

Psychological Approaches in the Study of Holocaust Survivors' Personal History*

IOANA COSMAN
AURORA SZENTAGOTAI

HOLOCAUST HAS raised many controversies among specialists from different domains, from historians to philosophers or even psychologists and psychiatrists. This event, qualified by some historians as unique in the history of mankind¹ has led to negative consequences, not just because of the millions of lives that were lost, but also due to the moral and mental destruction of an entire generation. Those who survived this tragic moment continued their lives not without consequences on the emotional and physical level. If many of them were marked by sufferings like physical illnesses or the inability to have children, most had to face serious emotional problems like anxiety, depression or post-traumatic stress disorder (PTSD).²

A common theme among Holocaust survivors is related to the concept of “survivor guilt syndrome,”³ which was firstly introduced by Niederland in 1964 in order to describe the sufferance of those who fought against feelings of guilt after they survived the Holocaust⁴. This concept was then applied also in the case of other traumatic events, showing that survivors of such events developed feelings of guilt.⁵ This form of manifestation was later introduced by Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) as a symptom of PTSD.⁶

Feelings of guilt were present in different forms in Holocaust survivors who have lost family members, friends or whose attitude during the war was not up to their own expectations.⁷ Some of the survivors spoke about the discrepancy between their behaviour before and during the war and their struggle to remain human against dehumanization.⁸

* This work was possible with the financial support of the Sectoral Operational Program for Human Resources Development 2007–2013, co-financed by the European Social Fund, within the project POSDRU 89/1.5/S/60189 with the title “Postdoctoral Programs for Sustainable Development in a Knowledge Based Society.”

In 2000 the diagnostic criteria for PTSD was revised by the American Psychiatric Association in the fourth edition of DSM, stating that post-traumatic stress disorder “include a history of exposure to a traumatic event.”⁹ Symptoms of PTSD refer to intrusive recollections, avoidant behaviour and hyper-arousal.¹⁰ It is also taken into consideration the duration of symptoms (a minimum of one month) and the individual’s functioning.¹¹ In order to be diagnosed with PTSD individual must meet several conditions. The person has to experience a negative event that involved the danger of death, a serious injury or a threat to his/her or others lives.¹² The individual’s emotional response must involve intense fear/and feelings of helplessness.¹³

Isaac Marks, psychiatrist and author of a great number of books on the nature and treatment of fear and anxiety, considers that “fear is a vital evolutionary legacy that leads an organism to avoid threat, and has obvious survival value. It is an emotion produced by the perception of present or impending danger and is normal in appropriate situations.”¹⁴ Thus, the presence of a danger or a threat is compulsive, so that fear would remain an appropriate emotional response. When fear persists even long after the disappearance of the concrete danger or threat then the question of a possible pathology might be raised.¹⁵

Traumatic phobias are often met in the case of some traumatic experiences, such as concentration camps, war, torture or rape. It is important to mention the fact that even though events like earthquakes, train, car or plane accidents, tornadoes, flooding are traumatizing experiences they produce, with few exceptions, a milder form of clinical disorders.¹⁶ The more intense was the trauma the more acute is the post-traumatic syndrome.¹⁷

One of the PTSD symptoms for the diagnostic criteria is the presence of intense psychological distress or psychological reactivity when coming into contact with stimuli that resemble aspects of the traumatic event.¹⁸ Recurrent recollections of the event, feelings that the traumatic episode is relived (i.e., hallucinations, illusions, dissociation), or distressing dreams of the past experience are all included as symptoms of PTSD.¹⁹ Persistent avoidance of different stimuli like thoughts, feelings, conversations or places and people, that are associated with trauma were also identified among PTSD symptoms.²⁰ In the same time the inability to remember an important aspect of the trauma might be also a causal effect of PTSD.²¹ Another response to trauma could be a state of depression or lack of motivation that implies a diminished interest in participating to different activities, a feeling of detachment from others, the inability to manifest feelings of love and a short expectancy over future achievements (e.g., unable to have a career, marriage, children etc.).²² Another indicative of trauma-related symptoms is the difficulty of falling or staying asleep, the difficulty of concentrating, an intense irritability or anger, hyper-vigilance and exaggerated startle response.²³ All these disturbances have a significant influence in the social and occupational functioning of individuals.²⁴

In 1946, Viktor Frankl, Austrian psychiatrist and Holocaust survivor, wrote *Man’s Search for Meaning* in which he depicted his life as a concentration camp in-

mate introducing the idea that meaning can be found in every experience, and, when this occurs, humans have the ability to go on living.²⁵ Frankl, a former prisoner, suggested that humans begin their journey to despair by losing a sense of the meaning of life and identified three psychological reactions that the inmates experienced:

- *shock* when they faced life in the concentration camp, but
- *apathy* set in during imprisonment when they became accustomed to camp routine, and
- forms of *depersonalization, bitterness, disillusionment*, all of which occurred after liberation from the camp, and each of which was a response to the past camp experience.²⁶

To what extent the experience of Holocaust has affected the lives of the survivors is difficult to determine, but their testimonies and different studies showed that many of them had trauma-induced mental disease.²⁷ How the personal history of survivors was influenced by past events and if symptoms of PTSD were identified in the testimonies of Holocaust survivors is the subject of this study.

The method applied was to interview a total of 32 Holocaust survivors from Northern Transylvania. It was used a semi-structured interview that had several main topics: a) life before the Second World War, b) life during the time of persecutions under the anti-Semitic laws imposed by Hungarian government, after Northern Transylvania was ceased to Hungary, c) ghettoization, d) life in concentration camps or forced labour detachments, and e) life after liberation and the return home.

Both psychological and factual issues were assessed by the present study, being able to identify in many cases reactions similar to those identified by Viktor Frankl.

Some of the survivors interviewed focused on the moment of separation from their parents as the cause of their initial shock, while others identified their first shock with the humiliation of having their hair cut and/or undressing in front of those who would decide their fate. Some persons interviewed reported that they perceived the daily—or even more frequent—compulsory role call (often lasting for hours) as the epitome of suffering.

A logical inference derived from the testimony of survivors is that they have often gone through the simultaneous experience of fear, humiliation, suffering and dehumanization. For example, Ms. M. was deported to Auschwitz from the Jewish ghetto in Reghin (Mureş County, present-day Romania). Due to the fact that she witnessed her mother being cruelly tortured while in the ghetto (apparently in order to extract confessions concerning allegedly hidden goods) Ms. M later developed a persistent organic fear of physical suffering: “It was really hard and for me was even harder because my mother was so severely beaten that when she returned from the torture chamber blood flowed from her body.”²⁸ “We were afraid not to be tortured. If someone came and hit you in the head you were dead. They invented all sorts of ways to torture people and they did torture us terribly.”²⁹

Another concentration camp survivor Ms. S describes the horrific moment of loosing her mother in Auschwitz after she was selected for the gas chamber:

Once the Blokälteste came and said: ‘Come outside!’ That has not happened very often, that a Blokälteste to talk with you. And she said: ‘I’ll take you to your mother!’ I do not know how fortunate or unfortunate I was. And I went to another building and I found my mother there, but poor her, how she looked! And my mother says: ‘I was selected!’ She knew where she has to go, and I knew also. We kissed and that was all.³⁰

The selection of her mother for the gas chamber creates in Ms. S a permanent state of fear at the thought of her own selection. Being asked what was her greatest fear during captivity, Ms. S answers: “I was afraid of everything, but especially the selection. Imagine, who was selected knew that he will go to the crematorium.”³¹

Although quite a few survivors pointed to the moment of role call or selection—when life or death were decided—as an object of fear, when they were later asked whether they were afraid of death during the time they were imprisoned, the answer was mostly “No.”

It appears that continuous hunger and starvation generated a detachment from common human distress, and the suffering caused by starvation became a more concrete problem than the thought of death. Primo Levi confirms this assertion in his autobiographical book, *If This is a Man*, in which he describes how, one day in the concentration camp, some prisoners—including him—got some extra food portions through certain benevolent circumstances.³² Levi remembers that, thereafter, when he was no longer experiencing the need for food as acutely, he began sadly to think about what he had left behind, much as any human being living in freedom might do.³³ That was the first time this had happened since he had been imprisoned in the concentration camp: the apathy that Frankl discussed may be described as a state of robotization in which even sadness becomes a privilege.

The present study focused primarily on the life of survivors during the period following the camp experience.

Many survivors found their homes empty after returning to their country of origin, revealing not only the loss of their entire family, but also of all of their possessions. For some, this caused a great disillusionment, and some chose to immigrate to Israel.

Even for those survivors who appeared finally able to overcome their camp experience, the memories of past events often came to haunt them. Some survivors kept alive memories of elements of past experiences that, under normal circumstances, would not have generated suffering.

A study published by Leo Eitinger in 1964, concerning anxiety states in survivors of Nazi labour or death camps (based on narrations of 227 surviving subjects) revealed that in almost half of the cases anxiety symptoms were present even 12 to 25 years after release.³⁴ Isaac Marks assessed Eitinger study, stating that in these survivors “anxiety was associated with nightmares and other sleep disturbances.

Horrible memories of past events would be stirred up repeatedly and could not be discussed with closest friends or relatives. These memories would be triggered by the most harmless events.”³⁵

This memory process could be observed in the case of the Northern-Transylvanian Holocaust survivors. Some of them reported that they are still disturbed by daily stimuli, which are harmless for most of the people, but to them they are recurrent episodes of painful past events. In the testimony of Ms. V it is noted that fears generated by normal events (e.g., the sound of train reaching the station, the barking of a dog), were persistent even more than 60 years after release from captivity: “For a long time I could not hear the sound of locomotives because it always reminded me how trains arrived in the camp. For a long time and even today I cannot pass by a German shepherd dog and not wince.”³⁶

When prior information is deliberately or consciously recovered we refer to explicit or declarative memory.³⁷ In the example presented above it is the case of implicit memory. The non-declarative or implicit memory refers to unconscious and involuntary influence of past experiences on our emotional response.³⁸

In a similar context, the testimony of another Holocaust survivor, Ms. S, is relevant. She was kept for one month in the Jewish ghetto of Satu Mare before being deported to Auschwitz. Ms. S still remembers that when Jews were taken to a building inside the ghetto to be tortured, the torturers would play music by Strauss on a speaker in order to cover their screams. Strauss’ music usually does not generate anyone suffering, but for Ms. S it is the element of a traumatic recollection that causes pain:

*There in the ghetto, if they knew that someone had more money, that person was savagely beaten to tell where he hid the money. And we heard how the one who was beaten screamed because we were staying in a house across from where they were brought. They used to put music, so we cannot hear the screams, but even so it could be heard. Since then I don't like Strauss, because they put Strauss' music all the time. I remember The Blue Danube.*³⁹

The state of anxiety associated with nightmares or sleep disturbances, mentioned by Isaac Marks and also a symptom of PTSD, was something that I encountered in many of the survivors’ testimonies. For example Ms. M talked about the anxiety she felt during the night when, while still dreaming, she had the impression that she must wake up to go quickly for the roll call. “Always when I woke up at night, I thought I should come quickly to the roll-call. This roll-call was awful, because they kept us also during the winter for an hour and a half in the cold, until the one who was in charge to count us came. And then, at night when I woke up I said: Oh, I need to go quickly for the roll-call!”⁴⁰

Trauma is manifested both by haunting images of the past, which tend to be avoided, as well as by images that are identified with familiar faces in a desire to

reunite with the missing person, and which during dreams take shape. For example, Ms. V testifies: “Many nights in my dream it happens to meet my mother, my brother. We are already very close to each other but when we are almost to touch something occurs.”⁴¹

The face of loved ones is often seen through dreams. But often dreams turn into nightmares and become a reality parallel to the diurnal existence.

An important aspect is the absence of dreams, with few exceptions, during the time spent in the concentration camps. This might be explained by the state of physical and mental exhaustion of prisoners, by short and poorly sleep or - more plausibly - because of the stress they had to endure permanently, so the memory of dreams was automatically erased when awakening. Dreams are, however, after the release from the camp a permanent presence in the life of survivors. Dreams take aspects from the imprisonment life. They identify present moments of life with moments lived earlier making a painful regression in time.

The loss of parents in the gas chambers created, in some survivors, feelings of pain and guilt. Mr. M often dreamed of his parents. In his dream they are at home in his birth town, and he, who now lived in another city, had remorse for failing to go to see them.

*I dreamed more after I returned home. I dreamed that the parents will come home...it was completely irrational, like dreams in general. Even now I dream that my parents are in Toplița and I blame myself that I haven't been to see them for a long time and I should go to them. Why can I dream something like this that they are in Toplița and I haven't been there to see how they are doing?*⁴²

In most cases the interviewees reported avoidance behaviour. Many of them refused to even go to see the place where they lived before deportation. Ms. K says that after she returned to the village where she used to live and realized that no member of the family was still alive she decided not to live in the same house anymore. “I didn't want to live anymore in the house from where they took us. Even today I don't like to go there where the house was. I didn't want to see not even the street.”⁴³

The same avoidance behaviour could be noticed in the case of Mr. A, whose attempts to see the parental home failed: “I didn't even enter into the yard where I used to live and I can confess that since then to nowadays I never put my foot on that yard. I went to the gate for a few times, but I never entered.”⁴⁴

The majority of the survivors confessed that they dislike watching movies about war or concentration camps and they constantly avoid any contact with images of the Holocaust. Ms. F describes her refusal to watch movies about Nazi camps as a defence mechanism in order to avoid relieving past experiences. “Now, when they make movies about concentration camps I don't like to watch. For example, when I watched Schindler's List I cried so hard that I thought I will die. I don't like it, why should I relive what I lived?”⁴⁵

The trauma of living in a concentration camp, for some of the survivors, had even more tragic consequences. Ms. F speaks about her brother who committed suicide at the age of 24, a few years after liberation. Although it is difficult to establish the entire context of his self-destructive act we can surmise that his past experiences may have generated a certain degree of emotional instability. There are famous cases of people who suffered from suicidal ideation. Primo Levi, Paul Celan, and Bruno Bettelheim are only few examples of intellectuals who, despite having survived terror and torture, nevertheless, once the physical constraints disappeared, were deeply affected by psychological distress and dark thoughts of death.

Even if some of the survivors succeed better than others to cope with the memory of past events, all without exception, remain marked for life. Painful moments, nightmares, fears return permanently in memory. Translated from daily reality into dreams, they are not, thereby, less traumatic. For the vast majority of them the consequences of the trauma extend throughout the whole existence. They persist even after the resolution of the causes that generated them, making their appearance, by means of complicated emotional processes in the most unexpected circumstances. It is an unconscious process and even if the survivors refuse or avoid remembering the painful experience it returns to the surface when coming into contact with similar stimuli. Is sufficient (as shown in the examples above) a simple sound (e.g., Strauss' music, locomotive whistling) to reinstate the individual in a real and painful past. Therefore, it is not exaggerated to say that survivors' life is a permanent battle with their past, confrontation in which survival itself is a real trauma.

The testimonies examined so far demonstrate that some survivors continue to live in a permanent confrontation with the past, experiencing some of the symptoms of post-traumatic stress disorder as a consequence of their experiences as concentration camp inmates. Even though we cannot establish to what extent these symptoms tend to develop a post-traumatic stress disorder that requires clinical intervention it is surely that Holocaust survivors' personal history was influenced by past experiences which have left deep marks in their lives. I believe that Ms. K testimony is relevant as a confirmation of this statement: "Even today I am an invalid... emotionally I'm still invalid until today. My soul is invalid. That is what was left and that is what I will carry on until the end."⁴⁶

Holocaust survivors remain emotionally affected by their past experiences, and this fact has a negative impact over their every day lives.

This interdisciplinary approach aimed to illustrate that individuals' personal history can be influenced in many forms by the external events. The consequences generated by a historical event are not only relevant on the factual level but also on the psychological one. The reactions of individuals and their moral or psychological conduct can affect, in turn, further evolution of history.

The issue of the psychological impact of the Holocaust among its survivors has come to the attention of diverse specialists, mainly those working in the field of psychiatry or psychology. But, without abandoning the idea of objectivity, new his-

torical approaches increasingly emphasize on the interpretation and understanding of both events and the motivation of those involved in the events. The field of oral history, in particular, focuses not only on historical facts, but also on people as integral and essential parts of “the great history.” In order to establish the individual’s role in “the great history,” it is necessary to discern not only acts, but also thoughts, fears, motivations or reactions. Thus, those who investigate the subject have the duty to take into account both the historical event itself and the emotional state of those who lived it.



Notes

1. Steven T. Katz, *Post-Holocaust Dialogues. Critical Studies in Modern Jewish Thought* (New York: New York University Press, 1983), 290.
2. Klaus Kuch, Neil A. Rector, Kate Szacun-Shimizu, “Absent-Dose Response in the Post-traumatic Stress Disorder Symptoms of 350 Holocaust Survivors,” in *Canadian Journal of Psychiatry*, 50/2 (2005): 125.
3. Liat Ayalon, Chriss Perry, Patricia A. Arean, Mardi J. Horowitz, “Making Sense of the Past: Perspectives on Resilience among Holocaust Survivors,” in *Journal of Loss and Trauma* (2007): 281.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid, 283–284.
8. Ibid, 289–292.
9. American Psychiatric Association, *Diagnostic and statistical manual of mental disorders (Revised 4th edition)* (Washington, 2000), 218. (Further on *DSM-IV*)
10. Ibid.
11. Ibid.
12. Ibid.
13. Ibid.
14. Isaac M. Marks, ed., *Fears, Phobias, and Rituals. Panic, Anxiety, and Their Disorders* (Oxford: Oxford University Press, 1987), 3.
15. Jacques Postel, ed., *Dictionnaire de psychiatrie et de psychopathologie clinique* (Paris: Larousse, 1993), 53.
16. Isaac M. Marks, 401.
17. Ibid, 402.
18. *DSM-IV*, 218.
19. Ibid.
20. Ibid.
21. Ibid.
22. Ibid.
23. Ibid.
24. Ibid.

25. Viktor Frankl, ed., *Man's Search for Meaning. Introduction to Logotherapy* (London: Random House Rider, 2004).
26. Ibid.
27. Rachele H.B. Fishman, "Compensation for mental illness resulting from Holocaust trauma," in *The Lancet*, 352/9129 (1998): 718.
28. Ioana Cosman, ed., *Depoziții despre viață și moarte: Holocaustul din Nord-Vestul Transilvaniei. Cercetare de istorie orală* (Cluj-Napoca: Argonaut, 2009), 469.
29. Ibid, 473.
30. Ibid, 279.
31. Ibid, 277.
32. Primo Levi, *Mai e oare acesta un om?* (Bucharest: Univers, 1974), 98–107.
33. Ibid.
34. Leo Eitinger, ed., *Concentration Camp Survivors in Norway and Israel* (Oslo: Universitetsforlaget, 1964).
35. Isaac M. Marks, ed., *Living with fear. Understanding and Coping with Anxiety* (New York: McGraw Hill, 1978), 57.
36. Ioana Cosman, ed., *Shoah in Transilvania de Nord. Depoziții despre viață și moarte* (Cluj-Napoca: Argonaut, 2010), 168.
37. Daniel David, "Rational Emotive Behavior Therapy (REBT): The view of a cognitive psychologist," in Windy Dryden, ed., *Rational Emotive Behavior Therapy. Theoretical Developments* (Hove: Brunner-Routledge, 2003), 138.
38. Ibid.
39. Ioana Cosman, *Depoziții*, 274.
40. Ibid, 473.
41. Ioana Cosman, *Shoah*, 168.
42. Ioana Cosman, *Depoziții*, 478.
43. Ibid, 252.
44. Ibid, 413.
45. Ibid, 154.
46. Ibid, 178.

Abstract

Psychological Approaches in the Study of Holocaust Survivors' Personal History

The present study aims to identify how the personal history of Holocaust survivors was influenced by the traumatic event they have experienced. It is an interdisciplinary approach that brings together the fields of history and psychology. As a working method it was used a semi-structured interview that was applied to 32 Holocaust survivors from Northern-Transylvania. Those themes that met the criteria of emotional disturbances were thereafter identified and analyzed in the present research.

Keywords

Holocaust, Personal History, Survival, Trauma, Psychological Approach

