Editorial: The Long-Term Effects of the Trauma of the Holocaust

This special issue is meant especially to make us, psychiatrists and psychotherapists, pay special attention to unique groups of aging people living among us and seeking treatment in psycho-geriatric and general psychiatric and psychotherapeutic clinics: Holocaust survivors, who are now in their 80s; child survivors getting into “golden age”; second generation of the Holocaust, usually in their 50s. All of them have in their personal histories the story of surviving a massive trauma that was at least partially denied or suppressed after the war, to build “a new life” with “a new identity,” and sometimes also together with the need to build “a new family” when spouse and children did not survive.

A lot was written about the complicated attitude of the young Israeli society towards the survivors (1). Mental health professionals in general acted as a part of the societal attitude, and did not demonstrate a different and caring attitude towards the survivors. Thus, a few articles noted “some aspects of concentration camps psychology” (for example, Friedman’s article published in the American Journal of Psychiatry in 1949) (2), but did not affect the general professional relation to the massive physical and emotional trauma and its sequels. The concepts professionals used to describe the psychopathology of the survivors were always taken from the concepts in general use at the time. So it happened that what was written in the 1950s was mainly psychoanalytical, when symptoms and emotional distress were regarded as a “common adjustment reaction” that does not need a special theoretical or practical approach, unless the reaction was very severe and debilitating (3). Being a survivor was not of itself considered a cause for mental distress (4).

One of the results of this painful fact is that a 1999 examination of approximately 5,000 long-term psychiatric patients in Israel identified 725 as Holocaust survivors who had not been treated as a unique group, their personal severe traumas were not therapeutically addressed, and actually most of them never shared their traumatic history, probably were never even asked to do so. A difficult question arises whether many of them could have avoided lengthy, if not life-long, psychiatric hospitalization. Greenwald et al. recently published a study (5) in which 26 patients living in a psychiatric hostel for Holocaust survivors, after very long psychiatric hospitalizations before they moved there, were interviewed by a professional team and had their testimony recorded on videotape, to investigate the role of video testimony as a potential useful psychotherapeutic clinical intervention. The researchers were of the impression that there was a general positive effect to this intervention, that the participants felt generally better, that they mentioned a better relationship with the hostel’s staff, and that they were described by the staff as more communicative and active. The “healing” value of re-biography for the aging individual and its relation to adjustment, functioning and quality of life is well known from the literature (6). It is usually accepted that while rebuilding the life history as a story for a listener there is an internal emotional working through of central conflicts dealing with painful memories, questions of identity, self esteem and control. While building better inner integrity, adjustment, functioning and general feeling improve. The effect of re-biography was studied in Israel with Holocaust survivors (7) with similar conclusions.

The American Journal of Psychiatry has recently published a very detailed clinical case description of a short-term dynamic psychotherapy with a 68-year-old Jewish woman, a Holocaust child survivor, discussed by Seritan et al. (8). I may suggest that this article is brought mainly in order to point out the need for professionals to keep looking for the phenomenology of these patients, and taking into account that the early trauma has shaped the person’s psyche, influencing object relations, sense of self and the constellation of defenses, and his emotional patterns when dealing with losses. Those could be addressed via transference-counter-transference working through in a dynamic psychotherapy setting, sometimes in a short-term dynamic process. In addition, this article may as well point at a more general principle consideration of dealing with these individuals:
As mental health professionals we ought to look for the right form of treatment individually, while paying attention to various clinical, psychological and reality factors.

This clinical, personal and therapeutic way of looking at the individual Holocaust survivor or his/her family is not to say that there is no room for observing the survivors and their children as a group, a unique group. On the contrary, there is obviously a great benefit from investigating various conceptual, clinical and theoretical (including historical) aspects relevant to this group of Holocaust survivors. For example, it was lately found that the severity of the trauma (persecution) in a group of Holocaust child survivors was associated with the rate of late onset schizophrenia, when the onset of schizophrenia was used as dependent variable in a regression model in 93 medical files that were recruited from socio-medical expert reports of the Restitution Office in Germany (9). Besides the clinical insight that it may bring, it may serve as a hint to the influence of stress exposure in early life, especially to the factors that take part in the long-term sequels, but also conceptually to widen our understanding of the stress-diathesis model. Another study published lately from Israel (10) deals with the question of the association between the Holocaust experience and suicide. Searching into the relevant published data, the authors suggest that there seems to be a higher risk for self-harm in this group, and recommend further study of the issue, which obviously has a great clinical and therapeutic value. The group of Holocaust survivors, a group of older patients with or without chronic PTSD, can be a source of information to study longitudinal changes in various aspects, like the influence of the PTSD syndrome on the aging cognitive performance changes. Thus Yehuda et al. (11) recently published a longitudinal study with 28 Holocaust survivors with PTSD and 19 without PTSD, aged 68 on average, and showed diminution of severity of PTSD symptoms and specific memory functions over a period of five years, while there was a worsening of other functions. Again, besides the new information regards aging processes and risks of the patients having overt symptoms of PTSD, this study can suggest an insight into the difference between memory functions which are related vs. non-related to PTSD, and their age over time and together with aging processes.

The question whether there really exists a trans-generational transmission of massive trauma, and the efforts to conceptualize this issue clinically, psychologically and biologically, is dealt in the literature in the last years in a more and more advanced manner, i.e., with psychological and biological modern concepts and tools. There is no need to stress the importance of this question, for theory and for practical goals. I choose to bring the readers’ attention to developments in the biological studies of this question, as one can see from Yehuda et al. (12), which showed a correlation between low cortisol levels and other adverse biological reactions, and maternal PTSD, raising the possibility that these alterations are acquired via gluco-corticoid programming either from in utero exposures or in response to maternal behaviors early in life.

Another crucial aspect for mental health professionals regarding the Holocaust is the study of relevant historical perspectives of the atrocities done by the Nazis to humanity, to the Jewish people, to special populations, to invalids and mental patients generally and to Jewish mental patients. It is crucial for all mental health professionals to be constantly aware of the huge importance of an ongoing discussion of ethical issues, as well as dealing with the borders of psychiatry, psychology and their practices, because they stay so close to societal actual problems, and thus to societal and actual trends, beliefs and pressures. From this perspective articles dealing with those aspects from a historical point of view are very much welcomed. I would like to mention in this regard Lopez-Munoz et al. (13) dealing with psychiatry and political-institutional abuse as ethical lessons of the Nuremberg Trial, Macleod’s article (14) dealing with the hypothesis made regarding the Jewish doctor of Mrs. Hitler, to the shocking work of Strous about Hitler’s psychiatrists (15), and the historical interesting papers by Brunner et al. and Strous in this special issue.

The collection of articles in this special issue follow to a great extent the topics that are being investigated in the literature in the last years: the reader will find, besides the historical and ethical articles mentioned, a clinical study aimed at the assessment of emotional distress and other health related dimen-
sions among Holocaust survivors in the community by Levav's group, a psychological perspective about the personal and social identities of Romanian and Polish Jewish Holocaust survivors by Prot, and a demographic study done in Israel by Kellermann which tried to characterize a clinical sub-group of second generation in order to deal with the issue of traumatic generational transmission.

References

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