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A view of survivors

For several decades after its conclusion, little was written about the Holocaust. However, the past twenty years have witnessed an explosion of material. Histories, personal memoirs, fictionalized accounts of life and death under the Third Reich, are plentiful, but far less has been noted concerning the postwar consequences of those traumatic years. During the late 1960s, clinical reports surfaced which described the lingering psychological effects of the Holocaust on survivors. A few survivors, such as Jean Améry, wrote eloquently of their personal estrangement from society, their continuing feeling of being the "other."¹ Fifteen years later, attention was turned to the second generation in order to ascertain what effects had been passed on and how those transmissions mutated and defined themselves. Many researchers asking these questions were children of survivors. In recent years, survivors who were young children during the war have recognized unique reactions because of their particular developmental stage and experiences.

Survivors of the Holocaust, particularly Jewish survivors, are often seen as a unitary phenomenon by both mental health professionals and laypersons. And yet the experiences of individual Jews during World War II varied markedly. Some Jews spent most of the time in hiding, and some eluded capture by posing as Gentiles, with forged papers as proof. Others lived in ghettos and concentration camps and endured slave labor for periods of varying duration, while thousands more were exiled and confined in work camps in the Soviet Union. A handful fought in the forests as partisans. Survivors were not only differentially affected by the diverse circumstances into which they were forced, but by the *details* of those circumstances. For example,

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while in a concentration camp, was he helped and emotionally supported by another, thus allowing him to retain a faith in humanity?

Most survivors (particularly those who lived in Eastern Europe) experienced the murder of immediate and extended family members. Many lost a spouse or children. But some were lucky enough to have retained a mother, a father, sisters, or brothers. Obviously, survivors' personalities during the prewar years were as disparate as those in any large group of people. Psychologists also recognize that previous life stressors may inoculate the individual against extreme trauma. Observers noted that in the worst of the concentration camps in the east, Jews who arrived from Western countries were likely to become mortally demoralized more quickly than those who had lived for protracted periods amidst the abominable ghettos of Poland.

In 1964, after years of clinical experience in diagnosing and treating concentration camp survivors, William Niederland, a psychiatrist and himself a refugee from Nazi Germany, published a landmark study proclaiming the existence of a "survivor syndrome." He listed a host of symptoms manifest in individuals who had survived Nazi persecution: chronic anxiety, fear of renewed persecution, depression, recurring nightmares, psychosomatic disorders, anhedonia (an inability to experience pleasure), social withdrawal, fatigue, hypochondria, an inability to concentrate, irritability, a hostile and mistrustful attitude toward the world, a profound alteration of personal identity, and, in many cases, hallucinations and depersonalization (an alteration in the perception of the self so that the feeling of one's own reality is temporarily lost.)²

Leo Eitinger, a psychiatrist and Holocaust survivor who had extensive clinical contact with many concentration camp survivors in Norway and Israel, observed a similar survivor syndrome:

The most predominant sequel to the concentration camp activity seems to be the deep changes in personality, a mental disability which affects every side of the personality's psychic life, both the intellectual functions, and especially, emotional life and the life of the will, with the many facets of difficulties in adaptation and the complications which this leads to in the victim's life. Chronic anxiety states, often provoked by nightmares and/or sleeplessness at night, by disturbing thought associations and memories during the day, chronic depressions of a vital type, inability to enjoy anything, to laugh with

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others, to establish new, adequate, interpersonal contacts, the inability to work with pleasure, to fill a position – in short, the inability to live in a normal way – are among the most characteristic symptoms of this condition.³

Niederland's and Eitinger's reports focused attention on a group of individuals who, in many ways, had been forgotten. The shocking newsreels of the concentration camps were no longer in view, and the world was preoccupied with the ongoing, inevitable stream of pressing newspaper headlines. But Niederland and Eitinger insisted that persecution had left lasting, perhaps permanent, effects on the survivors, and that the conclusion of the war, the liberation of camp inmates, and the resettlement of refugees had not meant an end to the effects of the Nazi atrocities. The studies by these two men became the point of departure for most psychiatric pronouncements about survivors.

Subsequent articles by other professionals reported a variety of other symptoms and advanced similar explanatory theories. They stated that the intense depression survivors felt led to complete social withdrawal, seclusion, and profound apathy. Survivors were overwhelmed by indelible and grotesque images of death.⁴ They isolated themselves because they believed no one could understand or appreciate the horrors they had been through. They had been immersed in a different reality, the world of the *Lager* (camp), a world which would be absolutely incomprehensible to others. A sense of alienation naturally ensued.

Survivors, these writings asserted, would forever have difficulty establishing close relationships. They had lost a basic trust in people because of their own persecution and because they had witnessed the physical and mental deterioration of their parents. Unconsciously, they maintained a fierce anger because their parents had been unable to protect them from such devastation. Furthermore, it was hypothesized, survivors had difficulty "reinvesting in life" and were deeply ambivalent about founding new families.⁵ Indeed, a few survivors chose not to have children after the war. They would not allow themselves to become emotionally attached because they feared another precipitous separation.

Some studies reported that the emotional responses of survivors had a pervasively shallow quality. "Psychic numbness" or "psychic

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closing off" were terms used to describe survivors' inaccessibility to feelings. During the Holocaust, while they were experiencing the overwhelming losses and stresses and the resultant intolerable anger or fear, survivors blocked out all capacity for emotion in the interest of continuously adapting to their changing, hostile environment. Emotional awareness would have brought the potential for demoralization, and it would have distracted from the task at hand – surviving one more day. Although this defense was valuable at the time, its lingering deployment was obviously maladaptive.⁶

Psychosomatic symptoms such as ulcers, hypertension, and premature aging emerged among many survivors who would not allow themselves an emotional catharsis. Some researchers concluded that survivors' massive repression of wartime memories resulted in their generally blunted ability to feel. Contradicting these assessments, other clinicians reported that their survivor patients ruminated excessively about their Holocaust experiences, were preoccupied with mourning, and were generally hyperemotional. Some were subject to fits of violence, as previously suppressed rage, too dangerous to express at the time of persecution, emerged. In psychiatric writings about survivors, contradictory findings abound.

The bleakest psychological snapshot of survivors may have been taken soon after their ordeal, when the imprints of previous blows were most palpable, and when the individual had not yet accepted and adapted to a new life bereft of all those who were lost forever. Later reports of the perennial depression and anger observed in some survivors may have resulted from their failure to engage in "grief work," the necessary mourning of losses. During the war, they had been unable to afford the luxury of that letdown. After the war, they faced the pressures of adapting to a new country, a new language, new customs, and new responsibilities.

However, most survivors suppressed their post-trauma symptoms as they desperately wanted to get on with life once again, "to look forward, not back," as so many of my interviewees reported. They also soon learned that sympathy or compensation would not be forthcoming from others, who appeared uninterested in their Holocaust past.

When asked, "How did you make it through?" most survivors answer, "Luck." For in addition to acknowledging that many stronger and craftier people did not last, those who did experienced countless

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close calls, made split-second decisions based on little information, and witnessed the death of others who were less fortunate. The attribution of luck may, however, have subtle implications. If one believes one is alive simply or mostly because of luck, one may live with an uneasiness, a fearfulness. Just as one was given life by chance, something just as capricious may snatch it away.

The average human being believes in what psychologists refer to as the "Just World Hypothesis." In order to make sense of the environment and avoid the anxiety producing perception that the world operates on a random basis, we believe that people get what they deserve. I want to believe that bad things happen to bad people and that, because I am basically a good person, misfortune will not befall me as it does to those less deserving. But because most Holocaust survivors do not necessarily attribute survival to their intelligence, their wits, or their unusual fortitude, they are denied this comforting hypothetical illusion. On the contrary: most Holocaust survivors believe, "After what I witnessed and experienced, *anything* can happen to *anyone*." On the contrary: many Holocaust survivors will tell you, "The best – the gentlest, the most sensitive, the most pious – did not survive." It is not surprising, therefore, that most survivors have been unable to rebuild their trust in the workings of the world, or, for that matter, in their fellow human beings.

Most early clinical reports presented a very skewed picture of survivors. They were, for the most part, based on evaluations of patients who deemed themselves sufficiently psychologically disabled to require intervention. (Actually, those who found their way to a psychotherapist often presented physical complaints as opposed to psychological ones as most bothersome.) We know, however, that the overwhelming majority of Holocaust survivors have never sought psychiatric assistance. The most widespread distortions in the composite picture of survivors may have occurred because almost all mental health professionals conducting their psychotherapy operated from a psychoanalytic viewpoint, notorious for its emphasis on and assumptions of psychopathology. These therapists often generalized falsely about the *group* of survivors from single dramatic case studies or impressions derived from contact with very few patients. Theories about human behavior demand generalizations, a selective blindness to individual differences, a leveling to a common

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denominator, oversimplification. One psychotherapist wrote, "These victims show a submissive, compliant, and always fearful attitude, since they are still afraid of punishment and retaliation from authority figures." While this description may have been valid for a particular patient, it is not true of all or most victims of the Holocaust. A prominent psychiatrist in Los Angeles described the concentration camp inmate's behavior as "sodomasochistic regression." The Jew's masochistic needs, he wrote, *provoked* the sadistic impulse of the SS: a typically neat psychoanalytic pathological complementarity. Another analyst stated:

The acceptance of the slave role may become a permanent characteristic of the survivor, some of whom act as though they have never been liberated. In a few cases, we found a severe inhibition of intellectual function, memory, and interest in anything outside of work and home routines . . . a complete compliance with the picture of the slave laborer permitted to live only if he worked and blindly followed orders, without manifesting any interest or action of his own.⁷

A few recent studies continue to present this dark view of survivors. In an article appearing in 1989, two Israeli scholars, Arie Nadler and Dan Ben-Shushan, compare the results of a battery of personality tests derived from a nonclinical sample (i.e., those not in psychotherapy) of Jewish concentration camp survivors from Poland with a group of similar background who came to Palestine before 1939. Compared to the earlier immigrants, the Holocaust survivors rated themselves less emotionally stable, less emotionally expressive and spontaneous, less assertive, lower in energy level, more depressed, less adequate and worthwhile, more prone to psychosomatic symptoms, more likely to experience insomnia, and more fearful. Two-thirds of the survivors in Nadler and Ben-Shushan's study reported that they could not enjoy life and one-third reported recurring suicidal thoughts.⁸

The Holocaust survivors whom I interviewed presented quite a different profile in many respects, one which, contrary to the descriptions just mentioned, reflects their significant success at coping with a traumatic past. Nadler, Ben-Shushan, and others rarely assess the strengths or the triumphs of survivors over their emotional difficul-

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ties. There is little mention of the survivor's flexibility, assertiveness, and tenacity which have allowed her to adapt to a new life. And while the survivor has been photographed through the clinical lens of "survivor syndrome" or post-traumatic stress disorder, her everyday perceptions, thoughts, and feelings have often been lost.

Several recent studies comparing Holocaust survivors with those who came to Palestine before the outbreak of World War II also indicate few psychological differences between the two groups (except perhaps the greater tendency of survivors to invest more energy in their work).⁹ Emphasizing his use of a nonclinical sample of 245 survivors who emigrated to the United States, one researcher reported that he, too, found no consistent indication of a "concentration camp syndrome."¹⁰ Indeed, the mental health status of the typical Holocaust survivor is often just as affected by postliberation factors – the extent to which one perceives the Holocaust to have affected one's physical health, marital satisfaction, economic resources, the presence of supportive family and friends, religious affiliation, and the extent of self-disclosure of Holocaust experiences – as by past ones.

Because of the significant diversity in survivors' post-Holocaust adjustment, one would expect that children of survivors, individuals one generation removed from the catastrophe, would therefore evidence an even wider range of Holocaust-related reactions. Yet, just as generalizations have been offered to describe a survivor syndrome, so, too, many investigators have adopted an assumption of the *inevitability* of transmission of pathology from survivors to their children.¹¹ It is asserted that because Holocaust experiences negatively affected the survivor's capacity for human relations he or she has been unable to be an effective parent, and that this disability has had damaging psychological ramifications for children raised by these adults. "It is reasonable to assume," two researchers observed, "that the price of survival for these people may have been deep rooted disturbances within the families they formed after liberation."¹² A psychologist noted: "Given children of survivors' unique interaction with their parents' Holocaust history, the development of alternative feeling states and an altered view of social life is to be expected. The survivors' Holocaust experiences are evidence of an unprecedented distortion of human social relations. They inevitably incorporated their experiences into their world view, and passed their perspectives to their chil-

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dren."¹³ More specifically, it has been suggested that "based on clinical experiences with such patients (children of survivors) our impression is that these individuals present symptomatology and psychiatric features that bear a striking resemblance to the concentration camp survival syndrome described in the international literature."¹⁴

Indeed, many children of survivors echo problematic themes. They often display an ambivalence when relating to their parents and the shadow of the Holocaust. Depression frequently results from an overidentification with their parents. On the other hand, those who have chosen to extricate themselves from their Holocaust-filled environment are prone to feel guilty about having done so.¹⁵ They see themselves as having abandoned anguished loved ones who are in emotional need. Identification with a survivor parent provides the child with a sense of closeness and understanding. Relinquishing some of the characteristics (for example, depression, anger) displayed by the parent may be perceived by the self as traitorous.

At the other extreme, we find children of survivors who feel that their parents are claustrophobically and myopically obsessed by the Holocaust. They crave a wider view of the world, one not preoccupied with death and persecution, one not constantly reminding them of the ineradicable difference between Jew and Gentile, one not mired in fear and pessimism. (One child of survivors mentioned that she purposely chose to attend an elite WASP college in order to escape her narrowly focused, Jewish survivor world. Another remarked: "I went out of my way not to be like my parents, not to get sucked into those Holocaust-related dynamics. That's how I survived my family.")

Becoming an individual and abandoning the felt obligation to care for survivor parents have been difficult tasks for many children. Parents may have communicated that they could not endure another separation, even the normal developmental disengagement that must occur between parent and adolescent so that the child may develop an identity of his or her own. Disengagement from children may have elicited feelings associated with previous separations and subsequent loss of family members. Survivors may not have had much empathy for their child's struggle because they had no opportunity to learn how to move away naturally, both physically and psychologically, from their own parents and thus did not experience the importance of that process. Finally, in order to justify their existence and alleviate survivor guilt,

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some survivors may have encouraged dependence in their children. "You are proof of why I had to live." And that proof must always be close at hand to serve as a reminder of their *raison d'être*.

In fact, we find great variability of response by the second generation to the events which preceded their birth. Within the same family, siblings have often expressed differences in their interest in either the history of the Holocaust or the unique experiences of their parents. Some have been more debilitated by anger, fear, and feelings of deprivation than others.¹⁶

Obviously, Holocaust survivors had differing personalities and predispositions before 1939. Differences in survivors' wartime environments and in their specific experiences (witnessing a parent or child killed, for example) may also account for variations in their later adjustment. Some researchers have naively quantified the stress quotient assumed to be inherent in various conditions and correlate it with the present symptoms of survivors. Posing as a Gentile would, therefore, be assessed as a less stressful hardship than being in a slave labor camp. Cowering in an attic for a protracted time would be considered a less traumatic occurrence than being exposed to six months of Auschwitz. Ironically, in today's survivor community there is a self-imposed hierarchy of suffering. Those who lived through it in "milder" circumstances are often hesitant to speak of their experiences, deferring to those who were in the "worst" places. This stance also diminishes their ability to derive the sense of strength and heroism at having made it through which other survivors of Stuthof or Ravensbruck access. (There are very few first-person accounts written by those who, fleeing eastward, were incarcerated by the Russians and sent to the work camps of Siberia. Many of these prisoners emerged years later with no knowledge of what had befallen the Jews of Europe.)

But how does one measure fear? Before a rumored roundup of Jews, sixteen-year-old Martha Janusz fled from her home in Chelm, Poland, to Warsaw. Speaking Polish without a trace of Jewish accent and having blond hair emboldened her to register as a Pole and volunteer for work in Germany. During her time in Warsaw and three years in Germany, she lived not only in constant fear of being unmasked but with a dreaded sense of isolation as well. "Every day I looked death in the face . . . I was so lonely. I thought many times that all the Jews had been annihilated." Armed with a story of her fictional family

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life in Poland, she attended mass every morning. "Until today," Martha whispered to me, "I carry my rosary in my purse *all* the time."

Even if a Holocaust survivor never had a gun put to her head or received permission to live for another day because she was not singled out during a morning *Appell* at a concentration camp, she had knowledge of others like her who were stamped for annihilation and murdered. She knew that the laws of probability were against her, a Jewess. And she thereby was forced to confront her mortality *continuously*. Moreover, just as the survivor's all too human fundamental assumptions about her invulnerability were shattered, her assumptions about the world's being a just place where the good are rewarded and the bad are punished were also shattered.

Observations suggest that those who actively fought back as partisans emerged from the Holocaust with a greater part of their self-worth intact. They were not paralyzed by feelings of powerlessness. Their wartime activities also allowed for the discharge of a rage which has gone unexpressed for most survivors. Beryl Hyman, however, remembers the need to disguise his Jewishness from the AK, the Polish resistance movement. Indeed, when his true identity was discovered, he was threatened with death. And while Beryl escaped the antisemitic clutches of his countrymen, hundreds, perhaps thousands, of Jews were killed as they attempted to join their "allies" against a common enemy.

Any *potential* effects of particular stressors on a person will always depend on that person's *perception* of the stressors, as well as on his or her coping skills. Defense mechanisms, such as denial, which produce a maladaptive response under normal circumstances may provide the means to survival in a calamitous environment. The probability of emerging alive from Auschwitz was infinitesimal, but Rose Friedland chose to believe otherwise. "I knew there was no way to leave Auschwitz alive. Either you went through the chimney or you were carried out dead. I still did not believe *I* would die." Rose shut out what appeared to be the inevitable. If she had not, she might have answered the rhetorical question, Why continue to suffer when there is no hope of freedom?

Most inmates spent a great deal of their time in fantasy, another escape from the surrounding brutalities of everyday life. Others simply willed themselves not to think about painful subjects. "I promised