Holocaust, Stress Effects of

Paul Valent

Melbourne, Australia

GLOSSARY

holocaust The genocidal extermination of Jews in World War II.

stress effects Biological, psychological and social responses to stressors. They can form constituents of traumas and illnesses.

stressors Noxious events that actually or potentially threaten life and its fulfillment.

survivor A person who has lived through traumas, in this case, the Holocaust.

traumatic stressors and situations Events that lead to trauma.

trauma An experience in which one's life has been grossly threatened and out of which a variety of biological, psychological, and social wounds and illnesses result.

In parallel to the *experiences* of Holocaust survivors serving as a type of benchmark for the stressor nature of traumatic events, the range and depth of *stress effects* of the Holocaust may serve as similar benchmarks. Further, because the population group has been followed for over 50 years, biological, psychological, and social stress effects and means of coping at different times can be presented below for adult, child, and second-generation survivors.

I. STRESS EFFECTS DURING THE HOLOCAUST

A. Adults

Stress responses during roundups, deportation, segregation into ghettoes, in hiding, and in concentration camps were understandably not formally researched. However, a wide variety of biological, psychological, and social responses have been reported.

1. Roundups and Deportation

During roundups and deportations, severe anxiety and reactive depressions were ubiquitous and were not perceived as pathological. However, panic attacks, severe depressions, neurotic and psychotic symptoms, suicidal attempts, and completed suicides, as well as angina and hypertension, which developed in response to these situations, were indistinguishable from illnesses. Meanings of many symptoms were easily discerned. For instance, agoraphobia developed in response to danger of going outside. Hysterical symptoms and paranoid delusions such as of the "gas man" were also understandable. Abeyance of prior neuroses and development of new ones seemed to be dictated by survival needs.

2. Ghettoes and Hiding

Anecdotal evidence indicates that stress effects in ghettoes overlapped those of roundups, deportations, and concentration camps. In some ways, hiding was more stressful than being caught, as one had to cope with constant isolation in hostile circumstances, and the fear of being caught could be larger than actually being caught.

3. Concentration Camps

On entering camps, psychic shock was manifested in apathy, exhaustion, and emotional numbing. If prolonged, the state could lead to death, no doubt contributing to the 20–50% who "just died" soon after entering concentration camps without major disease. Older and middle class people were more

prone to such shock and death. Many of them also committed suicide.

In the unusual situation of a psychiatric ward in Teresienstadt, all diagnostic categories, including manic-depressive psychosis and schizophrenia, occurred well above expected rates. Depressions, phobias, paranoias such as of being poisoned, hallucinations, and psychotic reactions were not rare in other concentration camps too, but most psychiatrically ill prisoners died or were shot for disobedient behavior. Again, some psychoneuroses and psychosomatic illnesses disappeared, while new ones appeared, and some reappeared after liberation.

Physical symptoms such as stomach cramps, diarrheas, dizziness, and headaches due to a variety of diseases were frequent, although some may have been psychophysiological. Most inmates succumbed to the extermination process, starvation, cold, physical assaults, and disease.

4. *Coping and Defenses*

Most people did what they could at particular times to help others and themselves. Where nothing could be done, most coped by depressed resignation and saw obeying orders as the only available strategy to survive. The most potent factors in survival apart from luck were a strong desire to live no matter what, suppression of feelings, dissociation and detachment, living in small stretches of time, and maintaining some hope for the future. A sudden loss of hope was deadening and could lead to fast demise through infections such as typhus. Other psychological adjustments useful if they could be mustered were intellectual curiosity, humor, and art. Rumors and magical beliefs could be helpful for short times. Religious beliefs helped some but hindered survival in others. Socially, younger people, those who paired to help each other, and those who had strong beliefs had better chances of survival.

B. Children

Stressors were larger for children, and their stress responses, especially among the youngest, were frequently insufficient for survival. They were often the first to succumb to starvation, cold, and disease. Children had the highest mortality (90%) and morbidity rates. The surviving children's responses were shaped by their developmental phases.

1. *Younger Children*

These children's worlds fragmented easily. Their stress responses were frequently somatic symptoms (such as stomach aches, diarrhea, or asthma) or uncontained emotions and actions.

Younger children also tended to have more vivid, concrete, and phantastic interpretations of events. For instance, human persecutors were admixed with images of monsters, and separations from parents were personalized punishments for being bad.

2. *Older Children*

Children beyond the age of seven could experience dread, fear, grief, despair, anger, and guilt akin to adults. Their capacities and ingenuity sometimes saved adults.

Few children survived concentration camps, but in a relatively privileged part of Bergen-Belsen, children were noted to suffer night anxieties, enuresis and phobias, and to be irritable, aggressive, and to form gangs akin to civilian wayward youths.

3. *Coping and Defenses*

Especially when under the protective shield of parents, children could interpret frightening events to some extent according to their normal developmental phases. For instance, they could see deportation as an adventure. From about the age of four on, children's psychological defenses resembled increasingly those of adults in their abilities to dissociate and freeze emotions and meanings of events. In addition they had amazing capacities for obedience and discernment that life was at stake. For instance, they separated silently from their parents, were docile with strange caretakers, and kept silent when hidden, even when alone and in the dark for long times. They could assume a series of false identities and arrange their psyches as desired.

Children also owed their survival to luck, an inner drive to live, suppression of feelings, and maintaining hope. The latter was often through a tenacious clinging to objects and memories representing loving parents. Being appealing, evoking caring impulses, and plasticity in adjustment also helped survival.

II. STRESS EFFECTS SOON AFTER THE HOLOCAUST

A. Adults

1. *At Liberation*

The joy of liberation was mitigated by continued physical debilitation, which in some led to death. Haplessly, too, others died of eating food that their frail digestive systems could not handle.

Mental debility could also continue. For instance, in the Bergen-Belsen concentration camp, over 40 schizophrenic and a number of hysteric survivors were noted to maintain symptoms understandable in terms of helping survival, hunger, death, and torture in camp. Many survivors suffered dulled and blunted affect, and decreased memory, while others only now developed reactive despair and paranoid delusions.

2. *Postwar*

Many postwar stressors were worse than the wartime ones. Murdered families, empty communities, and hostile countrymen shattered dreams that had kept survivors going. Many let go now and took ill. Some died. Suicide rates and schizophrenic illnesses occurred at excessive rates. Some became chronically depressed. Others developed psychosomatic pains, dizziness, and weight problems, which often became chronic. Amenorrhea was common. Dysmenorrhoea, abortions, and premature babies were not infrequent.

3. *Coping and Defenses*

Most resumed their survivor modes. They cut off emotions and memories, labored for today, and hoped for the future. Many married quickly and had children. Many started to achieve financial security and imbued new hopes in their children and new countries.

B. Children

Children also enjoyed their freedom but came to despair when parents did not materialize or were different to those in their dreams. Others were grieved at having to leave their foster families. Many children were now treated for tuberculosis and other neglected illnesses. Many exhibited neurotic symptoms and nonsocial behaviors. On the whole they coped like adults by suppressing emotions and memories and by concentrating on establishing their school and social lives.

III. STRESS EFFECTS OVER THE YEARS

A. Adults: The Survivor Syndrome

The wide ranging and marked biological, psychological, and social effects of the Holocaust came to be recognized only slowly and reluctantly. New diagnostic labels had to be invented to designate the salient image of the "shuffling corpse," a pervasively scarred survivor with numerous symptoms. The term *survivor syndrome* became the most commonly accepted label. Its features, described next, subsumed many biological, psychological, and social symptoms and illnesses. They could occur in many fluctuating combinations and permutations.

1. *Physical Sequelae*

Ex-concentration camp prisoners (the same probably applied to other survivors) were found to suffer excess mortality and morbidity from a great variety of *illnesses* over control populations for decades. Illnesses included tuberculosis and other infections, cancer, hypertension, coronary heart disease, stomach ulcers, digestive disorders, hyperthyroidism, and accidents. Premature aging and arteriosclerosis were also noted. Survivors also suffered excessive autonomic nervous system *psychophysiological* symptoms. Common sympathetic (fight, flight) symptoms were tension, muscle pains, and digestive and cardiovascular symptoms, whereas parasympathetic symptoms included tiredness, dizziness, lassitude, and exhaustion. In addition, survivors *relived* symptoms such as stomach cramps, diarrheas, and headaches with other wartime memories or (in somatization) as symbolic substitutes for them. Finally, any of the just described symptoms could be used hypochondriacally to *signal anxieties,* related directly or indirectly to the Holocaust.

2. *Psychosocial and Psychiatric Sequelae*

Psychosocial sequelae include emotions, cognitions, defenses, psychiatric illnesses, and spiritual and existential dilemmas. They all affected responses to the world, and relationships.

a. Emotions Anxiety, fear, and terror were the commonest emotions, followed by depression. The latter was often associated with suppressed grief and was often complicated by survivor guilt.

b. Cognitions Holocaust events could present as hypermnesias or amnesias. In the former past events were relived vividly in dreams, nightmares, flashbacks, thoughts, and fantasies and could be set off by cues reminiscent of the initial Holocaust events. Such cues could act as phobias, which survivors avoided strenuously. Amnesias resulted from a variety of defenses such as dissociation, repression, regression, splitting, projection, and avoidance.

The tension between reliving and avoidance (preempting the two main features of posttraumatic stress disorder) was noted to lead to restlessness, decreased concentration, sleeplessness, memory disturbances, moodiness, emotional lability, irritability, and physiological lability.

c. Psychiatric Sequelae Paralleling the physical arena, Holocaust stresses led to a wide variety of psychiatric symptoms and illnesses, which could arise after a latent period of even many years.

Most commonly, anxiety and depression intensified into a range of anxiety and depressive disorders, the latter again often associated with unresolved mourning and survivor guilt. Dissociative defenses were associated with dissociative symptoms such as depersonalization, and projection and displacement with suspiciousness, schizophreniform psychoses, and schizophrenia.

d. Spiritual and Existential Sequelae Survivors were ubiquitously plagued with moral, identity, spiritual, and existential problems, often causing more distress than physical and psychological problems. Survivor guilt torments included, "Why am I alive when my family/such good people died?" "Why did I acquiesce to go left, when my mother was sent right to her death?" Other questions included, "How could such injustices occur?" "Where was the world? God?" "What does it all mean?" "Who am I now?" "What purpose can my life have now?" Survivors could become cynical, lacking confidence in the world and themselves, always ready for further wounds.

3. *Coping and Defenses*

Many survivors did well financially due to single-minded efforts, and their wives helped in businesses and ran spotless homes. These were scotomized areas of fulfillment because they were based on insecurity. Survivors achieved meaning by having children who would defeat Hitler's genocide, bear witness, and execute missions of remembrance. Israel was the political answer to vulnerability.

Many survivors found purpose by trying to prevent suffering in others. Thus survivors provided more than their share of moral leadership, philanthropy, and cultural accomplishments.

B. Children

Like their parents, child survivors also suffered excessive mortality and morbidity rates from all types of illnesses, including psychoses and suicides.

Child survivors, unlike their parents, often could not remember the events that still pervaded them. This was because of young age at the time and a strong desire by adults for children to not remember. Thus they lived their unhappiness as a saturated solution of unacknowledged turmoil, out of which could crystallize clearer symptoms and illnesses. Child survivors coped like their parents by concentrating on survival, the future, their own children, and ameliorating suffering in the world.

Only in the 1980s, in their forties and fifties, were child survivors recognized, and they recognized themselves. They emerged from hiding, which in a sense they had continued since the Holocaust. They started to explore their identities and memories beyond what had been arranged for them by others.

C. Second-Generation Holocaust Survivors

Instead of bridging post-Holocaust children's worlds with a normal external world, Holocaust sur-

vivors often bridged their children's experiences to the Holocaust, which still dominated them. The children then became sensitively attuned to their parents' Holocaust experiences. Children also absorbed unconscious roles assigned to them by parents, such as substituting for their dead parents or prior children.

Second-generation children often felt overburdened, overprotected, tied, and frustrated with parents who did not recognize them. Yet they were unable to be assertive with fragile parents who themselves craved for care and understanding.

The children developed both symptoms identifying with their parents' symptoms and symptoms resulting from their own attachment problems and unintegrated identities. These children have often copied their parents' means of coping, such as overprotecting their children. They were also prominent in business and humanist and healing occupations.

IV. STRESS EFFECTS IN RECENT TIMES

A. Adult Survivors

As survivors reach the ends of their lives, it is obvious that stress and trauma effects can be lifelong. Indeed, helplessness associated with retirement, illnesses, and diminished brain function can intensify reliving of events. For instance, doctors and nurses may be experienced as Nazis whose injections intend to kill.

However, just like memories linger, it is never too late to integrate meanings or resolve guilt. Many have broken their silence with their families for the first time and recorded their testimonies. Survivors can enjoy seeing their efforts rewarded at last and the generations flourish.

B. Child Survivors

Child survivors are continuing to come out of hiding. Alongside discovering their personal identities, they have formed local, national, and international groups. They have also given testimonies and feel special privilege and responsibilities as the last live witnesses of the Holocaust.

Although still suffering, or even bearing increased symptoms like their parents, many face and attempt to solidify their memories in therapy or going to the places of their wartime traumas. This helps them integrate their traumas and make meaning of their lives, which in turn enhances enjoyment of their personal achievements and relationships.

C. Second and Subsequent Generations

Integration of the Holocaust in second-generation children may be harder because their Holocaust-derived experiences have been pervasive and egosyntonic. Nevertheless, many have come to realize the sources of their problems and have attempted to resolve them by sharing and discussing their parents' stories and testimonies, including going to the places of their suffering, sometimes with the parents. They have also attempted to work out in peer groups and psychotherapy who they are and why.

V. LESSONS AND CHALLENGES FROM STRESS EFFECTS OF THE HOLOCAUST

If Holocaust stress and trauma effects are a kind of benchmark, what principles can be abstracted from them which may apply to other stress and trauma situations?

A. Biopsychosocial Nature of Stress Effects

Holocaust stress effects indicate that a wide variety of biological, psychological, and social stress effects may occur in many combinations and are subsumed in a great variety of symptoms and illnesses.

B. Diagnostic Categories Arising from Stress Effects

The great variety of symptoms and illnesses challenges us toward a nonlinear model where trauma is like the big bang at the center, and symptoms and

illnesses freeze out at different points on different ripples emanating from such a center. Survivor syndrome and posttraumatic stress disorder may then be conceptualized as generic entities that subsume stress-derived symptoms and illnesses. The crests and troughs of the ripples represent the relived and avoided (defended and variably unremembered) variety of these symptoms and illnesses.

C. Multidimensional Nature of Stress Effects

The Holocaust alerts us that stress effects take place in individuals, families, communities, nations, in children and adults, and across generations. The Holocaust also attests poignantly that as well as usual symptoms and illnesses resulting from stress effects, stresses and traumas disrupt the human dimension, which includes morality, meaning, spirituality, identity, and purpose.

D. Adaptive as well as Maladaptive Stress Effects

Even in the Holocaust many responses were adaptive to self and others, and prior experiences could facilitate later adaptive security and humanist concerns. This should not be idealized, for the suffering far outweighed any satisfactions from the events.

In conclusion, stress effects of the Holocaust are very varied, deep, and intense. Their sense of being overwhelming and the consequent despair symbolize the difficulty in recognition and hope of treating trauma generally. However, the fear is excessive, and examination of even the greatest traumas can be especially beneficial and rewarding.

See Also the Following Articles

CONCENTRATION CAMP SURVIVORS; DISASTER SYNDROME; HOLOCAUST SURVIVORS, EXPERIENCES OF; SURVIVOR GUILT; WAR-RELATED POSTTRAUMATIC STRESS DISORDER

Bibliography

Bergman, M. S., and Jucovy, M. E. (Eds.) (1982). "Generations of the Holocaust." Columbia Univ. Press, New York.

Dwork, D. (1991). "Children with a Star; Jewish Youth in Nazi Europe." Yale University Press, New Haven, CT.

Krystal, H. (Ed.) "Massive Psychic Trauma." International Universities Press, New York.

Marcus, P., and Rosenberg, A. (Eds.) "Healing their Wounds; Psychotherapy with Holocaust Survivors and their Families." Praeger, New York.

Niederland, W. G. (1968). Clinical observations on the "survivor syndrome." *Int. J. Psychoanal.* 49, 313–315.

Valent, P. (1998). "From Survival to Fulfillment; a Framework for the Life-Trauma Dialectic." Brunner/Hazel, Philadelphia.