

CARING FOR HOLOCAUST SURVIVORS

Rethinking the Paradigms

ALLEN GLICKSMAN

Director of Research and Evaluation, Philadelphia Corporation for Aging, Philadelphia, PA

KIMBERLY VAN HAITZMA

*Director, Harry Stern Center for Innovations in Alzheimer's Care,
Abramson Center for Jewish Life, North Wales, PA*

MICHELLE H. MAMBERG, PH.D.

Project Liberty, Forest Hills, NY

MICHELLE GAGNON, PSY.D.

Director, Geriatric Institute, Nova Southeastern University, Ft. Lauderdale, FL

and

DR. DANIEL BROM

Director, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem, Israel

Much of the literature on Holocaust survivors is based on the faulty assumption that they constitute a homogeneous group. One can only understand the effect of the Holocaust on their mental health status in old age by appreciating the diversity of this group. Their status is determined by such factors as when they emigrated from Eastern Europe, their age at the time the Holocaust began, and the number of children they have.

Understanding the attempt by Nazi Germany and its allies to exterminate the Jewish people and other selected groups has challenged historians, philosophers, and clinicians. Yet, the difficulties of trying to understand past events pale in comparison to attempts at predicting the future consequences of the Holocaust experience on those who survived.

As has been described in detail elsewhere (Hass, 1990), the first scientific materials written about Holocaust survivors focused on pathology—the negative psychological consequences of the Holocaust experience. There were several reasons for this focus. Some of this work was being done to document the reasons for reparations, which required a focus on the ongoing negative effects of the Holocaust. Further, there was an unstated but important assumption among some researchers and clinicians that the experience of the Holocaust *had* to have had a pathological effect; it was just a matter of identifying what the details of that effect might be. That last point was reinforced by

the fact that some of the authors arguing for a pathology model were themselves survivors (Bettelheim, 1960).

This literature, as is often pointed out, was based on clinical case studies. Basing models on clinical cases obviously left open the question of whether these survivors were in any way representative of survivors as a whole. Further, because of the individual focus that is part of the clinical case study, little or no attention was paid to the diversity of experience during and after the Holocaust. For example, many of these articles focused on persons who had survived concentration camps without asking whether the long-term effects for those who were in hiding or with partisan units might be different. Further, the effect of events after the Holocaust, such as the attitudes of the societies in which they settled, were not investigated as an influence on the survivors' current mental state. The fact that the experience of survivors differed greatly in the United States, the Soviet Union, and Israel, for example, was not explored in depth.

Further, other models emerged that approached the entire study of the mental health of survivors from other theoretical approaches. For example Kleber and colleagues (Kleber et. al., 1992) used a coping model to understand these issues. While such models do improve our understanding of these issues, much of the discussion in the United States remains focused on whether we can speak about pathology among survivors. Hollander-Goldfein and her research group have been among the few in the United States to consider this model (Hollander-Goldfein, 2001).

In the early years after the Holocaust most survivors in the United States went unnoticed by the wider Jewish community. They went about rebuilding their lives, creating new families, and finding careers. Most were young because few older persons were allowed to survive under Nazi rule. Therefore, by and large the survivors did not come to the attention of social and health systems as a group with special problems. For survivors who settled in America, things began to change in the mid 1960s. The Holocaust itself became a topic of interest and of discussion for reasons unrelated to the survivors themselves (Novick, 1999). Children of survivors, now growing into adulthood, began to join the ranks of the academic and clinical professions and in some cases turned their attention to the experience of their parents. Trauma itself became a topic of discussion with the development of the post-traumatic stress syndrome diagnosis (American Psychiatric Association, 2000). At the same time, the survivor population began to age and to need the same health and social services required by other older adults. There was also a growing desire to portray the survivors as people who had overcome adversity, rather than as pitiable victims of a horrible event.

In addition, American Jews in general began to see the Holocaust as a central component shaping their Jewish identities. They flocked to courses, programs, exhibits, movies, and memorials (Novick, 1999). Whether

this was a wholly positive development is debatable, but the important fact was that survivors were now in demand to talk about their experiences. They were often told that they had a moral duty to provide eyewitness testimony. There was also an assumption, one without any empirical evidence, that the experience of talking about their experience would be psychologically beneficial for all survivors. Perhaps this came from the growing American appreciation of support groups and other opportunities to verbalize anxieties.

The image of the survivor as someone who had overcome hardship and was now able to talk about the Holocaust, implying that he or she had come to terms with the event, also contributed to the image of the survivor as psychologically resilient. The fact that some survivors had managed to rebuild lives after the Holocaust was taken to mean that there were no long-term mental health issues that needed to be faced. By making such a general characterization, the notion remained that survivors as a group could be characterized easily.

This process was further reinforced as Americans, both Jewish and non-Jewish, became familiar with individual survivors who had become leading figures in American society. From Henry Kissinger to Elie Wiesel, survivors began to take an active role in American life. These people became models of overcoming the ill effects of persecution to become important (although sometimes controversial) Americans. It is at this period, in the 1970s and 1980s, that we also saw a growing interest in understanding the lives of everyday survivors, not just those with significant pathology or the ones on the national stage.

In *Against All Odds* William Helmreich interviewed a random sample of survivors to examine their lives (Helmreich, 1999) and found persons who had managed overall to reconstruct their lives and build families and careers. It is significant that Helmreich is both the child of survivors and a sociologist. As a child of survivors he legitimized the

study of survivors—by their own children. (And following in that tradition, the first author of this article is the child of a survivor as well). As a sociologist, however, he was not trained to identify signs of continuing mental health consequences of the Holocaust in the lives of his respondents.

By the 1990s most survivors had entered old age or were on the verge of doing so. Their children had grown up and become adults, building careers, sometimes in the field of mental health or social service. The aging of the survivor population meant two things. First, there was a concern that when they were all gone there would be no living witnesses to the tragedy that befell them, and second there was a growing desire to provide appropriate health and social services to them. The continuing growth of interest in the Holocaust brought more and more requests that the survivors document their experience. At the same time, social and health care agencies began to ask what could be done for the survivor population. There was also a growing interest in the experience of the children of Holocaust survivors, with a particular focus on whether any negative mental health effects that the Holocaust had on the survivors was passed down, in whole or in part, to their children (Hass, 1990).

In some ways, in the 1990s, even 50 years after the end of the Holocaust and despite this growing interest in the Holocaust, we still did not have adequate or at least commonly accepted measures to gauge the effect of the Holocaust on aging survivors. We lacked basic demographic information, such as fertility or mortality rates. This meant that generalized assumptions about survivors in general could not be confirmed, and so such general images continued to be based on small numbers of unrepresentative samples and on particular biases—intellectual, professional, and personal. Slowly, the image of what a survivor was like became shaped by the image of the parents of the many children of survivors who began working in the field. Many of these children expressed special concern that their parents and others did not

suffer stigmatization in old age through the application of various mental health categories. Some survivors and children of survivors began to claim that only they, or at least other Jews, could work with this population (Kahana, 2002). Overall, the assumption that survivors could be treated more or less as a whole, without paying a great deal of attention to diversity within the community, was commonplace. While there was much debate over who could be considered a survivor—for example, were those German Jews who escaped before the beginning of the Holocaust “really” survivors—the underlying, often unstated, and therefore untested assumption was that the experience had been so terrible and unique not only as an event but also in its effects that the group could be talked about as a more or less homogeneous group.

It was at this point that the first author of this article became involved with research on Holocaust survivors. He approached the area not from the perspective of Jewish history or trauma studies, but from the perspective of social gerontology, a field that has first begun to deal with the experience of survivors in the 1980s (Kahana, Kahana, and Harel, 1988). Two studies touch on the experience of survivors and raise questions about the assumptions implicit in much of the literature.

The first of the two projects was not designed to study Holocaust survivors at all. Rather, it was a study of access and barriers to health and social services in the United States by older refugees (Strumpf, et. al., 2001). The study was designed to determine whether minority status (in American terms, being non-white), added to the problems faced by older refugees. It compared the experience of two groups of Asian refugees with two groups of East European refugees. The first author of this article supervised data collection among two groups of East European refugees—Jews and Baptists from Ukraine.

As our survey was focused on current needs, we did not ask many questions about

the historical experiences of our respondents. However, even without prompting, the subject of the Holocaust was a frequent topic in the interviews with the Ukrainian Jews, especially the older respondents. An analysis of the role of the Holocaust in the lives of these respondents has appeared elsewhere (Glicksman and Van Haitsma, 2002). For our purposes, the most striking aspect of the response to the Holocaust was the very different role it played in the lives of these more recent immigrants than what was considered the norm among those survivors who migrated soon after the Holocaust. These survivors wanted to speak about the Holocaust with their families. One middle-aged woman told an interviewer that her mother discusses the Holocaust with the respondent's children "with pleasure." How can someone speak about her Holocaust experiences "with pleasure?" The reason has to do with the role of the Holocaust in the context of the current lives of Soviet refugees. Developmentally, as many other older persons, they feel a need for generativity, to pass something along to younger generations. But what do they have to pass on? They never received a Jewish education. They no longer live in a Russian culture, and they were betrayed by the Soviet system. Therefore they have no formal belief system that they can transmit to younger generations. However, they do have their own story of survival against overwhelming odds. This personal tale of struggle and triumph becomes the legacy that the older Soviet survivor can pass on to their children and especially to their grandchildren. This opportunity to pass on the family legacy can give the survivor an active and important role in the family, a role otherwise diminished by moving in old age to a new land where neither the language or the culture is familiar to the elder. The fact that the Holocaust can take such a different role in the family dynamics of Soviet refugees is a good example of the importance of recognizing diversity within the survivor population.

The second study was designed to examine the experience of Holocaust survivors in

long-term care (LTC) settings (Glicksman, et. al., 2001). The authors of this article were involved with the design, administration, and analysis of the data from this study. We undertook this research in part because clinical evidence and anecdotal reports suggested that survivors have special difficulties in LTC settings, especially when confronted with potential triggers for flashbacks to the Holocaust, such as showers and people in uniforms giving orders. The study, funded by the Fan Fox and Leslie Samuels Foundation of New York with supplemental funds from the National Institute on Aging, compared the experience of Holocaust survivors in both community-based and institutional-based LTC settings with that of a matched group of American-born Jews who were receiving the same services. The survivors, a care provider for each survivor, and administrators of the organizations providing care were interviewed, as were family members of a subset of the survivors. There was a matching set of interviews with American-born Jews, a care provider for each older American Jew, and a subset of their relatives. As both the American-born and Holocaust survivor respondents were in the same LTC institutions, the interviews with administrators covered both groups.

Two types of data were collected in this study: quantitative data using close-ended questions and qualitative data using open-ended questions. The qualitative remains under analysis, but the analysis of the quantitative data had some clear findings that were repeated in each of the groups. The most important of those findings was that the mental health differences found between the survivor and no-trauma groups were not usually related to specific memories of the Holocaust, but to the fact that the survivors had many fewer family members than the American-born respondents. While we knew before we began that one reason elders use LTC services is the lack of family support, we did not expect to find significant differences between the two groups on this domain. We also knew to expect that survivors

would have fewer members of their family of origin still alive than the American-born sample. But what surprised us was the fact that the survivors in our sample had so many fewer living kin in *both* their family of origin and the families they created after the Holocaust. We discovered, using statistical analysis, that the lack of family members was closely related to the low scores they received in certain mental health measures.

This finding is especially important when one considers that children of survivors write so much of contemporary literature on survivors and that there is a growing interest in the lives of these children of survivors. Childless survivors almost never appear in the literature, but we found not only that they represented a significant portion of our sample but it was also the lack of family supports that caused much of the mental health distress.

Why should survivors have had fewer children than others after the Holocaust? We cannot answer this question, and even a list of possible reasons is beyond the scope of this article. What we can say is that there seems to be a relationship between being a survivor and number of children, and that in turn affects their mental health status in old age. While it does mean that the Holocaust continues to have its effect in old age, the nature of that effect is more complex than a simple linear relationship. This also suggests that survivors with children who are emotionally close to them may have a different set of mental health issues and needs than those without children.

What then do we learn from these two studies? First, and most importantly, that there are a set of issues that need to be understood before we can begin to understand the experience of any individual survivor. Perhaps another issue at least as important as the ones raised in these studies is the age of the survivor at the time the Holocaust began. The perceptions of the Holocaust were shaped by the person's age—a child

saw things one way, an adolescent another, and an adult yet in a different way.

Defining which questions are the critical ones can be done in part through a thorough review of the literature on survivors. Rather than seeing much of this literature as presenting differing and contradictory views of survivors, it is possible to see much of it as filling in pieces of a puzzle. The key is to consider the sample of survivors used in the research. Did most have living children? How many were from Eastern Europe? What was their average age when the Holocaust began? It is possible to argue that rather than some of this research being true and some false that each study is true for the population it surveyed. Even when we speak of individual survivors we need to be careful about assumptions that the Holocaust has played the same role in their lives ever since they were liberated. Some seem to have pushed the memories aside as they built new lives, only to have those memories stream back as they enter old age.

Using this approach, we can begin to identify the major determinants of health and other outcomes for survivors in old age. In doing so we can also finally move beyond attempts to characterize the survivors as a single group and understand that there is significant diversity within this group. By doing so, we also remember that each survivor is a unique human being, and that no matter what happened to them, they could not be robbed of their basic humanity.

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