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COPING STRATEGIES OF FEMALE HOLOCAUST SURVIVORS

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ABSTRACT

This paper describes how Holocaust survivors learned to help themselves and to reestablish their sense of community and self-worth. Sixteen female survivors were interviewed regarding their post-war adjustment. Data from the interviews revealed three themes which the women employed to cope with their post-war stress. These important factors in the adaptation process include establishing a family, building a community, and using work as therapy.

INTRODUCTION

By the end of World War II only 400,000-500,000 Jews had survived the Holocaust (Rabinowitz 1976). Many survivors emigrated from Europe to locations where they could make a fresh start; Israel and the United States were among the countries the survivors were most interested in settling.

Approximately 92,000 Holocaust survivors emigrated to the United States between 1945 and 1951 (Rabinowitz 1976). The responsibility for settling the survivors was assumed by a number of Jewish agencies, American relatives, and other sponsors.

It was the philosophy of the American Jewish leadership that these emigrants be encouraged to assimilate into American society. The idea of allowing the refugees to concentrate in New York City or other large Jewish population centers, for example, was an anathema to the leadership which wanted to prevent the "ghettoization" of survivors. Little consideration was given to the desires and needs of survivors, however.

The war experience had exacted a substantial cost in terms of the physical and emotional state of survivors. In addition to starvation, survivors suffered from a variety of diseases including typhus, typhoid, tuberculosis and dysentery during their internment (Levin 1973:727; Rabinowitz 1976:57-75; Ringelblum 1974:131,421). Their physical condition was further weakened by the trauma that resulted from beatings, accidents, frostbite, and medical experimentation (Tillion 1975:79-92, Levin 1973:244; Epstein 1979:101). However, the long-term effects of the Holocaust on the psychological well-being of the survivors were not anticipated. A partial explanation for this was that many survivor problems did not surface until about ten years after their liberation from the concentration camps (Epstein 1979:101).

Interest in survivors began to develop within the psychiatric community at the time thousands of survivors underwent mandatory medical and psychiatric examinations to qualify for reparations from West Germany (Epstein, 1979). Then, during the late 1950's and early 1960's psychiatrists and psychologists noted a number of similar complaints from survivors. Soon thereafter, articles that concentrated on the pathological effects of the "concentration camp syndrome" or the "survivor syndrome" began to proliferate in professional journals (Chodoff 1963; Eitinger 1961; Neiderland 1968; Krystal 1968; Jaffe 1968; Shuval 1957).

Although based upon clinical observations of both males and females, available evidence suggests that females in particular have had difficulties in their mother-child relationships (Rakoff 1967; Epstein 1979). Survival mothers have been found to be overly protective of their children (Rakoff 1967); they also expressed a fear of losing their children because of their inability to resolve their previous losses during the war (Neiderland 1968). Because of these tendencies, female survivors often are described as engulfing their children in the pathological world of the concentration camp experience (Kestenberg 1972; Trossman 1968; Dor-Shav 1978).

PROCEDURE

The data presented in this paper result from open-ended interviews conducted during 1981-1983 with sixteen women who survived the Holocaust and are now residing in a large metropolitan area in the western United States. The women, who ranged in age from 55 to 64 years, represent a mixture of national backgrounds; ten were Polish, two were Czechoslovakian, two were Hungarian, and two were Greek. Each had lived from one to five years in either a concentration camp or an extermination camp.

The subjects were selected from a group of volunteers after requests were made to two survivor organizations. Each subject was interviewed twice for a period lasting from two to three hours. Originally a tape recorder was used, but its presence was found to inhibit the respondents. Taping was later abandoned in favor of note taking and this procedure resulted in a more relaxed, informal atmosphere.

DATA AND DISCUSSION

The psychiatric view of survivors is preoccupied with pathology. That is to say, the strengths and adaptive abilities of survivors are not considered. From the interviews conducted with the female survivors for this study, however, a different picture emerged. These interviews revealed that the women were rather exceptional in their ability to cope with the traumatic aftermath of the Holocaust years. While none of these women appeared to formulate a conscious strategy, three common factors emerged when respondents were asked to explain how they were able to cope after the war: (1) establishing a family, (2) building a community, and (3) using work as therapy.

Establishing a Family

Establishment of new family ties after the war was critical to adaptation. Indeed, each woman

interviewed mentioned the importance of family life numerous times. For example, to the question: "How were you able to cope after the war?," one Polish survivor responded:

I was liberated by the British on April 15th (1945) at Belsen. I was skin and bones and full of lice. I had heard through reliable rumors that my parents had been gassed in Auschwitz. It's funny I really didn't have anything to live for, but I was determined to go on living. I met my husband two weeks later at a British Army installation. We decided to get married and have a baby right away. I did not want to wait, I knew that the only thing that could heal me was a new family.

Another survivor responded to this question stating:

Despite what you hear about the camps, the only way you could survive was with a friend. My life was saved many times by friends in Auschwitz, and I saved them too. . . . When the war was over we stuck together in the displaced persons camps and later in America. We became sisters to each other for life. We all had to make new families, if not from relatives, then from friends. If I had not done this, maybe I would have given up.

It is noteworthy that support for the fact that survivors tend to have stable marriages is not documented in the survivor literature. Nevertheless, the women attributed their ability to cope (post-war survival) to a strong marriage.

The importance of the marital role also emerged when respondents were asked the following question: "In times of crisis, who do you turn to?" All respondents indicated that they turned to their husband first, and then to another survivor. It is interesting that none of the respondents had sought assistance

from their children in times of need or crisis. In fact, most respondents spoke of sheltering their children from discussions related to their traumatic experience. As one woman explained:

Knowing your parents were in a concentration camp is enough of a burden, my kids don't need any more burdens. . . . When I am very upset I talk to my husband. He understands me because we have been through the same things. It is different than an American marriage. I could never divorce him, I feel like we were Adam and Eve in the Bible. We started a new world together. With that kind of commitment you stay together. There is a very deep understanding.

One survivor explained how she learned to rely only on herself and her husband in times of crisis:

After our son's Bar Mitzvah I became very depressed. Everyone who should have been there was dead, my parents, grandparents, brothers and sisters. I got so depressed I had to go see a psychiatrist. He really didn't understand me, he only gave me sleeping pills and tranquilizers. I stopped going to him, because all I did all day was sleep. . . . Finally I realized that only my husband could help me. I threw away all the pills.

Building a Community

The second theme which emerged was the effort of survivors to build a community. Survivors spoke about their feelings of being isolated during their first years in America, feelings that were in stark contrast to attention received when they first immigrated to the United States. However, survivors quickly recognized that American Jews felt uncomfortable around them, and they also found that an incredible amount of ignorance concerning the war existed in the minds of

people they encountered. Furthermore, almost all the respondents discussed how uncomfortable they were made to feel, as the following experience suggests:

I was shopping in a dress store in 1951 and the saleswoman asked me what that number was on my arm. I told her it was my phone number. She laughed and said 'boy, you sure must have a terrible memory.'

Another woman mentioned feeling ill at ease when eating around Americans:

Everytime my husband and I had a meal with Americans they would give us more to eat than anyone else. When I complained that I couldn't eat it all, the hostess would say 'I thought you people starved during the war.'

Yet, other survivors encountered remarks pertaining to their morality. Apparently some Americans assumed that they had survived because of immoral behavior such as turning in Jews who were hiding, cooperating with the camp guards, stealing food, sleeping with Nazis, or resorting to cannibalism. One survivor stated:

I was shocked when people asked me if I ate human meat or dogs in the camps to survive. Isn't it sickening enough that I had to eat worms to get protein.

Such reactions not only convinced survivors that they were different but caused them to retreat into themselves. In turn, retreatism created a desire to live in locations alongside other survivors, that is, to create their own communities.

Survivor social and benevolent organizations such as the Lodz Club, Warsaw Club, Cracow Club, or the 1939 Club became the foundation for these communities. These clubs served a number of survivor needs and soon became regular meeting places where members could share information about American life, find a good

doctor or dentist, discuss the American educational system, and pursue business opportunities.

Community organizations took the place of kinship associations and helped the survivors form community-based extended families. One interviewee spoke of the important sense of community that was achieved through membership.

The people in the club are my family. We celebrate holidays, Bar Mitzvahs, birthdays and anniversaries together. In times of trouble, like during the Yom Kippur War in Israel, we got together to discuss it.

Yet another survivor suggested that a feeling of *gemeinschaft* emerged:

When we go to the club, it is like going back to Europe. Everyone speaks Yiddish and Polish, sometimes we listen to music that was popular before the war.

These organizations prevented survivors from being completely isolated. Not only did these community organizations offer emotional support, but they also provided an important linkage with the pre-war past evoking the mood and memories of a happier time.

Work as Therapy

A third coping strategy discussed was the practice of using work as therapy. This factor can be identified from the emphasis survivors placed on their work. First, the majority of the women worked even though it was not financially necessary for them to do so. Second, they worked long hours, six days a week in small businesses alongside their husbands.

In citing the motivations to work, the women stated that keeping their minds sharp, and having a purpose or goal to look forward to each day were important. In essence, hard work was their salvation.

The women seemed to embody Weber's notion of the Protestant ethic (1958) and the proclivity found among Calvinists for hard work, frugality, and investment. Through their work, survivor women were able to achieve the satisfaction of accomplishment. Beyond personal satisfaction, work served as an emotional outlet. The daily mechanics of operating a business, for example, forced them to concentrate on the task at hand, thereby keeping their minds occupied. A response from one woman who worked at home reveals the therapeutic value which work offered her:

For years I worked for the studios as a seamstress. I made gowns for Carol Burnett, Dinah Shore, and Carol Lawrence. In 1969 I decided to start my own bead work business at home. Can you believe that every day movie and television stars come to my home to have gowns beaded? . . . This work is wonderful for me because I am always busy, the phone is always ringing with customers, and sometimes the ladies come with their chauffeurs. With all this activity and excitement I don't have time to get depressed.

The following statement demonstrates a similar motivation as indicated by another respondent:

I tried to be a typical American housewife, you know like Donna Reed on television, but it made me very nervous. By ten o'clock in the morning I was finished with all my housework. I kept busy by painting and putting up wallpaper myself. But there was no one to talk to. I started thinking about the war too much. I got so depressed. No, I have to work. Too much time is bad for me.

A third survivor spoke of her need to keep busy:

My husband and I have a furniture store in a Mexican neighborhood. I used to work all day and go to night school to learn Spanish so I could communicate with the customers.

I speak fluent Spanish now and I taught my husband Spanish while we worked every day. When I got finished with the Spanish classes I got restless in the evening with nothing to occupy my mind, so I enrolled in a class on the stock market.

On the other hand, there was the view that staying at home could become a dangerous emotional trap. One woman reflected:

Whenever I go to the Club, I can tell which women work and which ones stay home. The ones who stay home still act so green. Their English is bad, and they don't know what's going on outside. It is like they never left Europe.

In sum, work has provided survivor women with a purpose, a sense of identity, and positive self-worth. Many of the respondents also remarked that by working outside of the home, they were forced to take a greater interest in their appearance, learned to speak English, and adapted to American life.

CONCLUSION

The interviews conducted with female survivors of the Holocaust revealed these survivors to be resilient despite their extensive suffering during the war. Moreover, their post-war experiences tended to be less than desirable. Survivors endured displaced persons camps, resettlement in a new country, and the challenge of supporting themselves and their families with few resources and skills to draw upon.

Americans who had not experienced the war failed to understand survivors. Helping professionals who prejudged and labeled survivors as maladjusted may have contributed to this problem. The psychiatric literature with its focus on pathology overlooked the positive adaptive factors.

Survivors invested their emotional energy in their husbands, children, and friends; marriage was the foundation for post-war adjustment. Moreover, friends assumed the place of relatives and served as extended family members.

Encountering little understanding on the part of American Jews, survivors developed their own communities. Within these communities survivors were able to benefit from the exchange of information, and develop supportive networks.

The data also suggest that hard work provided emotional therapy and also buffered the effects of anxiety and depression. Participation in a work setting encouraged the women to learn English and American culture.

In sum, survivor women adapted to the post-war experience by overcoming a series of obstacles. Investing their emotional and physical energies in the future, the women established new families, built their own communities, and used work as therapy.

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