this must be understood and considered before treatment is begun. Just as guilt can be a serious problem for the client, it can be equally so for the worker. If the worker is old enough to remember the Nazi period, he may begin to wonder if he could or should have done something more to help. If he is Jewish, he may be beset by the same question which disturbs the client, "Why did I escape?" Sometimes the client will sense the worker's guilt and use it out of his own anguish and need. When this occurs, the therapist can lose sight of his role and function. He hesitates to use limits and to focus on the realities of the client's immediate situation.

Summary and Conclusion

Almost every American city, large or small, has some victims of Nazi persecution residing there. These survivors become known to clinics and agencies at the time of severe emotional crisis. Often their background is not recognized at the point of intake. If it is known, too little importance may be attached to their experiences because they appear to have made a "normal" adjustment for so many years. In addition, there is not enough general awareness that these clients have symptoms and problems which do not fit into the classical theoretical concepts of mental disturbance.

Because of the special aspects of working with survivors, a thorough investigation of the problem should be made before treatment is started. The client should have a complete physical work-up

with emphasis on neurological studies. A full history should be taken with detailed recording of all complaints, how and when they began and whether or not they started with or were aggravated by any particular life situation. The names of family members or friends should be noted since these clients require constant support and human contact. The client should be encouraged to discuss his children in an effort to learn if they are exhibiting behaviour which might require attention.

Treatment of survivors cannot be carried out in the usual way. It must be very supportive with major attention focused on the here-and-now. The worker must constantly monitor his own feelings and be aware of his reactions. He will have to accept the fact that he can have both sympathy and empathy, but in truth he can never comprehend what his clients has lived through. He should not try to convince the client that he "understands." A relationship can only develop when the client knows that the "outsider" will not try to become an "insider." Spectacular results or "cures" should not be seen as the goal. Often the best that can be attained is a return to the old equilibrium which made it possible for the client to function.

It is more than twenty-five years since the concentration camps were opened, but the Nazi legacy is still with us. The victims cannot forget. It is not possible to change the past. It is also not possible to deny it. Survivors of Nazi persecution are the victims of history and of man's failure to concern himself for his fellowmen.⁶ It is no wonder that they feel isolated, different and alone. No amount of treatment can change the quality or the truth of their experience.

⁶ Arthur Morse, *While Six Million Died*, New York: Random House, 1968.

Perhaps the best that can be done is to make it possible for them to live with their terrible knowledge.

Bibliography

Chodoff, Paul, "Late Effects of the Concentration Camp Syndrome," *Archives of General Psychiatry*, 8:323-333, 1963; "Effects of Extreme Coercion and Oppressive Forces—Brainwashing and Concentration Camps" in Aireti, s. Ed., *American Handbook of Psychiatry*, Vol. 3, New York: Basic Books, 1966.

Eitinger, L., "Pathology of the Concentration Camp Syndrome," *Archives of General Psychiatry*, (5), 1961; "Concentration Camp Survivors in the Post War World," *American Journal of Psychotherapy*, (26), 1962; "Preliminary Notes on a Study of Concentration Camp Survivors in Norway," *Israel Annals of Psychiatry*, Vol. 1, April, 1963.

Engel, W., "Reflections on the Psychiatric Consequences of Persecution," *American Journal of Psychotherapy*, (26), 1962.

Klein, H. Z., Zellermyer and Shanan, J., "Former Concentration Camp Inmates on a Psychiatric Ward," *Archives of General Psychiatry*, (8), 1963, p. 334.

Morse, Arthur D., *While Six Million Died*, Random House, 1968.

Nathan, T. S., Eitinger, L. and Winnik, H. Z., "A Study of the Survivors of the Nazi Holocaust," *Israel Annals of Psychiatry*, Vol. 2, No. 1, 1964, p. 47-76.

Ostwald, Peter and Bittner, Egon, "Life Adjustment After Severe Persecution," *American Journal of Psychiatry*, 124:10, April, 1968, pp. 87-94.

Strom, B. L., et al., "Examination of Norwegian Ex-Concentration Camp Prisoners," *American Journal of Neuropsychiatry*, (4), 1962.

San Jose Mercury News, "Nazis Did Their Work Well," Saturday, November 9, 1968, p. 17.

Trautman, E. C., "Psychological and Sociological Effects of Nazi Atrocities on Survivors of the Extermination Camps," *Journal of the American Association of Social Psychiatry*, September-December, 1961.