CHAPTER 1:

RESILIENCE AND VULNERABILITY IN AGING HOLOCAUST SURVIVORS AND THEIR DESCENDANTS

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Abstract

This chapter discusses what we know about resilience and vulnerability in Holocaust Survivors and their descendants and their ability to move alongside, and even transcend, the trauma and to age successfully. It provides an overview of the human impact of trauma, in general, and of the Holocaust, in particular, in both Adult and Child Survivors, including the protective factors and coping strategies that have enabled positive outcomes, the risk factors that increase vulnerability, the aging process itself which may add complications for some Survivors and their families, and the manifold ways of finding meaning and purpose through the struggle with trauma. It also describes what we know about the transmission of both trauma and strength to family members of Holocaust Survivors. Furthermore, it addresses the lessons we can learn from this to improve the lives of other victims of the Holocaust and similar atrocities.

Keywords: Holocaust, trauma, Survivor, posttraumatic stress (PTS), resilience, vulnerability, recovery, posttraumatic growth (PTG), personal strength, transcendence, aging, meaning, purpose, Second Generation, Third Generation, trauma transmission

Introduction

Over the years, much has been written in the popular press about the trauma experienced by Holocaust Survivors, about the transmission of trauma to their family members, and about the aging process itself, which may add complications for some survivors and their families. Historically there has been an overemphasis on their problems, yet many Survivors and their descendants are high functioning, have adapted to the long-term impacts of their traumatic experiences, demonstrate resilience, and have been able to create families and lead productive lives paradoxically alongside of persisting negative sequelae of trauma.

The chapter begins with a discussion of the human impact of traumatic events, in general, and the potential responses to trauma, ranging from posttraumatic stress to resilience and posttraumatic growth, and how these may coexist. The focus then shifts to the impact of genocidal trauma on survivors of the Holocaust – both Adult and Child Survivors, the protective and risk factors for resilience and vulnerability, the impact of the aging process on Survivors, their manifold ways of finding meaning and purpose in their struggle with life's most challenging circumstances, and the consequences for their descendants. In closing, it addresses the lessons we can learn from Holocaust Survivors and their descendants to improve the lives of other victims of the Holocaust and similar atrocities.

The Human Impact of Trauma

Traumatic events can overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning; overwhelm the ordinary human adaptations to life, and shatter our fundamental assumptions about ourselves and our world. Thus, trauma results in feelings of intense fear, helplessness, loss of control, and threat of annihilation and inspires helplessness and terror. In addition, trauma produces profound and lasting changes in our ability to feel, think, and

do (Herman, 1997). However, the frightening and confusing aftermath of trauma also may be fertile ground for unexpected outcomes: "While survivors of trauma have learned that the world is evil and meaningless, that life is terminal and that people are unworthy, they have also experienced that there may be hope even in the worst of their experiences" (Janoff-Bulman, 1992, p. 169).

Individuals vary in their responses to trauma, ranging from s*uccumbing;* to *survival with impairment,* as in posttraumatic stress; to *resilience* or *recovery*, bouncing back to the pre-adversity level of functioning after experiencing hardship, trauma, or adversity and moving on with life as usual; and to *thriving*, as in *posttraumatic growth,* bouncing forward and surpassing what was present before the event (Carver, 1998).

The American Psychological Association defines *resilience* as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress – such as family and relationship problems, serious health problems or workplace and financial stressors" (American Psychological Association, 2010), while *posttraumatic growth* describes the positive psychological change experienced as a result of the struggle with highly challenging life circumstances (Tedeschi & Calhoun, 2004b; Tedeschi & Calhoun, 1995).

Viktor Frankl, the noted neurologist, psychiatrist, and Holocaust Survivor, describes in his autobiographical *Man's Search for Meaning* (2006), how personal strength, wellness, and other positive outcomes can result from the struggle with a trauma or life crisis and stresses the freedom to *transcend* suffering and the Defiant Power of the Human Spirit to make choices and embrace life.

> …even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into

> a human achievement. When we are no longer able to change a situation… we are challenged to change ourselves. (Frankl, 2006, p. 112)

Trees as Metaphor for Resilience and Growth

Resilience can be conceived as a multidimensional construct that "is evident when individuals are able to resist and recover from stressful situations, or reconfigure their thoughts, beliefs, and behaviors to adjust to ongoing and changing demands" (Lepore & Revenson, 2006, p. 27). A useful analogy is of trees facing strong winds. Some trees may be snapped in half (*distress*), while others remain standing, undisturbed (*resistance*). Trees that bend to accommodate the wind may recover and resume their original upright positions (*recovery* or *homeostasis*). Other trees change shape to accommodate the winds or make the tree resistant to breaking in future wind storms (*reconfiguration*). Some trees may be destroyed, yet still have the capacity to nourish new growth, while others are lifeless (Lepore & Revenson, 2006).

In his book *Aging Well*, George Vaillant (2002) describes resilient individuals as resembling "a twig with a fresh, green living core. When twisted out of shape, such a twig bends, but it does not break; instead, it springs back and continues growing" (p. 285).

Trees are also social beings, helping each other through nutrient exchange and in times of need. Like human communities, there are advantages to working together: On its own, a tree cannot establish a consistent local climate. It is at the mercy of wind and weather. But together, many trees create an ecosystem that moderates extremes of heat and cold, stores a great deal of water, and generates a great deal of humidity. And in this protected environment, trees can live to be very old. (Wohlleben, 2015, pp. 3-4)

Additionally, as they age, "old trees fertilize the forest and help their offspring get a better start in life…. But service in the forest doesn't end when life ends. The rotting cadaver continues to play an important role

in the ecosystem for hundreds of years" (Wohlleben, 2015, pp. 65-67).

Who is Resilient?

The manner in which each individual experiences the event, the meaning which each ascribes to the event, and the actions each takes result from his or her personal characteristics, past experiences, present context, and physiological state. Although there is no single factor or magical combination that ensures a positive or negative outcome, certain factors are protective and enhance stress resilience and growth, while others appear to be risk or vulnerability factors for poor adaptation; still others can either support resilience or undermine it depending on their quality or, in some cases, quantity (Butler, Morland, & Leskin, 2006).

Resilience and growth are promoted by the interplay between internal individual factors and external environmental factors. Returning to the tree metaphor, the composition of the tree – soft and pliable like a willow, or hard and rigid like an oak – and the tree's environment – availability of water and nutrients, composition of the soil, or presence of other trees that might buffer the wind or create a protective ecosystem – also significantly impact whether or not it survives to old age (Lepore & Revenson, 2006).

People who are resilient and grow share some common qualities – ones that can be cultivated to master any crisis. These include: positive emotions and optimism, self-confidence, humor, creativity, religion/spirituality, tendencies toward action, altruism, the capacity to recover from negative events, and stress inoculation (Southwick, Vythilingam, & Charney, 2005, 2012; Tedeschi & Calhoun, 1995). In addition, growth is enabled by social support from friends, family, other similarly traumatized people, professionals, society and culture (Calhoun & Tedeschi, 2006), as well as by self-disclosing one's story to supportive others (Tedeschi & Calhoun, 2004b).

Such positive changes can be manifested in several ways. While the encounter with a major life challenge may make us more aware

of our vulnerability, it may also change our self-perception, as demonstrated in a greater sense of personal strength and recognition of new possibilities or paths for one's life. At the same time, we may feel a greater connection to other people in general, particularly an increased sense of compassion for other persons who suffer; as a result, we experience warmer, more intimate relationships with others. An altered sense of what is most important is one of the elements of a changed philosophy of life that individuals can experience. A greater appreciation of life and for what we actually have and a changed sense of priorities of the central elements of life are common experiences of persons dealing with crisis. We may also experience changes in the existential, spiritual, or religious realms, reflecting a greater sense of purpose and meaning in life, greater satisfaction, and perhaps clarity with the answers to fundamental existential questions. We may move forward with action as we search for meaning and understanding of the event's significance in our lives (Calhoun & Tedeschi, 2006; Konvisser, 2014).

In the aftermath of trauma, reports of growth experiences far outnumber reports of psychiatric disorders (Quarantelli, 1985; Tedeschi, 1999, as cited in Tedeschi & Calhoun, 2004a). And so, typically, the struggle with the aftermath of trauma can produce a mixture of negative and positive experiences and continuing personal distress and growth often coexist (Joseph & Linley, 2008; Tedeschi & Calhoun, 2004b).

Holocaust Trauma

Genocide in general, and the Holocaust in particular, are and have been acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group. Holocaust trauma is a trauma caused by the Holocaust – the systematic murder of approximately six million Jews by the Nazis in death camps and elsewhere during the second World War. The corresponding Hebrew word is *Shoah,* which means total destruction and refers to the almost complete annihilation of

Jews in Europe by Nazi Germany and its collaborators. Historically, this so-called 'Final Solution' started from the Nürnberg Laws in 1936 and lasted until May 8, 1945 (Kellermann, 2009), although the roots of anti-Semitism go much deeper and back thousands of years. An expanded definition includes Jewish individuals who lived in Europe and were in danger after 1933 with the rise of Hitler because they were in countries controlled by Nazi Germany (Hollander-Goldfein, Isserman, & Goldenberg, 2012).

Thus a *Holocaust Survivor* is broadly defined as any persecuted Jew or other victims who lived under Nazi occupation during the Second World War and who was thus threatened by the policy of the Final Solution but managed to stay alive, including those who were confined to a ghetto, those who experienced forced labor in a work camp and/or incarceration in a concentration camp, those who were in hiding or lived under false identities, refugees who were forced to leave their families behind, those who fought with the partisans (Kellermann, 2009), as well as those individuals who emigrated from Europe prior to the start of World War II (Hollander-Goldfein et al., 2012).

Although there have been other genocides, mass killings, massacres, and traumatic events that may be equally painful and lead to similar posttraumatic stress reactions, and each person's suffering must be acknowledged, in this chapter we are looking principally at Jewish survivors of the Holocaust since this genocide was so much more malignant than many of the other genocides (Kellermann, 2009). And especially for Jews, the Holocaust was unique in its scope and magnitude – the most systematic and effective mass murder in human history, a disaster of enormous proportions perpetrated on a passive civilian population with merciless cruelty and psychological dehumanization (Kellermann, 2009).

What has been reported about Holocaust trauma depends on the questions asked, who the researchers are (e.g., clinicians or researchers), the target population, the nature of sampling (Barel, 2010), and when

the questions were asked. In addition, our understanding has evolved in parallel with the major periods of postwar adjustment (Kellermann, 2009).

It began with the terror associated with the Nazi invasion, then the imposition of oppression and practices of discrimination, followed by displacement from home and confiscation of possessions and internment in the ghetto, and, finally, deportation to work or death camps. For some, these events resulted in their escape into hiding and for others in joining resistance units and fighting (Kahana, Harel, & Kahana, 2010).

The immediate aftermath of the Holocaust brought about three challenges for the Survivors. First, Survivors had to come to terms with their own survival; it often took them months to regain some semblance of health. Second, they had to try and find family members who survived and/or come to terms with the losses of most of their family members and friends. Third, they had to try and establish new lives in yet another location which entailed many obstacles and challenges (Kahana et al., 2010).

The 1950s and early 1960s were not only periods of social adjustment and reintegration into society, but also periods of emotional crisis, immigration and absorption, marginalization, and ridicule of those who had not defended themselves sufficiently and had gone like "sheep to the slaughter." Thus, there was a conscious effort not to think too much about the past and to repress traumatic experiences as much as possible (Kellermann, 2009). Furthermore, no one, especially family members, really wanted to hear the Survivors' stories; everyone protected each other from the horrific details of the Holocaust. The resulting "conspiracy of silence" experienced by Survivors in North America when they arrived there shortly after the war, significantly inhibited the healing process (Danieli, 1985). Likewise, until the 1980's in Israel it was not a great honor to be a Holocaust Survivor, and Survivors attempted to be like other Israelis, living through the

developmental phase of a Jewish national consciousness.

As a result, initial reports of the psychological impact of the Holocaust were presented mainly by psychiatrists who treated Survivors as patients or by individuals who were applying for restitution funds and had to prove some residual medical or psychiatric disability in order to qualify (David, 2011). These reports focused directly on the Survivors and the atrocities they suffered and their dysfunctions – their "concentration camp syndrome" or "survivor syndrome." Not until 1980 were these symptoms recognized as posttraumatic stress (Hollander-Goldfein et al., 2012).

Following the Eichmann Trial in 1961, the Holocaust became less loaded with social taboo and a more acceptable theme for private and public discourse. The ability to speak was enabled to some extent by Steven Spielberg's founding in 1994 of the USC Shoah Foundation Institute for Visual History and Education, whose mission is to videotape and preserve interviews with Survivors and other witnesses of the Holocaust. Gradually, many individual Survivors started to share their experiences with their families and others as they aged and struggled to resolve repressed memories that may have returned. Beginning in the 2000s, society started to recognize the Survivors' extraordinary accomplishments, giving them final social acceptance and a sense of pride for what they had succeeded to achieve despite everything (Kellermann, 2009).

Because the events were so severe, intense, and long-lasting, the likelihood of developing some kind of posttraumatic stress response after the war was very high, including: chronic posttraumatic stress disorder and its symptoms of repeated nightmares, numbness, and hypervigilance; anxiety, depression and suicide, survivor's guilt, and complicated bereavement and grief (Kellermann, 2009). In addition to the original trauma suffered during the Holocaust, such as powerlessness, fear of annihilation, object loss, and torture (Garwood, 1996, as cited in Kahana et al., 2010), long-term Survivors are also

faced with chronic stressors related to the trauma. These include coping with intrusive memories of trauma, living with fear and mistrust, coping with social and psychological isolation, and coping with stigma. Furthermore, Survivors may experience other post-Holocaust trauma, such as the Gulf War Scud missile attacks, as well as having to cope with the normative stressors of aging (Kahana & Kahana, 2001).

In the last two decades, the literature has shifted to a more optimistic focus on posttrauma psychological strength and growth, though still suggesting a divergent picture (Barel, 2010). A team of Israeli and Dutch researchers has analyzed all of the previous research reports involving thousands of Survivors and family members. Their findings suggest that *alongside* the profound and disturbing pain, there is also room for growth (Barel, 2010). Holocaust Survivors exhibit substantially more posttraumatic stress symptoms, but also remarkable resilience (Barel, 2010). Paradoxically, these Survivors may display both vulnerability and resilience, severe traumatization and also extraordinary growth, softness and hardiness, periods of severe suffering and symptomatology, and periods of emotional balance and creativity along with victimization and legacy (Kellermann, 2009).

> *For there is hope for the tree, if it be cut down, that it will sprout again, and that the tender branch thereof will not cease* (Job 14:7).

Resilience and Vulnerability in Holocaust Survivors

Like other traumas, how an individual coped with trauma during and after the war is a result of their experiences before, during, and after the war. It is a result of their personality traits, cognitive schemas, and affective experiencing (Hollander-Goldfein et al., 2012) and may vary for each "moment of crisis." Also, like the composition of a tree, protective internal attributions include personal characteristics (e.g., intelligence, skill, the ability to run quickly, hypervigilance, knowledge

and facility with languages, optimism, and lack of fear); will to live or survival instinct; reason to live (following the directives of family members, staying alive to tell the world what happened, desire to reunite with family members, desire for revenge); and agency (making decisions, taking risks, claiming at least partial credit for one's own survival or the survival of others). And like the tree's environment, reported external attributions include the help of others, luck, God, miracle, personal characteristics such as appearance, fate, and random circumstance or pure chance (Hollander-Goldfein et al., 2012).

Trauma also can evoke a wide variety of more or less adaptive coping strategies in Survivors during and after the war, which may lead to psychological well-being. In his 1992 book, *Against All Odds,* Helmreich suggests that there are ten general traits or qualities – protective factors – that were present in those Survivors who were able to lead positive and useful lives after the war. These include flexibility, assertiveness and taking initiative, tenacity, optimism, intelligence or professional skill, distancing ability, group consciousness and belonging to a certain support group, assimilating the knowledge that they survived, finding meaning and a sense of coherence in one's life, and courage.

Greene interviewed Holocaust Survivors to examine protective factors before the war, as well as resilient behaviors during and after the war (Greene, 2002, 2010; Greene & Graham, 2009). The need to survive is a basic human instinct and these Survivors demonstrated the ability to face risks, "exhibiting the self-righting nature of human development" (Greene & Graham, 2009, p. S81). "During and after such critical events, individuals, families, and communities use both their innate and learned abilities (i.e., traits) to engage in actions (i.e., follow adaptive coping strategies) that allow them to respond to the adverse event, deal with feelings of distress, and then to begin to heal" (Greene & Graham 2009, p. S76; Greene, 2010, p. 413). Their responses included a rich array of resilient behaviors: resolving to live,

obtaining food and shelter, choosing survival strategies, keeping family ties (trying to save the family), making friends, turning to others and banding together, caring for others, connecting with community, giving testimony, setting up school programs, and writing songs, poems, stories (Greene, 2010).

Holocaust Child Survivors

Child Survivors, defined as those who were less than sixteen years old when the war ended and still under some kind of guardianship (Krell, 2012), were not even recognized as Holocaust Survivors until 1981. They were deprived of their childhood and forced to grow up, literally overnight. They may have been in concentration camps and/or in hiding during the war in private homes, hospitals, orphanages, and convents – sometimes with both parents, with one parent, or with neither parent. Robert Krell, M.D., a Child Survivor and psychiatrist, explains, "We were first generation Holocaust Survivors too young to have advocates for our existence and experiences" (Krell, 2013, p.1).

As a result, "They became little adults with premature responsibilities…. Because a child perceives and remembers things differently than adults, they also cope differently with trauma, forc[ing] them to adapt a variety of different and extraordinary survival strategies that continue all through life" (Kellermann, 2009, pp. 54-55). In addition, since childhood, they have carried the knowledge that they were not meant to exist (David & Pelly, 2003).

In several studies with Holocaust Child Survivors, it was found that the higher their level of personal resources (sense of potency, self-identity, and social support), the less they suffered from posttraumatic stress symptoms and the better their quality of life (Amir & Lev-Wiesel, 2001; Lev-Wiesel & Amir, 2003) and family and marital functioning (Bar-On et al., 1998). In addition to secure attachments with at least one caring adult, there were many other protective factors in varying degrees in these children's lives before the war: various forms of social

support, intelligence and social skills, religious belief systems, family values, a developed sense of right and wrong, and stress inoculation from the larger environment of pervasive and brutal anti-Semitism (Hollander-Goldfein et al., 2012).

While their subsequent successful adaptation to life may have contributed to their invisibility, reaching their 50s and 60s has activated the Child Survivors to review their lives and deal with their childhood and traumatic memories by speaking out (Cohen, Brom, & Dasberg, 2001). Through the acts of creation, testimony, and writing, they are able to metabolize the trauma (Feldman, Taieb, & Moro, 2010). While they may suffer more from posttraumatic symptoms, they also may believe that there is justice in the world, that man is in control, that luck exists, and that the world is a good place. This can be understood as a greater need to compensate for the lack of security suffered in childhood by creating a meaningful world in a chaotic reality (Cohen et al., 2001).

Because of the horrendous experiences in their earlier lives, "a sense of rage develops" and many Child Survivors responded not with revenge but with "a desire to seek justice, to teach, and to document the story." As a result, many chose to go into the professions of medicine, psychology, and social work, to "serve as our legacy, a passionate commitment, born of our healing one another, to healing others" (Krell, 2013, p. 2).

Hidden Children

During the time when they were hidden, in addition to being removed from their familiar backgrounds, these children had to remain silent and pretend that whatever life they had before never existed. This was compounded by the trauma of shifting to another identity and separation from their family. After the war, there was the silence of the families. The youngest did not want to hear the stories that the adults had to tell. The adults who had lost children or members of their families in the

camps were reluctant to listen to their surviving children's accounts of their experiences (Feldman et al., 2010). As Dr. Krell has written about his experience: "Most of us who were hidden remained hidden. We were the children so comfortable with silence that silence became our vocabulary" (Krell, 1995). Fred Lessing, PhD, a Child Survivor and psychologist, did not speak until 1987; he calls these the "Holocaust-less years" (Personal communication, February 28, 2013).

As a consequence of these experiences, Hidden Children may have presented specific symptoms related to psychological breakdown, to the fact of being Survivors, to the damage to affiliation links, and to losses and impossible mourning. These symptoms were reinforced by silence and by the sometimes-difficult reunions with parents after the war. Children and parents had hoped they would see each other again; idealization on both sides sometimes led to disappointment (Feldman et al., 2010).

Yet, there were protective factors that depended on the child's personality and on the circumstances of his or her life before, during, and after the persecutions. These included: the security of the early relationship, the encounter with a caregiver, a kindly attachment figure who took care of the child and ensured emotional continuity after the parents, protection via siblings, the continuity of care and the continuity of language; nature, the countryside, plants, and animals that acted as resilience tutors; and a reassuring environment, which may have been a community. Supportive coping factors and life choices after the war derived from a dynamic process of affiliations – plans to emigrate to Israel, the search for solutions via psychoanalysis and psychotherapy, or via membership of groups (Feldman et al., 2010).

Such hope also can be symbolized by trees. Anne Frank and her family spent nearly two years in hiding in Amsterdam before being transported to concentration camps and perishing in Bergen-Belsen. While hiding, her exposure to the outside world was limited to what she could see outside her window. "From my favorite spot on the floor,

I look up at the blue sky and the bare chestnut tree, on whose branches little raindrops shine, appear like silver…. When I looked outside right into the depth of Nature and God, then I was happy, really happy" (Frank, February 23, 1944). Watching the chestnut tree cycle through the seasons offered Anne hope that one day humanity also would have another chance. Anne's tree has reached the end of its 150-year lifespan, but it lives on through saplings planted around the world, including one at the Holocaust Memorial Center Zekelman Family Campus in Farmington Hills, Michigan.

Aging Survivors

Many Survivors experience the normal phenomena of old age as a reliving of Holocaust experiences as their children have left home and with the deaths of their spouses and friends. Factors in the histories of some of these families may have created difficulties among parents and children. Older Adult Survivors also tend to dread the inability to work because of deterioration and illness as well as retirement, resulting in loss of structure, routine, self-esteem, status and friends, and the return of memories. They may experience moving or being placed in nursing homes as a recurrence of the disruption in their lives, of being uprooted, dislocated, and incarcerated, especially in the case of hospitalization which may bring about psychotic-like delusions of being in camp again (Danieli, 1994). Survivors who were involved in Nazi medical experimentation during the war may react with fear or mistrust to medical care (David & Pelly, 2003). Furthermore, Survivors remember all too well a world that betrayed their trust in humanity; as they age and must depend on others for care, they must find some way to trust again (David & Pelly, 2003).

As Survivors experience these phenomena, trauma may leave previously resilient Survivors more vulnerable to changes when they are facing stress related to old age, because former coping strategies, such as hard work and taking care of the next generation, are no

longer available (Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & van IJzendoorn, 2011). Unwanted unstructured time can reduce defenses and allow room for obtrusive thoughts and other symptoms of posttraumatic stress disorder (David & Pelly, 2003). Traumatic memories and unresolved losses might become more dominant (Fridman et al., 2011), bringing with them both delayed mourning and grief (Kellermann, 2009). The vicissitudes of the normal aging process seem to increase the impact of Holocaust memories and legacies in the Survivors' lives (Isserman, Hollander-Goldfein, & Nechama Horwitz, 2016).

On the other hand, the remarkable resilience that characterized some Holocaust Survivors, in particular in parenting their offspring, could also serve them as they are aging (Fridman et al., 2011). "They may feel surviving into old age is a triumph permitting them to contribute to the maintenance of the culture of a people that was intended to be annihilated" (Kahana et al., 2010, p. 9).

Eva and Boaz Kahana found such a variance in responses in their analysis of 163 narratives of Survivors' assessments of their aging process. Their analysis yielded four major typologies of aging Survivors (Kahana & Kahana, 2001; Kahana et al., 2010). *Resilient agers* express a positive self-concept focusing on sources of strength and a strong sense of values in the face of adversity. *Conditionally vulnerable agers* express a sense of healing from adverse sequelae of the Holocaust with the elapsing of time; however, their wounds are readily opened as they confront new losses or stressors during later life. *Generally vulnerable agers* (also referred to as *premature agers* or *vulnerable aged*) are aging individuals who express enduring distress in the aftermath of trauma; they focus on the overwhelming nature of these negative outcomes and often express beliefs that their traumatic experiences may have precipitated premature aging. *Parallel agers* focus on the comparability of their aging to others who did not endure trauma, feeling that being Survivors of the Holocaust did not

make a difference in their experience of aging as a stressor. They may view aging as an equalizer, which metes out normative stressors to all individuals who survive into late life; they may thus view aging as a normalizing influence. Furthermore, "even when elderly Holocaust Survivors show special symptoms of distress, symptomatology may be viewed as normal human psychological reaction to an abnormal situation" (Kahana et al., 2010, p.11).

In the first retrospective population-based cohort study examining age of death among Holocaust Survivors compared to peers without Holocaust backgrounds, against all odds, genocidal Survivors were found to be more likely to live longer (Sagi-Schwartz, Bakermans-Kranenburg, Linn, & van IJzendoorn, 2013). One explanation suggested for this longer life-expectancy is differential mortality during the Holocaust, meaning that those vulnerable to life-threatening conditions had an increased risk to die during the Holocaust, while those who survived were predisposed to reach a relatively old age. An alternative interpretation is that this may be illustrative of posttraumatic growth associated with protective factors in Holocaust Survivors or in their environment after World War II and may highlight the resilience of Survivors of severe trauma, even when they endured psychological, nutritional, and sanitary adversity, often with exposure to contaminating disease without accessibility to health services.

Today the oldest of Child Survivors are in their 90's and the youngest their 70's. Their childhood trauma and how it has affected them differs from the trauma experienced by older Survivors. We are just beginning to learn what will be the impact on the quality of their aging of their early childhood experiences, such as their being separated from parents at critical developmental stages, early parental loss, and forced relocation, their lack of substantial or concrete pre-war memories, starvation, lack of exposure to the outdoors, or the inability to move and wander freely (David & Pelly, 2003). The surviving children of the Holocaust are now older adults and attempting to integrate their

horrid life experiences into a semblance of sanity. Studies reported widely in the scientific literature (Barak, 2013) establish the life-long damages caused to Child Survivors of the Holocaust, including severe emotional and psychiatric impairment. As aging adults, they report more dissociative symptoms in everyday life, less satisfaction with their lives, more cognitive impairment, and they also perceive their life events as more stressful as compared to their peers who were not Holocaust Survivors. The Holocaust deprived these Child Survivors of a peaceful legacy.

Moving Alongside and Transcending the Trauma: Finding Meaning and Purpose

The search for meaning, according to Viktor Frankl is considered to be the primary motivational force in man (Frankl, 2006). Those who are able to find meaning after trauma cope better and are more resilient. While not everyone may find the "why" of their survival, there is strength to be found in the search itself – in the actions taken, by loving another human being, and by the attitude one takes towards unavoidable suffering (Frankl, 2006).

Similarly, a study of how 133 Holocaust Survivors pursued what mattered at three different time points (during the Holocaust, after they immigrated to the United States, and as older adults) found that survival expressed through actions and attitudes was the core theme at all three time points. During the Nazi regime, Survivors kept themselves alive physically by refusing to consider the option of death, being lucky, outwitting the Nazis, stealing, and following a strict philosophy of independence or collectivism. They kept hope alive through believing in liberation, attaching to personal fantasies of what the future might hold, remaining loyal to loved ones, and having faith in their reunion. After immigration, Survivors focused on survival by striving for education and family, having children, being successful, shutting the door to the past, and cultivating proactive attitudes such as gratitude,

acceptance, and the dissolving of hatred. As older adults, Survivors' concerns with survival are expressed through maintaining their health, fulfilling their obligations to those who died, and taking principled stands to fight hatred and oppression, "which, in effect, symbolically conveys their defeat of Hitler and the failure of the Final Solution" (Armour, 2010, pp. 440-441).

Thus, many Survivors have found meaning in their own survival during the postwar years. They have rebuilt the Jewish people by starting families of their own, building successful careers, and forming social relationships, as well as supporting and contributing to the survival and building of a homeland in the State of Israel.

Some bear witness and remember the dead by sharing their stories and telling what happened (Hollander-Goldfein et al., 2012; Kahana et al., 2010). Moreover, many, who were previously silent, have come forth to publish their individual or collective memoirs (see Berger, 2001; Epstein, 1979; Clementi, 2013; and Rosensaft, 2015) or record and archive their oral histories through the resources provided by various organizations. These include the USC Shoah Foundation Visual History Archive, the Fortunoff Video Archive for Holocaust Testimonies at Yale, the United States Holocaust Memorial Museum, and the Holocaust Memorial Center Zekelman Family Campus.

Each of their stories is unique and as Alford (2015) argues, based on viewing 250 hours of interviews at the Fortunoff Video Archives for Holocaust Testimony at Yale, Survivors' stories

> …are for the most part remarkably narratively competent – the stories are told with a beginning, middle and end, the narrators moving back and forth in time and space between here and now and there and then. Their affect is appropriate. In this respect the survivors do not seem deeply traumatized…. Yet this narrative competence … their ability to put words to the most terrible and traumatic experiences, did not

> relieve them of their trauma. Instead, it seemed to enable them to live alongside their trauma.… They live a double existence ... where Holocaust memories and normal memories are assigned to two, sometimes hostile territories. (Alford, 2015, p. 267)

For others, artistic expression helps them achieve a sense of coherence and facilitates their healing and transformation and, as their art is experienced, it may contribute to collective healing (Corley, 2010). Others may help themselves through altruistic or contributory helping of others (Midlarsky & Kahana, 2007). Renewed religiousness and return to traditional rituals in aging Survivors may have an integrative function, in nostalgically attempting to recreate order, structure, and continuity with the pre-Holocaust past. Building monuments also serves the reestablishment of a sense of continuity for the Survivors and for the world. In addition to commemoration, it also serves the significant function of documentation – an extension of bearing witness and of leaving a legacy so that the victims, the Survivors, and the Holocaust will not be forgotten (Danieli, 1994).Through these private and public actions, they are able to release their traumatic memories and make them more available for conscious working through either on their own, with their family and friends, or with professional counseling and support to help them find a very personal meaning with their Holocaust trauma and transform a personal tragedy into a triumph.

Trauma and Its Effects on the Second and Third Generations

The consequences of traumatic events are not limited to the Adult and Child Survivors immediately exposed to the event. They often affect significant others in their environment such as family, friends, and caregivers, especially the "Second Generation" (2G) or the Offspring of Holocaust Survivors (OHS), and the "Third Generation" (3G) or Grandchildren of Holocaust Survivors (GHS), who may suffer

emotional disturbances, nightmares, anxiety, fear, and anger because of the experiences of their parents or grandparents. However, not only the trauma but also the survival and hope can be transmitted (Meyers, 2012). Survivors can communicate and model astounding strength, courage, and resilience for their children and grandchildren (Richman, 2012).

How is Trauma Transmitted?

While there is ongoing debate on whether trauma transmits through genetics, neurology, or interpersonal relations between parent and child, common knowledge dictates that children and grandchildren's worldviews are deeply affected by familial tragedies (Sapiro, 2012). Specific manifestations of trauma transmission can be explained as being determined by any or all of a complex of multiple related factors: *psychodynamic* – focus on unconscious and direct effects of parents on their children; *sociocultural* – emphasis on conscious and direct effects of parents on their children; *family system* – impact of family environment on the unconscious and conscious transmission of parental traumatization; and *biological* – health of the mother at the time of the birth, as well as genetic and/or biochemical predisposition to illness; or by an ecological combination of these (Kellermann, 2009).

Epigeneticists, who study how experience modifies expressions of phenotypes and gene expressions without changing the DNA sequence itself, explain how parental or familial trauma can change and alter the genetic landscape for generations to come. Such biological variations stemming from stress exposure in parents via changes to gametes and the gestational uterine environment or via early postnatal care has been referred to as "intergenerational transmission" (Bowers & Yehuda, 2016). The etiology of this transmission continues to be investigated, within the constraints related to the study of human subjects (Bowers & Yehuda, 2016; Yehuda & Lehrner, 2018).

Neuroscientists demonstrate how the brain can be rewired and

neural connections changed after traumatic experiences to react to the world differently, thus influencing parental behavior, which in turn affects their child's personality development and attachment styles (Sapiro, 2012).

Attachment theorists suggest that parental anxiety affects the delicate bond of attachment between parents and their children, possibly leaving the children vulnerable and insecure. Alford explains that, "Children want and need to experience their parents' trauma…. To be excluded from their parents' subjectivity is as damaging as being overwhelmed by unintegrated parental experience" (Alford, 2015, p. 261).

The impact of the family environment cannot be overstated. As discovered by Yael Danieli, a clinical psychologist, victimologist, traumatologist, and the Director of the Group Project for Holocaust Survivors and their Children in New York, Holocaust parents to varying degrees transmitted to their children a sense of the conditions under which they had survived the war. In trying to cope, Survivors created families that tended to exhibit at least four differing post-war adaptational styles: (1) the *victim* families, characterized by pervasive depression, worry, mistrust, and fear of the outside world and by symbiotic clinging within the family; (2) *fighter* families, whose home atmosphere is permeated by an intense drive to build and achieve and is filled with compulsive activity; (3) *numb* families, characterized by pervasive silence and depletion of all emotions; and (4) families of *"those who made it,"* motivated by a wartime fantasy to "make it big" if they were liberated in order to defeat the Nazis (Danieli, 1981; Danieli, 1988, as described in Danieli, 2009). A follow-up study found that what mattered was the offspring-reported intensities of their mother's and father's victims' styles and suggested that survivors' and offspring's suffering might be reduced through efforts to recapture meaning, purpose, identity, connectedness of past, present, and future, and attachments to community and place (Danieli, Norris, & Engdahl,

2016).

Based on twenty years of intense qualitative research with Survivors and family members, the Transcending Trauma Project (TTP) found that the differences among families and how they nurture and socialize children in the formative years helps to explain variations in later adult coping and adaptation (Hollander-Goldfein et al., 2012). Hollander-Goldfein et al. (2012) described four categories of families: positive, negative, mixed, and mediated: 1) The parents who were able to protect and support their children's needs first and focus less on their own needs could provide the nurture and responsiveness that the children needed to develop in healthy ways while acknowledging their parents' difficulties and challenges; 2) On the other hand, Survivor families with predominantly negative relationships tended to display emotional difficulties in the second generation; 3) Families with mixed patterns resulted in a complex interplay of positive qualities and emotional difficulties for the children; and lastly, 4) The TTP found that the existence of even one healthier parent who succeeded in mitigating the negative impact of the emotionally distressed parent on the children could provide the children with the psychological tools to feel good about themselves, to engage in healthy adult relationships, to successfully nurture their children, and to succeed in life.

Whether hereditary or environmentally inflicted, the offspring of Holocaust Survivors, by the very fact that they have vicariously experienced so much tragedy, may also have been provided with some adaptive coping capability and with survival skills. They seem to struggle with stress and resilience at the same time and will have periods when one or the other is more dominant (Kellermann, 2009).
Dr. Gita Arian Baack, born in a Displaced Persons camp to Holocaust Survivors, calls this secondary form of trauma "inherited trauma" and defines "inheritors" as the generations of people who, consciously or unconsciously, have thoughts and feelings about devastating events that happened when they were very young or before they were born,

or that may even go back to earlier generations (Baack, 2017, p. 3). Her work with inheritors from families who lived through war, slavery, displacement, and many other kinds of family and community trauma also demonstrates that "if you have inherited trauma, you have also inherited the resilience to thrive, function successfully and make a difference on improving the human condition" (Baack, 2017, p. 6).

Israeli author Nava Semel comes from a "silent family" and calls those who have the traumatic event registered in their consciousness without actually having experienced it themselves "remembearers" "for they must bear the burden of memory" and the chain of remembe[a]rers who pass on the torch from hand to hand as in an Olympic relay race "memory carriers" (Semel, 2013). She believes in the power of the arts to fight against forgetfulness and denial. "Art can pass on the emotional memory to those who follow us. A story, a poem, a movie, a play, painting, music and dance are the best carriers of a memory that goes beyond the facts and events themselves. Art encapsulates the fate of one individual and can resurrect his story at the unparalleled time in human history" (Semel, 2013, pp. 90-91).

The son of Holocaust survivors, Lev Raphael is a pioneer in writing fiction about America's Second Generation. In his memoir "My Germany," he writes: "The camps and killing squads not only murdered dozens of my parents' relatives but also poisoned their memories. Poisoned mine. Talking about their lost parents, cousins, aunts, and uncles was so painful for my own parents that I have no family tree to climb in middle age, no names and professions and cities to study and explore." Yet, his mother told him "she never blamed all Germans, and that younger Germans surely had nothing to do with events before their birth" and when he finally went to Germany, it was not "to forgive anyone, but to explore what has always been taboo and terrifying to me. To face my demons" (Raphael, 2009, pp. 4-6).

Secondary and Tertiary Traumatization in the Research Literature

While the attitudes, behavior, and pathologies of the Survivors affect the worldview of their children and grandchildren, reviews of the research literature on children of Holocaust Survivors showed no evidence for the influence of the Survivor parents' traumatic Holocaust experiences on their children. Secondary traumatization emerged only in studies on clinical participants who were stressed by other psychological or physical adversities unrelated to the Holocaust (Kellermann, 2001; van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). However, "even if not fully aware of it, they may have inherited an *existential angst* from the Holocaust in which the themes of death and survival are always present" (Kellermann, 2009, p. 99). Protective factors in the children or in their environment may have lessened the impact of their parents' trauma. But under conditions of extreme stress, latent vulnerability to maladaptive and prolonged posttraumatic responses may come to the surface (van IJzendoorn et al., 2003).

As an example, following the 1973 Yom Kippur War, Second Generation veterans with no psychopathology prior to the war reported less posttraumatic growth than veterans who were not Second Generation (Dekel, Mandl, & Solomon, 2013). This suggests that transgenerational transmission of trauma may limit offspring's positive adaptation following trauma.

An interesting and significant difference in the strength of Jewish identity that parents were able to pass down to their children was found between Second Generation children born to "older Survivors" who grew to adulthood during the 1960s and the children of Child Survivors who came of age during the 1980s, when even the nature of society was vastly different. Older Second Generation members were born to parents "with significant amounts of prewar Jewish learning from years of study and home life. Their powerful memories of tradition and family could be resuscitated in post war life and passed onto family."

But those who are Child Survivors "had fewer years in which to establish the necessary building blocks to a fully Jewish existence and had virtually no prewar life or early Jewish experiences in conscious awareness" (Krell, 2013, p.2). Indeed, many did not even know they were Jewish and had to struggle to forge that identity.

In studies involving the Third Generation, there also was no evidence of tertiary traumatization (Sagi-Schwartz, van IJzendoorn, & Bakermans-Kranenburg, 2008). Protective factors included that the traumatic experiences of the Survivors were not inflicted by their own parents or other attachment figures, that secure attachment relationships had been established before the war between Survivors and their own parents or other attachment figures, that Holocaust Survivors were not genetically biased to develop intense posttraumatic stress reactions, and that social support was available to cope with the trauma afterwards (Sagi-Schwartz et al., 2008).

In another study of intergenerational transmission of trauma among the Second and Third Generations, Giladi and Bell (2013) suggest a mixture of resilience and vulnerability factors, with greater differentiation of self and better family communication associated with lower levels of secondary traumatic stress. Palgi, Shrira, and Ben-Ezra (2015) also found that family involvement serves as an important mechanism of the intergenerational transmission of Holocaust trauma to Offspring of Holocaust Survivors and Grandchildren of Holocaust Survivors and that it was associated with a higher level of preoccupation with Holocaust contents.

Moreover, the provocative idea that trauma might skip a generation has not been supported (Sagi-Schwartz et al., 2008). This may be due to the fact that the second generation "grew up at a time when Holocaust Survivors were shunned in society, [while] grandchildren of survivors grew up at a time in society when Holocaust Survivors had regained their sense of dignity . . . a transformation from shame to pride" (Eva Fogelman, as cited in Nathan-Kazis, 2012). In addition, the special

communication between the grandchildren and grandparents has helped to transform their most traumatic events into something to be proud of (Kellermann, 2009), and "how to be in the world" (Hollander-Goldfein et. al., 2012, p. 223).

In their recent study of Grandchildren of Holocaust Survivors in Australia (2018), Cohn and Morrison found that the lived experiences of the Third Generation are heavily influenced by their active connection with the Holocaust. These individuals have sought knowledge and understanding of their grandparents' experiences by avenues additional to grandparent narratives, therefore overcoming the 'conspiracy of silence' evident in their parents' often more passive Holocaust exposure. Furthermore, the participants' accounts suggest that their families' Holocaust histories provide them with an ethical framework in relation to the contemporary suffering of other groups and to value social justice.

Lessons Learned

I also suffered the loss of many family members who remained in Vilna, Lithuania, during the Holocaust. The few who survived inspired me to study the human impact of traumatic events, such as the Holocaust and other genocides, terrorism (Konvisser, 2006, 2013, 2014, 2016a), combat (Konvisser, 2016b), and wrongful conviction (Konvisser, 2012, 2015, 2017, forthcoming), which can be described as a struggle – and often a battle – with highly challenging life circumstances and how we must move forward from and learn to live beyond the trauma.

My passion is to give voice to these trauma survivors by listening to and documenting their "stories" – their oral histories or testimonies – as a gift to them and their families and as a way of remembering and learning from their experiences. While death and distress are all too present in these stories, they also emphasize that hope and meaning can be found after struggling with and surviving any life crisis. While they do not forget their traumatic experiences, many survivors are able

to integrate and own the painful emotions of their situation, make them part of their story, and live with them in a productive way. Like trees that bend or change shape to accommodate the wind, they are able to recover or even reconfigure their lives and have learned how to *live next to* and *move forward* with their feelings of grief, pain, and helplessness.

My mother's cousin, Izaak Wirszup, lived through the Vilna Ghetto and the concentration camps and came out believing that he was spared in order to make a difference. Out of his struggle came a Survivor's love of life and a legacy. Izaak expressed it this way:

> When you alone remain alive, you have to justify yourself. We have seen firsthand the desecration of life. We have witnessed the organized annihilation of millions of innocent wonderful human beings. We have seen giants collapse – morally and physically – within days, when subjected to inhuman conditions. But we have also encountered people who would make any sacrifice; heroes whose like we had seen before only in the scriptures. We have seen how Holocaust Survivors and their descendants can transform the most fragile souls into individuals stronger than steel (Harms, 1996, p. 37).

As described in this chapter, there exist an almost infinite number of identifiable forces and factors that interact with each other in an almost infinite number of ways to shape or determine the long-term effect on any particular individual of the Holocaust and similar atrocities wherein the threat to physical survival or well-being is prominent – victims of genocides, hatred, torture, or other oppressions. While each experience is unique, by bringing forth and understanding some of the common qualities and sources of strength that help people cope with the tragedy and uncertainty and survive the long-term impacts of extreme prolonged trauma, we provide valuable insights and evidence for the

traumatized individuals themselves; for their families, friends, and communities supporting their recovery; for clinicians and counselors developing treatment modalities; and for policy-makers and advocates of social justice providing interventions that could not only mitigate the negative effects of these horrific traumatic events, but also help foster more positive, long-term adaptations for the Survivors (see also Hollander-Goldfein et al., 2012).

And, as so eloquently expressed by Elie Wiesel, Holocaust survivor, Nobel Poet Laureate, and Founding Chairman of the United States Holocaust Memorial Museum at the dedication ceremonies of the U.S. Holocaust Memorial Museum: "For the dead and the living, we must bear witness. For not only are we responsible for the memories of the dead, we are also responsible for what we are doing with those memories" (Wiesel, April 22, 1993).

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