Psychosocial Effects of the Holocaust on Aging Survivors and Their Families

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Some clinicians argue that the traditional views of psychological health and illness should not be applied to aged Holocaust survivors. They place survivors in a special category of people who, having challenged the void and asserted the positive presence of life after the Holocaust, render meaningless any conventional judgments of "good" or "bad" psychological adjustment.

MY father is a survivor of the Holocaust—loving and resilient, yet highly vulnerable in those aspects of his personality most severely traumatized by the years he spent in concentration camp and hiding in the underground. As he becomes older, the social and psychic adaptions my father made in order to sustain a viable and reasonably peaceful existence after the War fall under new assault, creating unwelcome reminders of the myriad losses he experienced so intensely a generation ago.

Much of my father's pain is shared, it appears, by thousands of other Holocaust survivors now within or approaching their retirement years. In this exploratory study, aspects of aging are identified in which survivors and their families tend to experience intense or unique reactions to the residual effects of the War's trauma. Issues of intergenerational communication, care and positive coping capacities are described, especially as they affect feelings of independence, losses and mourning, family intimacy, and guilt of aging survivors and their adult children. Several treatment, program, and research implications are also raised.

Evidence for this investigation is drawn from two sources: (1) clinical observations, over a five-year period, of survivors, children of survivors, and groups of children of survivors and their parents; and (2) an experience survey of 40 clinicians and researchers associated with the Group Project for Holocaust Survivors and their Children (U.S.A.). Families of survivors are defined as parent-child units where at least one parent survived Nazi persecution in concentration camps, in hiding, or fighting among the partisans.

Adjustment after the War

To be a survivor means to have passed from darkness into light[1], to have lived in a state that Robert J. Lifton calls, "death in life."[2] The sequence of the survivors' post-war experiences usually follows a pattern that includes a profound disorientation; despair and lust for revenge (sometimes denied and/or turned upon themselves); a process of deep but incomplete mourning; the tentative reaching out for emotional solace in the form of new relationships; and the rebuilding of a family world.[3]

Family reformation began after the War, when many survivors married other survivors with whom the continuity of experience could be felt. Factors of advanced age,poor health, post-war immigration, and socioeconomic class often meant that survivor families were small. But whatever the variations in the newly created family structure, similar themes dominated the survivors' inner world. Initially

dubbed "the survivor syndrome" by William G. Niederland[4] in the 1950's, the long term effects of the Holocaust include:

- chronic and severe depressions, coupled with apathy, emotional withdrawal, and disturbances in memory and cognition;
- feelings of guilt (about their survival while others died), marked by anxiety, fear, agitation, hallucinations, and sleep disturbances; and
- syndromes of pain, muscle tension, headaches, psychosomatic diseases, and occasional personality changes.

In addition, research has determined that on the average survivors are sicker, more often sick, and more seriously sick than non-survivors, and that they generally die earlier than their peers.[5]

Effects on the Aging Survivor

The clinicians surveyed for this investigation saw an estimated cumulative total of 550 non-institutionalized Jewish survivor clients, mostly in the United States and Canada. Within this group, they diagnosed a higher frequency of psychological depression, paranoid reactions, sleep disturbances, and—to a lesser extent—severe loneliness and isolation than among the general population.[6] Attendant observations by the respondents appear on Table 1 (Appendix).

For many survivors, it appears, daily coping requires meaningful family roles, voluntary activities and/or continuous employment. These activities seem to offer a sense of self-worth and the opportunity to focus on present and future concerns, rather than on the past. Respondents noted, however, that this coping strategy often falters as some of the losses and disabilities associated with aging interact with the unhealed psychic wounds and chronic health problems stemming from the Holocaust. Old memories, fears and specific psychologial reactions related to the residual effects of the War may resurface for the first time in many years, suggesting that the survivors' strategies for coping are particularly vulnerable to the normal experiences of aging.[7] Although all of these psychological reactions are not in themselves unique to aging Holocaust survivors, among survivors they seem more easily induced, more frequent, and more intense than in the general population.

Some clinicians argue that the traditional views of psychological health and illness should not be applied to aged Holocaust survivors. They place survivors in a special category of people who, having challenged "the void"[8] and asserted the positive presence of life after the Holocaust, render meaningless any conventional judgments of "good" or "bad" psychological adjustment. By extension, this thinking suggests that processes of coping are specific to different life stages and experiences and cannot be judged in absolute terms.[9]

Effects on Survivors' Families

This study focused on three problems which children of survivors cite as peculiar or exaggerated in their families:[10] issues of long term care for the frail parent; loss and mourning by the parent; and intergenerational communication. Excerpted responses appear on Table 2 (appendix) and suggest a heavy emphasis on informal supports and family care, a prolonged reaction to family death and separation, and a pattern of imbalanced communication and behavior, based on intergenerational conflicts, anxieties, and expectations among survivor-parents and their adult children.

Danieli[11] claims that the most powerful fantasy motivating the behavior of adult children of survivors is to undo

the Holocaust for their parents. In practice, children of survivors often seek to protect their parents from further pain, acting in the role of protector as their "parents' parent." The high commitment to family responsibility and home care for the aged survivor, for example, probably emerged gradually as a result of pre-immigration (Old World) values and the long term dependency by survivors on their children as intermediaries and psychological supports.[12] Thus, the reason most often given by respondents for avoiding nursing home placements for aged survivors was because of the parallels—however benign and unintended—between the total institution of a hospital ward or nursing home and that of a concentration camp.[13]

The intense family loyalty and years of intra-familial support by children of survivors towards their parents appear counterbalanced by unfulfilled expectations and internal emotional conflicts. A recurring theme echoed in group sessions with children of survivors, for example, centers around their desire for personal independence in the face of large responsibilities, personal guilt, and feelings of inadequacy. Trachtenberg and Davis[14] speculate that this is based on the adult children's inability to communicate adequately their own needs and emotions (in the face of their parents' disabilities and ongoing psychic trauma) and from their unwillingness to do anything that could possibly exacerbate their parents' inner suffering and pain.

In seeking to diffuse explosive pressures between family members and to work out satisfactory long-term solutions, individual, group and family therapy principles may be applied. Short of direct therapeutic intervention, an awareness by practitioners, long term care administrators, and the relatives and friends of Holocaust survivors can help to reduce some of the triggers and painful effects of Holocaust related trauma. The director of one German-Jewish retirement home in Chicago, for example, stressed the importance of a caring environment containing a familiar ethnic cuisine, cultural programming, the presence of same-background volunteers, and special staff training about the Holocaust and its long-term psychological effects. Similarly, a colleague once told me about an elderly survivor in a New York institution who confused the nursing home bathrooms with the gas chambers in Auschwitz. In order to allay her fears, the staff responded by accompanying this woman every time she had to relieve herself. Preventative psychological help has been most evident, however, among the thousands of children of Holocaust survivors in the United States and Canada who have gained mutual support and understanding through group discussions and consciousness raising sessions.[15] Most recently, mixed groups (containing survivor-parents and their children) have also begun taking place.

Much as we would wish to end all genocide, massive psychic trauma has emerged as integral to the course of human history. Examination of the effects of trauma on aging Holocaust survivors has become, sadly, a mere case study for other groups who may be destined for similar patterns of coping and stress. Recommendations for research include study of the etiology, commonalities and differences between survivor groups, with the dual goal of developing optimal treatment and supportive help for those who suffer, while furthering overall education and political awareness with which to offset future mass traumas.

References

1. Terrence des Pres, *The Survivor: An Anatomy of Life in the Death Camps.* New York: Oxford University Press, 1976.

2. Robert J. Lifton, *Death in Life: Survivors of Hiroshima.* New York: Random House, 1968.
3. Leslie Y. Rabkin, "Countertransference in the Extreme Situation: The Family Therapy of Survivor Families." L. R. Wolberg and M. L. Aronson, eds., *Group Therapy, 1975.* New York: Stratton Publishers, 1975.
4. William G. Niederland, "The Problems of the Survivor: The Psychiatric Evaluation of Emotional Disorders in Survivors of Nazi Persecution." In Henry Krystal, ed., *Massive Psychic Trauuma.* New York: International University Press, 1968, p. 8–22. See also: Joost A. M. Merloo, "Persecution Trauma and the Reconditioning of Emotional Life: A Brief Survey." *American Journal of Psychiatry,* Volume 125, No. 9 (1969), pp. 1187–1191; Paul Chodoff, "Late Effects of the Concentration Camp Syndrome." *General Psychiatry,* Volume 8, No. 4 (1963), pp. 323–342.
5. Leo Eitinger, "A Follow-up Study of the Norwegian Concentration Camp Survivors: Mortality and Morbidity." *The Israel Annals of Psychiatry and Related Disciplines,* Volume 11, No. 3 (1973), pp. 199–209; Leo Eitinger, "Jewish Concentration Camp Survivors in Norway." *The Israel Annals of Psychiatry and Related Disciplines,* Volume 13, No. 4 (1975), pp. 321–334. See also: Theo de Graaf, "Pathological Patterns of Identification in Families of Survivors of the Holocaust." *The Israel Annals of Psychiatry and Related Disciplines,* Volume 13, No. 4 (1975), pp. 335–373.
6. The following definitions are for certain forms of psychic behavior deemed fairly common among older persons retaining intact brain functioning (i.e. the behaviors are not related to organic brain syndrome). (Source: Eric Pfeiffer, "Psychopathology and Social Pathology." in James E. Birren and K. Warner Schaie, eds., *The Psychology of Aging.* New York: Van Nostrand Reinhold Company, 1977, pp. 650–671.): *psychological depression:* Characteristics include abject and painful sadness, generalized withdrawal of interest, inhibition of activity, and a pervasive pessimism manifested by a diminished self-esteem and a gloomy evaluation of one's future and present situation. Weight loss, fatigue and constipation are often associated with depression; *paranoid reactions:* Paranoid individuals are suspicious of persons and events around them and often construct faulty or unrealistic explanations of events which happen to them. For example, they might misplace their glasses or wallet and then accuse others nearby of stealing them; *sleep disturbances:* Persons experiencing sleep disturbances may have vivid dreams of being lost and lonely in isolated, frightening and desolate places. They often see themselves in their dreams crying out for help, with no one responding. Recurring periods of sleeplessness and nightmares of real experiences may also occur. Sleep disturbances are sometimes associated with depression; *severe loneliness and isolation:* Loneliness and isolation refer to the failure on the part of older people (regardless of their living arrangements) to maintain meaningful contact or make significant new relationships with other persons; *general population:* Used here, this refers to the non-institutionalized, non-survivor North American population, whether or not they receive psychotherapeutic help.
7. That there is a specific interaction effect between aging and Holocaust related trauma is further indicated by the apparent overlap between the survivor syndrome and the psychological reactions identified here as related to normal aging. In what may be a related phenomenon, Eitinger diagnosed a preponderance of "pre-senile dementia" in his study of fifteen Norwegian concentration camp survivors. (Eitinger, *Op. Cit.,* 1973.)
8. "The void" refers to the death and destruction of the Holocaust.
9. The dangers of psychiatric labeling have been provocatively set forth by Thomas Szasz, who argues that the condition of mental illness is often a moral judgement disguised as scientific diagnosis, and is imposed by psychiatrists on people whose conduct simply differs from what is socially acceptable. (Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct.* New York: Harper and Row Publishers, 1974.)
10. Bella Savran and Eva Fogelman, "Psychological Issues in the Lives of Children of Survivors." In Lucy Y. Steinitz with David M. Szonyi, eds., *Living After the Holocaust: Reflections by Children of Survivors in America.* New York: Bloch Publishing Company, 1980, pp. 147–156.
11. Yael Danieli. "Families of Survivors of the Nazi Holocaust: Some Short- and Long-Term Effects." Paper presented at the First International Conference on Children of Holocaust Survivors, New York, November, 1978.
12. In addition to the functions shared by many children of immigrants (as language and cultural translators for their parents), children of survivors constantly sought to protect their

parents from certain experiences, disappointments or other reminders of their Holocaust trauma. (Axel Russell, "Late Effects—Influence on the Children of the Concentration Camp Survivor." In Joel E. Dimsdale, *Survivors, Victims, and Perpetrators.* (New York: Hemisphere Publishing Corporation, 1980, pp. 174–204.)

13. Unfortunately, the impression that survivor families are more likely to avoid nursing home institutionalization than the general aged population cannot be empirically confirmed. No breakdown exists on the frequency of institutionalization according to family background. Also, the higher morbidity and mortality rates among survivors may bear considerable influence; see also: Janice Cohen, "The Impact of Death and Dying on Concentration Camp Survivors," *Advances in Thanology,* Volume 4, No. 1 (1977), pp. 27–36.
14. Marty Trachtenberg and Minna Davis, "Breaking Silence: Serving Children of Holocaust Survivors," *Journal of Jewish Communal Service,* Volume 54, 1978, pp. 294–302.
15. Savran and Fogelman, op. cit., see also: Maleta Pilcz, "Understanding the Survivor Family: An Acknowledgement of the Positive Dimensions of the Holocaust Legacy," In Steinitz with Szonyi, *op. cit.*

APPENDIX

Table 1. Psycho-social Reactions Manifested by Aging Holocaust Survivors*

Psychological Depression	Paranoid Reactions	Sleep Disturbances	Severe Loneliness or Isolation
Neurotic problems with self esteem.	A sense that people are not trustworthy.	Especially nightmares.	Dazed and withdrawn.
Survivor guilt.	Indelible memories and overly sharp recollections of the persecution, as if it happened yesterday (hypermnesia).	Difficulties falling asleep.	A social inadequacy, an arrested development.
Mainly agitative depression, supressed anger and aggression.	A fear of all new experiences; of the unknown.	Recurrent dreams of the Holocaust.	Mitigated if they live among a community of other survivors.
Dissatisfaction with their post-Holocaust achievements.		Daytime persecution "nightmares."	Selected amnesia, usually of periods directly prior or after incarceration in the camps, or of actual torture.
Economic problems resulting from War related losses and immigration.		Hallucinations, especially at night.	Difficulty communicating with children and other family members.
In a state of wordless sadness.		Sudden awakening at night; being "back in the camps."	
Feelings of worthlessness, impotence, despair.			
Loss of energy; higher incidence of suicidal tendencies.			
Psychic numbness.			

* Descriptions excerpted from survey responses.

Table 2. Issues of Particular Concern to the Families of Aging Holocaust Survivors*

Long Term Care for the Frail Survivor-Parent	Loss and Mourning by the Survivor-Parent	Intergenerational Communication
Children of survivors assume more responsibility (than others).	Current losses remind survivors of past deaths, trauma.	Emotional isolation. leading to poor communication between survivor-parents and children.
Role of children includes "parenting their parents."	Problems with separation (e.g. from adult children): leads to severe withdrawal and isolation.	Interference of suppressed and subliminated anger.
Avoidance of situations where (the survivor-parent is) helpless, out of control.	Mourning often seems to be interminable.	Despite communication problems, and intense family loyalty.
Intense family loyalty; emphasis on closeness.	Prolonged and/or supressed mourning, leading to depression.	Parents place an extreme importance on child (i.e., "you're all I have"). Adult children sometimes resist.
Intensified and loving care.	Losses during old age trigger an intensification of the Survivor Syndrome.	Because of their own (ongoing) trauma, survivor-parents may have difficulty understanding (i.e. listening to) children's needs.
Increased child responsibility resulting from child of survivor guilt.	Fear of loss leads to an overprotection by survivor-parents of their (adult) children.	Difficulty communicating feelings (both parents and children).
Avoidance of nursing homes because of similarity to the camps (i.e. a totally controlled institution).		Adult child is wary of parents' fragility.
Home care seen as safer, less threatening than institutionalization.		Conflicts of values (e.g. American vs. European).
Influence of European (old country) values.		Tensions caused by parents' poor health, low finances.

* Descriptions excerpted from survey responses.