



December 1984

Holocaust Survivors and Post-Traumatic Stress Disorders: The Need for Conceptual Reassessment and Development

Jerome Rosenberg
University of Alabama

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>

 Part of the [Clinical and Medical Social Work Commons](#), and the [Social Work Commons](#)

Recommended Citation

Rosenberg, Jerome (1984) "Holocaust Survivors and Post-Traumatic Stress Disorders: The Need for Conceptual Reassessment and Development," *The Journal of Sociology & Social Welfare*: Vol. 11 : Iss. 4 , Article 11.
Available at: <https://scholarworks.wmich.edu/jssw/vol11/iss4/11>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



HOLOCAUST SURVIVORS AND POST-TRAUMATIC STRESS
DISORDERS: THE NEED FOR CONCEPTUAL REASSESSMENT
AND DEVELOPMENT

Jerome Rosenberg, Ph.D.
Department of Psychology and The New College
The University of Alabama
University, Alabama 35486

ABSTRACT

The recent interest in various aspects of the Holocaust focus on survivors and their children. One major part of this research has focused on the medical and psychological sequels of the concentration camp and other Holocaust related experiences for which Eitinger (1981) identified seven distinct areas of inquiry. The literature in each of these areas is extensive; however, this work is fraught with problems both at the conceptual and at the treatment levels. This paper is specifically concerned with reviewing research and treatment programs, identifying the major problem areas, and concludes with a suggested conceptual alternative to the prevailing clinical models.

INTRODUCTION

Following liberation in 1945, the greater majority of Jewish concentration camp survivors were kept in displaced persons camps. These camps served as interim placement centers and also represented a unique opportunity for interested observers to conduct physical and psychological analyses of the survivors. The most obvious consequences of the camp experiences, it was noted, were the extreme physical disabilities. Based on preliminary interviews conducted with survivors at this time, it often appeared that the conditions of liberation overshadowed the variety of traumatic problems that had developed during the Holocaust

years. This supposed "symptom-free interval" presented one of the first difficulties encountered in evaluating psychological problems anticipated as a consequence of the prolonged trauma (Luchterhand, 1970).

During the late 1940's and the early 1950's the delayed effect of the Holocaust experience began to manifest in survivors and these were subsequently documented in the literature (e.g., Chodoff, 1963; Eitinger, 1980, 1981; Luchterhand, 1970). Apparently the major psychological effect of these experiences began to take effect after the survivors had resettled and had created new lives for themselves in unfamiliar surroundings. The consistency of the psychological disorder that emerged among survivors became identified in the early literature as the "Concentration Camp Syndrome" and the "Survivor Syndrome," clinical descriptors that later gave way to what is currently referred to as post-traumatic stress disorder (PTSD).

PTSD: A Clinical Approach

Post-traumatic stress disorder is characterized by a constellation of behaviors for which there is a wide consensus for diagnosis and a distinct classification in the DSM III (1980). With minor exceptions employed for diagnostic clarity, the criteria for PTSD listed in the DSM III differ little from those described by Neiderland back in 1968.

While general agreement exists on the characteristics of the behavioral dimensions of the disorder, there are significant differences regarding the theoretical or conceptual framework within which PTSD can best be explained. In evaluating the psychological and medical effects of the concentration camp experience, for example, Eitinger (1981) identified two major areas of difficulty: first, the unexpected, long-lasting symptoms related to PTSD often are not conducive to psychotherapy. Second, the prevailing psychiatric and psychological theories are inadequate to account for treating the sequels of massive psychic trauma. Moreover, Eitinger points out that in spite

of these inadequacies, an alternative theory has yet to be developed.

Efforts to Deal with PTSD

It is important to note that the accepted conceptual framework for understanding the problems of Holocaust survivors was developed in early research studies conducted to meet the demands of the Restitution Laws. Enacted by the Federal Republic of West Germany during the ten-year period following the end of World War II, Restitution Laws required that a causal connection be clinically established between the traumatic experience and an impaired state of health (Engel, 1962). Toward this end it became necessary to create a clinical syndrome and to deal with the emerging patterns of disturbed behavior manifested by this group of survivors.

More systematic approaches to analyzing the effect of the Holocaust were also attempted. For example, Boder (1949, 1954) sought to explain the nature of the traumatizing experiences and the behavioral responses to those experiences, for which the Traumatic Inventory and the Traumatic Values Scales were developed. While Boder's work appears to have had some potential for establishing responsible research programs, perhaps one reason this approach was ignored results from the shift to a specifically clinical approach for restitution and treatment purposes. As discussed by Engel (1962), the efforts to derive a diagnostic model to conform to requirements of the Restitution Laws, and to provide therapeutic assistance were initiated primarily by psychiatrists.

Luchterhand's (1970) view of the conflicting interpretations that began to proliferate in the Holocaust and survivor research literature established that there is general agreement on the behavioral dimensions of the PTSD problem. There is also significant disagreement over the etiology and the theoretical significance of characteristics common to pathological disturbances.

Two etiological models identified by Luchterhand (1970) appear in the work done by psychiatrists and psychoanalysts. The neurobiological model stresses brain pathology with deficits and impaired capacities, loss of controlled behavior and a lowered personal organization. The dynamic model includes the basic concepts of survivor guilt, repressed aggression, transference, projection, denial and other Freudian or neo-Freudian tenets. Luchterhand points out that existing theories offer a narrow view of the behavior problem experienced by survivors, placing almost all of these into a clinical, pathological framework. This limited view of PTSD totally ignores the behavioral strengths of survivors and often disregards the conditions under which the survivors lived during the Holocaust period. Luchterhand, a sociologist, also raises the concern of the over clinicalization of this area at the expense of a broader and possibly more productive psycho-social analytical framework.

Solkoff's (1981) review of the literature on the children of survivors raises a basic question of the heuristic value of the existing research. Once again, the research is considered to be narrow in scope, the case studies reported often skew toward a clinical orientation, and the research results do not emerge as a product grounded in acceptable techniques of research design. Solkoff's argument is that PTSD is social-psychological in nature and, therefore, should not be limited to a single theoretical approach. In this regard, Dimsdale (1980) clearly demonstrates the need for an expanded conceptual framework if the effects of Holocaust upon its survivors are to be understood.

Dehumanization: A Preliminary Exploration

Yet another common theme emerges from the general clinical literature on Holocaust survivors. That theme is dehumanization. Described by Bernard, et al. (1971) as a psychic-defense mechanism, dehumanization can be conceived of as a means by which individuals, when exposed to extreme traumatic experiences, diffuse some of the pain by denigrating themselves. The intent, of course is to buffer some of the damage

anticipated from the inhuman treatment they are subjected to.

Dehumanization would seem to qualify for placement into existing models, but it is perhaps more important to understand the use of the term within a psycho-social framework. As an alternative to existing models, Kelman (1973) conceptualizes dehumanization as a process which deprives both victim and victimizer of their self-identity and sense of community. While Kelman focuses on counter-measures to the establishment of the conditions related to dehumanization, the idea that "dehumanization" may be used as an alternative to conceptualize the conditions under which survivors survived is also theoretically attractive.

An effort to clarify the nature of dehumanization as a condition of living, as a goal sought by victimizers, and as an evolving state of the victim is currently in progress by the author. Scales are being developed that will focus on the dehumanizing experiences and will allow the consequences thereof to be more fully evaluated. In the section that follows, an overview of this current effort is presented.

Survivor Research: A Time for Reevaluation

Early researchers sought to identify clinical pathologies among survivors. In focusing on these debilitating effects, the analysts failed to recognize the important aspects of reference group influences. As the product of their cultural and social histories, the makeup of humans is characterized by an evolving personality and patterns of behavior which represent a composite of experience, tradition and life conditions. Consequently, when faced with continuous or overwhelming trauma, the behavioral responses expected are determined to a degree by historic stimuli and the degree to which the trauma establishes a precedent in that person's life style or within a tradition the individual identifies with. It is within this framework that an understanding of the Holocaust and its effect on survivors must be reconceptualized.

Before clinical analysts began to dominate the Holocaust research, Boder (1949, 1954) recognized the need to evaluate the impact of a past history on the survivors. Toward this end Boder's Traumatic Index Scale was intended to categorize these experiences, and the purpose behind the Traumatic Inventory Scale was to assess the impact of these experiences on the survivors. The Traumatic Index Scale constitutes a basis for measuring the process of dehumanization. Intended to identify the factors essential to this process, the Traumatic Index is applicable to other human conditions as well. These factors include events, conditions and experiences that contribute to progressive traumatic effects on individuals or groups.

Boder sought to identify the interaction between people and environmental conditions and to establish a conceptualization of survivors without relying upon pathological interpretations. Factors thought to influence the dehumanization process include: the abrupt removal from an environment; inadequate substitutes for the conditioning framework of normal life; introduction of new stimuli that do not relate to past experiences or legal and moral references; inadequate facilities for personal and community hygiene; the withdrawal of basic rituals of decency and dignity; and brutal punishment for trivial transgressions of rules or for the alleged offenses.

These factors serve as a starting point for the author's current effort to reconceptualize survivor experiences. When combined, assessment of the effect of traumatic events and the subsequent behavioral responses intended to deal with these conditions will enhance the efforts of professionals to assist and to treat victims of traumatizing events.

While it is perhaps surprising that the psychoanalytic model has predominated in survivor research, some important efforts to view survival in non-pathological ways, and to consider survival as a triumph of human spirit and adaptability can be found in the work of Des Pres (1976), Kren and Rappoport (1980), Trunk (1979) and Kopecky (1982). The concepts

dehumanization and rehumanization assume even greater possibilities as explanatory constructs for overarching traumatic conditions and human responses. The term survivor, as it is currently used in the literature, must assume a broader meaning in order to insure that the legacy of the Holocaust experience may serve to contribute broadly to our understanding of post-traumatic stress and subsequent efforts to cope with stress. It is not enough to view survivors as living martyrs or as clinically disturbed products of extremis.

It is clear that the clinical approach to Holocaust survivor research interferes with development of certain kinds of knowledge. It is also important to recognize that the further Holocaust survivors are removed from the mainstream of research on human survival in general, the less likely this kind of research can be related to the more generic issues involving human behavior, and the more likely survivors of the Holocaust will continue to be viewed as an historic anomaly.

REFERENCES

- Bernard, Viola W., Perry Ottenberg and Fritz Redl
1971 "Dehumanization." Pp. 102-124 in N. Sanford and C. Comstock (ed.) *Sanctions For Evil*. Boston: Beacon Press.
- Boder, David P.
1949 *I Did Not Interview The Dead*. Urbana, Illinois: The University of Illinois Press.
- 1954 "The impact of catastrophe: I. Assessment and evaluation." *The Journal of Psychology* 38:3-50.
- Chodoff, P.
1968 "Late effects of the concentration camp syndrome." *Archives of General Psychiatry* 8:323-333.

- Des Pres, Terrence
1976 The Survivor: An Anatomy of Life in the Death Camps. New York: Oxford University Press.
- Diagnostic and Statistical Manual of Mental Disorders
1980 Third edition, American Psychiatric Association, Washington, D.C.
- Dimsdale, J.E. (ed.)
1980 Survivors, Victims and Perpetrators: Essays on the Nazi Holocaust. New York: Hemisphere Publishing Corporation.
- Eitinger, Leo
1980 "The concentration camp syndrome and its late sequelae." Pp. 127-162 in Dimsdale, J.E. (ed.) Survivors, Victims, and Perpetrators: Essays on the Nazi Holocaust. New York: Hemisphere Publishing Corporation.
- 1981 Psychological and Medical Effects of Concentration Camps; Research Bibliography. Ray D. Wolfe Center for Study of Psychological Stress. University of Haifa.
- Engel, Werner H.
1962 "Reflections on the psychiatric consequences of persecution: an evaluation of restitution claimants." American Journal of Psychotherapy 16:191-203.
- Kelman, Herbert C.
1973 "Violence without moral restraints: reflections on the dehumanization of victims and victimizers." Journal of Social Issues 29:25-62.
- Kopecky, Lilli
1982 In the Shadow of the Flames. Emory University.

- Kren, George M. and Leon Rappoport
1980 The Holocaust and the Crisis of Human
Behavior. New York: Holmes and Meier.
- Luchterhand, Elmer
1970 "Early and late effects of imprisonment
in Nazi concentration camps: conflicting
interpretations in survivor research."
Social Psychiatry 5:102-110.
- Neiderland, William G.
1968 "Clinical observations of the survivor
syndrome." International Journal of
Psycho-Analysis 49:313.
- Solkoff, N.
1981 "Children of survivors of the Nazi
Holocaust: a critical review of the
literature." American Journal of
Orthopsychiatry 51:29-42.
- Trunk, Isaiah
1979 Jewish Responses to Nazi Persecution.
New York: Stein and Day.