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Early childhood holocaust survival and the influence on well-being in later life

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CHAPTER 5

Discussion

Introduction

The set of studies described in this thesis focuses on the associations between survivors' early childhood experiences with and after the Holocaust and their adaptations at the beginning of old age. What can we learn from the different ways the children managed to survive, and how did they manage to adapt to later-life challenges living in Israel, a country where life threats are often more tangible than in other parts of the world? What consequences of their early childhood experiences could still be seen?

The results presented here show a continuum from mild to severe repercussions of persecution on Jewish survivors who were aged 0-10 years during the Nazi persecutions, and who were in the sixth decade of their life at the time they participated in the studies. The first study provides evidence of neuro-endocrinological consequences resulting from early childhood traumatic stress. Although age, parental loss during the Holocaust, current depression and physical illness were not associated with differences in basal diurnal cortisol levels, we found increased stress reactivity through elevated cortisol levels in the youngest male age cohort, and in male respondents suffering from PTSD-related functional impairment. The results also point to a tendency for the oldest age group in our study to show a less steep decline of diurnal cortisol level over the day, but we did not replicate the findings of Yehuda. (Yehuda, Golier, & Kaufman, 1995; Yehuda., Kahana, Binder-Brynes, et al. 2005), who found flattened diurnal cortisol levels in elderly Holocaust survivors.

The findings of the second study indicate that present lack of well-being correlates with unsatisfactory quality of care immediately after the Holocaust. This correlation remained robust even after controlling for present health situation, a variable which obviously influences the current sense of well-being. Loss of parents as a result of persecution, age of the survivors (being born before or during the war), or having autobiographic memories of the war period did not significantly affect survivors' current sense of well-being. The results are consistent with the outcome of Keilson's (1992) study, which showed the substantial impact of post-war traumatic experiences. However, while Keilson's findings concerned war orphans in foster homes, the current study shows for the first time that the cumulative effects of the Holocaust and unfavorable post-Holocaust sequences on later well-being also hold true for those child survivors who did not suffer parental loss.

In our third study we set out to explore if, even in situations of the most severe Holocaust survival exposure, the salutogenic orientation, in particular a sense of coherence as formulated by Antonovsky (1979, 1987), could mitigate the current experience of traumatic stress. Our findings confirm such a potential

protective role. A stronger sense of coherence appeared to buffer the negative impact of the Holocaust experiences on feelings of well-being and to mitigate symptoms of post-traumatic stress. Survivors with a weaker sense of coherence reported less well-being and are more vulnerable to present-day post-traumatic stress complaints. The results concur with the outcome of the Antonovsky et al. study (1971) of female Holocaust survivors, and with those of Sagy and H. Antonovsky (2000), and suggest that the experience of “participating in shaping outcomes” (Antonovsky, 1987) could have been of particular protective value. In this way, the findings are also in line with Keilson’s (1992) observations of the detrimental psychological consequences for war orphans when they were at the mercy of disputed guardianship.

Theoretical perspectives revisited

The enormity of the horror of the Holocaust weighs heavily on survivors as well as bystanders and observers even today. This makes it quite impossible to clearly analyze its effect on those who went through it in an impartial and objective way, and to put the lessons learned into the framework of rational theories. We provided some indication of the indelible imprints of the emotional effect of Holocaust survival earlier in this dissertation (see General Introduction), when the results of one of our measurements pointed to a perceived similarity in present influence of the death of a close relative and of the Holocaust survival experience. At the same time, the Yom Kippur War, at the time a highly shocking event, did not retain much emotional impact thirty years later. Nevertheless, it is necessary to try and frame the Holocaust experiences and their aftermath in terms of scientific theory even if these experiences will never be fully covered by any rational system. We drew on the following theories to understand more of the sequelae of the Holocaust for child survivors.

Attachment Theory

To the best of our knowledge no earlier research has studied the well-being of elderly survivors of peri-natal childhood deprivation from the perspective of attachment theory. The main contribution of this study concerns late consequences of choices parents of child survivors had to make under threat of persecution and life endangerment to maintain or to discontinue the attachment relationship with their children. Our study provides additional insight in an evolutionary and environmental perspective of attachment patterns as formulated by Belsky (1999, 2006; see also General Introduction), and offers support to the idea of separation from maternal care as an evolutionarily related and ecologically understandable

phenomenon. This indicates that insecure attachment as a result of insensitive substitute care could be regarded as a realistic adaptive behavior strategy in sub-optimal child rearing circumstances like those in the Holocaust period. This line of thought received support from a recent study in which female child Holocaust survivors showed more unresolved loss, anxiety and traumatic stress than matched comparisons; but their offspring did not differ in attachment representations from a carefully matched comparison peer group (Sagi-Schwartz, Van IJzendoorn, Grossmann et al. 2003). The results indicate that insecure attachments during war or other hardships may at the same time enhance survival chances of the offspring, and do not impede the emergence of secure relationships and representations in the next generations. Furthermore, we must take into account that sensitive and responsive substitute care was provided even in the most horrific circumstances. Bar-On *et al.* (1998) point out that although child survivors suffered sharply painful disruptions of primary relationships, they may hold memories of benevolent attachments to substitute caregivers from the time they were in hiding or in concentration camps (see also Meijer, 2001).

A post-Holocaust reinforcement of insecure attachment behavior, as we indicated earlier (Chapter 3), can be understood as resulting from a massive failure to provide sensitive and responsive care, by accommodating to the specific needs of the individual children and allowing for gradual adjustment from life in concentration camps and in hiding to new environmental circumstances of the post-war society. In this context Evers-Emden & Flim's (1995) report is informative. In their survey 66% of hidden child survivors ($n = 321$) who returned to their biological parents after the war evaluated this return as a negative or at least mixed emotional experience. In this same survey 57% of the respondents reported not being able to maintain loving relationships; they had problems with hugging and touching their children. In our set of studies insecure attachment, expressed in avoidant- and anxious intimate relationships, appeared an important factor in the lack of present well-being, which in turn correlated to perceived lack of post-war care.

Stress Regulation

The results of our study on diurnal cortisol and cortisol reactivity of child Holocaust survivors contribute, though modestly, to the neurobiological understanding of early life development under stress, and add to the growing evidence that adverse perinatal conditions in particular produce long-term changes in the limbic hypothalamus-pituitary-adrenocortical (LHPA) system responses (Gunnar & Donzella, 2002). The elevated cortical levels in response to a stressor in the youngest males in our study provide evidence that early experiences can lead to higher vulnerability to stressful stimuli later in life. Born during persecution, these

survivors first of all may have been subjected to an adverse prenatal environment as a result of maternal prenatal anxiety (O'Connor, Ben-Shlomo, Heron et al., 2005). They may further have lacked the sensitive and supportive care that mediates the postnatal perturbations during the first few months of life, before cortisol responses become more buffered during a relatively stress hyporesponsive period (Gunnar, 2003).

Recent neuro-endocrinological research contributes to our understanding of how optimal care by substitute care providers, in hiding or in a concentration camp, could have buffered the severity of Holocaust survival experiences. Gunnar (2006) reported that after forming an attachment relationship, an infant does not lose the capacity to regulate stress physiology through the interaction with other sensitive and responsive caregivers. She found that unfamiliar substitute caregivers, trained to be sensitive and responsive, were able to inhibit cortisol increases in young children during periods of stress. On the other hand, when adult support is insufficient, vulnerability to stressors becomes evident. Two studies involving young children show a relationship between foster care and elevated cortisol values (Dozier *et al.*, 2006), and between negative emotional dispositions and higher cortisol levels (Kagan, Reznick, & Snidman, 1987; Tout, De Haan, Campbell et al., 1998), respectively. They may further our understanding of how the LHPA system of the youngest child survivors may have become overburdened when confronted with so many endangering challenges without adequate support.

Sense of Coherence

While the former two theoretical perspectives provide insight into how social and biophysiological stress regulation processes influence later life outcomes of early childhood deprivation, the sense of coherence (SOC) focuses on the ability to use an internal locus of control for coping effectively with stressful experiences, and exerting salutogenic instead of pathogenic strategies. Our study provided some support for this position: A strong SOC buffered the effects of the most severe Holocaust experiences, whereas a weak SOC was associated with more post-traumatic stress complaints. These findings underscore the possibility that under the most horrific circumstances even small children had the potential for developing coping devices that served them throughout their life. This is a heartening aspect of our studies, and offers important insight into moderation of the association between early childhood Holocaust deprivations and late-life risk for traumatic stress.

Study limitations and implications for future research

An essential limitation of our set of studies involves the absence of a matched comparison group not persecuted by the Nazis, and not otherwise affected by the consequences of the Second World War. We were well aware of how difficult it would be to find appropriate matches in age, gender, and family constellation. Moreover, several recent matched control studies of child Holocaust survivors in Israel (Brom, Durst, & Aghassi, 2002; Cohen, Dekel, & Solomon, 2002, Cohen, Brom, & Dasberg, 2001; Sagi, Van IJzendoorn, Joels et al., 2002) all obtained results similar to our findings (for a summary see Chapter 2). The present study design made it possible to enlarge the sample and to make internal comparisons within a larger group, with special emphasis on birth cohort. We thus gained in smaller confidence intervals. Another limitation concerns the start of the collection of cortisol data one-third of the way through our study. Even so, we succeeded in gathering the samples from a substantially large group of participants. Obviously, for this reason we missed the opportunity to compare the outcomes of the cortisol study with the outcomes of the data sets in the other two studies.

A further limitation relates to possible biased information provided by one informant, and under-reporting of traumatic Holocaust experiences. The participants themselves had to rely on retrospective or reconstructive reports, in particular those participants who were too young at the time of the Holocaust to possess clear memories. Even so, Van der Hart and Brom (2000) report a relatively low prevalence of amnesia among Holocaust survivors, while Hardt and Rutter (2004) found false positive reports on childhood traumas a rare probability.

The long-term effects of early trauma have been influenced by living in Israel where, on the one hand, stressful life circumstances prevail, while on the other hand, the building of the new State of Israel, especially during the first three decades after its declaration, provided the satisfaction of a sense of belonging and a meaningful existence. Therefore, inference of the outcomes of this set of studies to child Holocaust survivors outside Israel is limited. Future research should be directed to infant survivors in the Diaspora. In particular, further studies of the neuro-endocrinological system (e.g. cortisol) could provide greater understanding of the late effects of perinatal stress. Further research is also required to explore the evolutionary/environmental interpretation of adaptive neuro-endocrinological and attachment patterns for understanding the effects of Holocaust-related early childhood deprivation and its intergenerational transmission. It is also worthwhile to further explore whether and how attachment patterns contribute to, or impair, a salutogenic life orientation.

Clinical Implications

The results of this series of studies offer greater understanding of the scope of the early trauma-related problems faced by aging child Holocaust survivors today, and on the range of vulnerabilities in this group of survivors. They provide diagnostic as well as therapeutic directions for clinical work with child Holocaust survivors.

For diagnostic purposes, the studies strengthen confidence in recognizing problem clusters of physical health, post-traumatic and depressive symptoms, unsatisfying close relationships, and a weak SOC as related to early childhood trauma experiences. Conversely, autobiographic data pertaining to severe Holocaust surviving experiences, e.g. loss of parents, multiple transitions, length of exposure to persecution, and perceived lack of care after the war, have value for predicting later life vulnerability.

There are implications as well for clinical work. The findings affirm the need to promote a sense of coherence and stabilizing coping strategies by supportive interventions, affect and emotion regulation, and exploring resources for enabling better adaptation to daily functioning. In this way, work at a later stage on integration of loss and conflict will become more understandable and meaningful (Herman, 1992; Rothschild, 2000; Van der Kolk, Van der Hart, & Burbridge, 1995). The following case study may illustrate such an approach to clinical work.

Case Study

Haim* sought therapy for attacks of uncontrollable crying, outbursts of anger at work, and recurrent nightmares in which Nazi soldiers were pursuing him. While generally healthy, he suffered from skin irritations, and tremors in his hands and legs. He started therapy some time after the outbreak of the El Aksa Intifada. He had been a witness to the aftermath of several suicide bombings but not been personally injured.

Haim was born in 1942 in Slovakia, the fourth child in a religious family. His father was taken to a slave labor camp when Haim was only a few months old. Haim's mother managed to send her two older children to her parents who lived in -at that time still relatively safe- Hungary. To escape deportation, she then fled with her babies, Haim and his eighteen-month-old sister, to hide in the Carpathian Mountains, where they survived the war. Afterwards, he learned of the following incident that took place during this hiding period: One day a Nazi search patrol approached the place where they were hiding with some other Jews. Haim started to cry. His mother knew that if they were found, they would all be killed. She tried

* Haim gave permission for using his story in this case study.

to silence him by putting her hand on his mouth. Haim turned blue and nearly suffocated, but they were not discovered. Haim's mother's brother who was with them managed to resuscitate him.

Haim's father managed to survive the Holocaust, but the older siblings were in the end deported from Hungary to Auschwitz with their grandparents, where they were all killed. Haim's parents had two more children after war. The family moved to Israel in 1949 when the youngest was still a small baby.

Haim's anamnesis showed more or less normative adulthood functioning. After finishing high school, he did his regular army service and as a reservist he fought in several wars. He is married, and has children and grandchildren. He works as a self-employed artisan. He had never sought psychotherapy before.

In therapy he met with acceptance for his outbursts of crying and anger, of which he felt ashamed and guilty to the extent that he stayed away from home for days to be able to keep it a secret for his family. After some time in therapy, he gained more control over his crying and began to understand that it was triggered by the crying of his own children when they were babies, and now by his infant grandchildren. He could then cognitively connect it to being nearly killed for his crying while in hiding and his subsequent incapability to allow himself to cry ever after. As soon as he could attribute meaning to his crying, his feelings of shame and guilt became less urgent, and he was able to communicate with his wife and children about his problem. This act enhanced self-regulation.

Haim was encouraged to keep a record of the content of his night terrors, and to relate to them in the therapy sessions. Content and emotional charge changed gradually, and Haim became more resourceful in identifying day residues, and to associate them with stressful events. In this way the dreams became understandable and therefore less frightening. After some time his tremors ceased. During this process it became clear that after the war Haim's parents had not allowed themselves to attend to their grief. Like many other survivors, they had concentrated on building a new life. Haim had identified himself with parents he perceived as strong and courageous, not showing emotions. During therapy he started to realize how his parents' and his own avoidance of feelings had taken its toll, and had affected his emotional coping behavior.

This case study gives an example of the horrific dilemmas mothers had to face during the Holocaust persecution, when they had to give up a secure attachment mode, and were forced switch to a survival mode (see earlier this Chapter). In Haim's case, this was successful and he survived. In relation to his mother he could later develop a "capacity for concern" (Winnicott, 1965), and evolve into the "depressive position" (Klein, 1975). He seemed to have received good enough parental after-trauma care (see Chapter 3 of this dissertation), which probably enabled him to function quite well. However, at the time he turned to

therapy, he was confronted with too many triggers; and they seemed to have reactivated residues of earlier traumatic events. Physiological suffering and difficulties with the regulation of his emotions, suggest the deprivations of a stressful early childhood environment (see Chapter 2 of this dissertation). In the therapeutic relationship he felt safe enough to connect to his feelings of helplessness and instead of avoiding he learned to contain them. As a result he manages his life more easily, which enables him to gradually strengthen his sense of coherence (see Chapter 4 of this dissertation). At this point in therapy, he started to attend to the multifaceted task of grief work, from which his parents had steered him away just because the loss was too unbearable.

Conclusions

The studies reported here disclose that the late life effects of earliest childhood deprivations on child Holocaust survivors born just before or during persecution are not limited to the severity of their survivor experiences or to their ability to remember these experiences (Yehuda, Schmeidler, & Siever *et al.*, 1997). They also seem to be affected by the degree to which protective factors, specified in this dissertation, shielded the youngest survivors during their early years and at later life stages. These protective factors seemed to allow them in various and different ways to find meaning for their life (Cohen et al., 2001, Frankl, 1984/1998), to hold on to their talents and their resources, and to appreciate their good fortune. Our results also reveal that young survivors who unfortunately received less protection immediately after the war became increasingly vulnerable to later life impairment (Dasberg, 2001). In line with Keilson's findings (1992), linking Holocaust traumatization during the first years of life to serious complications in later daily functioning, we expect the need for (therapeutic) care in this group to equal or exceed that of older child survivors. At the same time we suggest directing future research on intergenerational transmission of Holocaust surviving experiences to the consequences of lack of protective after-war care, rather than to transmission of the Holocaust trauma *per se*.