

Meeting Challenges of Aging Among Elderly Survivors of the Nazi Holocaust*

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Abstract

* Presented at The 35th World Congress of the International Institute of Sociology; Krakow, Poland; July 11-16, 2001.

This paper considers the social and psychological aftermath of one of the most extreme social disasters in recent history, that of the Nazi Holocaust. Focusing on elderly Holocaust survivors, we address broader issues regarding social challenges faced, and adaptations exhibited, by adult trauma survivors. Findings regarding adaptations to aging in the aftermath of early life trauma are presented from interviews with over 300 Holocaust survivors, evenly divided between those living in the U.S. and in Israel. Interviews were also conducted with Jewish elders who did not experience the Holocaust but who immigrated to the U.S., or to Israel just prior to World War II. Survivors of the Holocaust were compared to the immigrant group in terms of physical health, psychiatric symptomatology, and social functioning. Quantitative analyses revealed significant adverse effects of surviving trauma on psychological well-being but did not support anticipated age by survivorship interaction effects. Analyses of qualitative data revealed four notable typologies: (1) the resilient, (2) the unaffected, (3) the conditionally vulnerable, and (4) the generally vulnerable survivors. Within each of these typologies, we note responses illuminating efforts at normalization as survivors interact with society and through this interaction negotiate self-mastery.

Introduction

This paper aims to examine the experience and impact of aging on elderly persons who have endured massive trauma early in their lives. We explored these issues based on both quantitative and qualitative data. Focusing on elderly Holocaust survivors we also hope to address broader issues regarding social challenges faced, and adaptations exhibited, by adult trauma survivors.

In addition to the original trauma suffered during the Holocaust, long-term survivors are also confronted with chronic stressors residual 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 (Kahana, Kahana, Harel, Kelly, Monaghan, & Holland, 1997). Furthermore, survivors, like others, also confront normative chronic life stressors along with the possibility of non-normative, post Holocaust trauma, such as the Gulf War scud missile attack on Israel (Solomon & Prager, 1992). Finally, and of major interest to this paper is consideration of the experience of aging and coping with normative stressors of aging among older adults who endured extreme early trauma and a great deal of cumulative stress.

Our research (Kahana, Harel, & Kahana, 1989; Kahana & Kahana, 2000) was among the initial empirical studies to focus on the long-term sequelae of experiencing the Holocaust. We conducted individual interviews with over 300 Holocaust survivors, evenly divided between those living in the U.S. and in Israel. Interviews were also conducted with Jewish elders who did not experience the Holocaust but who immigrated to the U.S., or to Israel just prior to World War II. Survivors of the Holocaust were compared to the immigrant group in terms of physical health, psychiatric symptomatology, and social functioning. The following discussion will draw on results of this study as well as other studies, in addressing the impact of the trauma and adaptation of elderly survivors.

The aging process poses challenges based on normative stressors of increasing frailty and social losses (Kahana & Kahana, 1996; Pearlin & Skaff, 1996). The meaning of aging, and particularly of old age, for survivors of life-threatening and pervasive early-life trauma poses intriguing questions. In their simplest form these questions may counterpose expectations about special vulnerability or resilience (Danieli, 1997). The resilience hypothesis suggests that coping skills which facilitated early survival become resources in meeting stressors of later life. The vulnerability hypothesis suggests that normative stressors, and particularly losses of late life, reawaken memories of trauma (Kahana et al, 1997). New stressors may also reopen wounds left by the trauma and may thus lead to adverse somatic, social and psychological outcomes.

To consider these alternative hypotheses, we must consider evidence about healing versus exacerbation of symptoms with the elapsing of time and especially during the latter part of the life-cycle. It is difficult to disentangle evidence about healing versus increasing vulnerability of traumatized persons among aging individuals. As the distance from trauma increases and healing may occur, older adults also increasingly confront normative challenges of aging. Furthermore, our knowledge is also limited by the absence of longitudinal studies, which could elucidate whether symptoms diminish (in number and/or severity) with increasing age due to growing distance from the original trauma or increase in presence of challenges brought on by aging.

We now turn to a consideration of responses to aging among Holocaust survivors citing relevant empirical findings based on our own research as well as our review of other empirical findings. Considerations of data based on elderly Holocaust survivors presents a complex picture. First, there is consistent evidence that aspects of psychological distress endure (Kahana et al., 1988; Shmotkin & Lomranz, 1998). Sleep disturbances, including continuing nightmares of trauma, persist among survivors to a greater degree than among relevant comparison groups. Symptoms of psychological distress as measured by standard indices such as the Symptom Checklist (SCL90), are also significantly more prevalent among elderly survivors than among comparison groups (Kahana et al., 1988; Lomranz, 1990). Taken together, studies considering the psychological impact of the Holocaust among long-term

survivors, reveal a consistent picture of small but statistically significant elevations in indicators of psychological distress. There is nevertheless a noteworthy overlap in distribution between survivors and normal non-traumatized comparison groups.

Research thus confirms that survivors, as a group, portray more psychological symptomatology than those who did not endure extreme trauma. However, this observation is counterbalanced by the fact that the vast majority of our survivors obtained low distress scores on six of the nine subscales for the SCL 90. Thus, the following reflect the proportion of survivors receiving low symptomatology scores for the following subscales of the SCL 90: Anxiety (78%), Phobic Anxiety (87%), Hostility (83%) Obsessive Compulsive (64%), Somatization (67%), Psychoticism (82%). Having experienced the prolonged and repeated traumas of the Holocaust, it is noteworthy and even amazing that such high percentages of survivors portray low levels of distress on this measure. We thus note here the strong resiliency and hardiness of survivors, as a group. Regarding aging per se and psychological distress, a number of articles have appeared in clinical journals, describing the re-emergence of psychological distress among aged Holocaust survivors and aged World War II veterans. However, our data, which are based on a community sample of survivors, do not support that contention. Moreover, our research on a community sample of Pearl Harbor survivors shows that PTSD symptoms have declined with age rather than increased.

We now turn to the hypothesis that trauma causes a fixation in survivors which prevents them from going through the normal lifespan developmental processes. This statement, when applied to the elderly years, would suggest problems with mastering the Eriksonian stage of Integrity versus Despair, with the implication that survivors are more prone to despair. One may also include formulations by Lifton (1987) regarding the “Doubling” of the ego in response to trauma, and formulations by Laufer (1988) regarding problems with the “Serial Self”, which may interfere with normal ego development throughout the life course. It should also be noted, however, that no empirical data has been offered to support these interesting notions. Our own qualitative findings do not support such expectations as the majority of aged survivors find constructive meaning in their lives (Kahana, et al., 1989).

2. Social Adaptation

Social adaptation of Holocaust survivors has been addressed in two recent studies taking a sociological perspective. Helmreich (1992) and Hass (1995) each conducted in-depth qualitative interviews with non-clinical volunteers who survived the Holocaust. Their research has documented social achievements and resilience of American Holocaust survivors who built productive lives and developed cohesive families in spite of the great trauma they endured. This research represents an emphasis counter to psychiatric studies, which typically focused on social maladjustment of survivors reflected in intergenerational transmission of trauma (Kestenberg, 1972; Russell, 1974).

Our own research also supports qualitative findings of Helmreich and Hass as we consider more quantitative indicators. Thus, we find that Holocaust survivors who generally have much more limited educational attainment than the comparison group nevertheless do not differ in terms of income, occupational status, or work history. Survivors also maintain stable marriages and close family ties (Kahana & Kahana, 2000).

3. Reaction to Normative Stressors of Later Life

We now turn to the hypotheses that early trauma exacerbates reactions to late life stressors or that survivors, when confronted with new life stressors, overreact to them. This expectation is based on the reasoning that survivors are hypervigilant and magnify ordinary stressors in their appraisals. Our study provides data addressing this issue. When Holocaust survivors and comparison group members were asked to identify life events they experienced over the past year (ECRC adaptation of the Holmes and Rahe Life Events inventory) and how strongly these events affected them, survivors and controls did not differ on either the number of life events experienced or the severity of effect reported (Kahana, Kahana,

Harel & Kelly, 1994). Thus it appears that Holocaust survivors do not overreact to normative events of late life.

4. Responses to Late Life Traumatization

It has been argued that “latent posttraumatic stress disorder” may be activated by new life crises or traumatic events (Christenson, Walker, Ross, & Maltbie, 1981). Vulnerability of victims of the Holocaust in response to later traumatic stressors has been explored in a number of empirical studies conducted in the long-term aftermath of the trauma. There is evidence that Holocaust survivors exhibit more severe reactions when facing life threatening stressors such as major illness or war (Rosenbloom, 1985). Peretz, Baider, Ever-Hadani, & DeNour (1994) compared symptoms of psychological distress among cancer patients who were survivors of the Holocaust with comparison groups of cancer patients who did not endure the Holocaust as well as Holocaust survivors who were healthy. Findings revealed much greater incidence of distress among Holocaust survivors coping with the stress of cancer than the non traumatized respondents.

There is also evidence of vulnerability to retraumatization among survivors of the Holocaust based on a research conducted in the aftermath of the Gulf War. In studies focusing on wartime stress, Holocaust survivors whose homes were damaged in the Gulf War by scud missile attacks exhibited dramatically more distress than Holocaust survivors who did not sustain damage to their homes or persons who did not endure the Holocaust but sustained such damage to their homes (Solomon & Prager, 1992).

These data are also consistent with earlier reports by Eaton, Sigal, and Weinfeld, (1982) who had observed a correlation between psychological distress among Holocaust survivors on the Langner Mental Health Scale (Kahana, Redmond, Hill, Kercher, Kahana, et al., 1995) and their perception of increased anti-Semitism in Montreal, Canada. Findings suggest reawakening of psychiatric consequences of earlier trauma in the face of potential reemergence of ethnic persecution.

Research Findings about Adaptation to Aging among Holocaust Survivors

1. Subjective Evaluation

The final aging relevant contention considered in this paper is that survivors find the aging process and the elderly years difficult to confront. The rationale offered for this expectation, is that Holocaust survivors don't have role models for aging, since their parents typically were killed before they became aged (Danieli, 1997).

Our research findings provide appraisal-related data on this question, considering survivors' own definition of the situation (Thomas, & Swaine, 1928). In response to operationalization about the way survivorship affected their experience of aging, 45% of survivors in our study stated that the Holocaust made it more difficult for them to cope with aging. In contrast, 29% said that they felt surviving made no difference in their aging, and 26% said that their Holocaust experience made it easier for them to cope with the aging process (e.g. “Once you survive the Holocaust you can survive normal aging”).

2. Objective Indicators

To obtain quantitative evidence about the question of differential responses to aging among this highly traumatized group, we considered whether age interacts with the impact of survivorship. We conducted a series of analyses of variance to assess main effect of survivorship and age by survivorship interactions in diverse psychological well-being outcomes. We examined differences in the Lawton Morale Scale and SCL90 sub-scale scores between survivors and comparison groups in both the U.S. and Israeli samples. We subdivided each sample into four age groups (equal to or <57, 58-66, 67-74, 75+), and considered effects of age, survivorship, country of residence, as well as age by survivorship interactions on psychological well-being outcomes. We controlled for gender in our analysis.

Our analyses confirm prior findings about consistent significant effects of survivorship on a series of psychological well-being outcomes, with survivors consistently showing more distress. It is notable,

however, that no significant age by survivorship interactions were obtained in any of the outcomes considered (See Figures 2; 3a-d). These findings provide compelling indications that the process of aging does not exacerbate psychological distress for survivors.

3. Typologies of Late Life Adaptation Based on Qualitative Analysis

Since the full range of chronic stressors faced by older adults is extremely broad, our discussion of the special challenges posed by these stressors is illustrative rather than exhaustive. Our quantitative analysis related to adaptation to aging among trauma survivors and has been based on linear models exploring central tendencies. However, a perusal of qualitative responses about the ways in which aging and trauma survivorship interact reveals a more textured portrayal suggesting alternative typologies of responses. We now turn to a discussion of these typologies based on a content analysis of the responses noted by survivors (termed Typology of Traumatized Elders, Figure 4).

In response to four open-ended interview questions related to the survivors' assessment of the aging process, question one asked "How have your experiences during the Holocaust affected you as you get older?". Question two asked "How would you compare your getting older with people who have not been in the Holocaust (any differences, any similarities)?" Question three queried "Do you feel that being a survivor has affected the way in which you adapt to events that happen as a result of growing older (e.g., loss of friends, physical health, etc)?" The fourth and final question asked "Is there any special message which survivors have for the rest of the world?"

The stress of confronting ageism and one's own fear of aging is a central theme of gerontological research and inquiry (Butler, 1975). In addition, as noted earlier, survivors must adapt to chronic as well as acute stressors unrelated to the Holocaust. Survivorship may shape appraisals of other stressors because it affects the survivor's entire world-view. It is notable that respondents did not spontaneously address the aging process in specific terms when responding to any of our four questions even though all of the questions explicitly asked about aging. It appeared as though the very notion of aging had limited salience relative to major components of their identity, which revolved around survivorship.

A perusal of 163 response narratives yielded four major typologies. These include "Resilient Agers", "Conditionally Vulnerable Agers", "Premature or Vulnerable Agers" and "Parallel Agers". "**Resilient**" survivors 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**" are aging individuals who express enduring distress in the aftermath of trauma. They focus on the overwhelming nature of these negative outcomes. These respondents 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. 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. We will now proceed to provide illustrations of our Typology of Traumatized Elders. (Figure 4).

Resilient Agers. For resilient Holocaust survivors, becoming old represents a triumph of survival and success in reaching a normal lifespan. Internal resources have served these survivors well as they confront aging, but typically their responses do not relate these strengths to the aging process. Major areas of positive self-concept among the resilient include: 1) *being strong and self-reliant*; 2) *being appreciative of life and one's current blessings*; 3) *being a compassionate and caring person*.

Some older survivors expressed surprise that aging could be perceived negatively when, for them, it reflected extended living and longevity. They experienced great deprivation in their youth, and yet derived enjoyment from their attainments in later life. Other resilient survivors emphasized the positive meaning they derived from survivorship as reflected in strength and resolve, commitment to humanistic values, and greater appreciation of the day to day rewards of living. One survivor stated "I think I am

more human. I can feel the problems of people and understand people in need better.”

One subgroup among the resilient agers reflected an armored orientation based on making positive comparisons or based on having developed resistance resources to stressful life events. Based on the extreme trauma they experienced earlier in their lives, these survivors appraise normative stressors in later life as less significant. For instance, a woman, aged 69, responded, “When (other) people have problems, I find no such problems. If you are healthy and together, that’s all I want, the rest are not really problems for me.” A woman, aged 72, reflected, “When I was working without shoes or food and every single day being so near to death, when someone here has no food for a while or when they get old in their body and mind, for sure it is not the same (not nearly as bad).” A man, aged 62, who spent time in a labor camp, concentration camp, and jail during the Holocaust and who lost his mother and father and four siblings stated, “I don’t know if I am as sensitive as other people, in some ways [I am] more callous and in some ways more sensitive. [I am] less tolerant of things affecting other people, of people’s complaints of minor problems.” A man, aged 68, noted, “I assume that we survivors -- we do not fear death as much as other people. We are able to adjust to any type of situation because we went through so much that we can easily adjust.”

Conditionally Vulnerable Agers. Survivors in this group typically evaluate aging in positive or neutral terms but, express special concern about specific stressors such as perceived threats to family, bereavement or loss of family and life-threatening illness. Even in situations where their children were highly achieving and generally doing well, these survivors were concerned over potential threats to children’s health and well-being. Furthermore, bereavement often touched off memories of prior loss for survivors who often witnessed the execution of close family members during the Holocaust. Themes of feeling alone and bereft of one’s family of origin were expressed along with expressions of unending grief (Rosenblatt, 1966). “A sixty-four year old married male with ten years of education stated: (For me aging is) “A lot different – when I get older I only have my family in front of me, my wife and kids, but no one left from the past, like the others have.” A second response from a sixty-six year old female noted: “They get older the same way, but they don’t get burnt inside all the time like I do. Their families weren’t killed, they aren’t nervous all the time. The rest is the same.”

Premature or Generally Vulnerable Agers. The premature or vulnerably aging included elders who still felt haunted by the negative aftermath of the Holocaust and their responses reflected their ongoing suffering. In some cases such adverse reactions were articulated as having created premature aging. Some elders emphasized psychological vulnerability; others focused on ill health and physical vulnerability.

Some survivors in this group voice special concerns and fears of aging based on the trauma they endured. A woman survivor aged 62, who had severe stomach problems and rated her health as fair stated, “We got older without years, without dates. Our bodies were abused. Others get older because of the years. We all look older.” Another man, aged 68, responded, “Going through all that [Holocaust] probably cost. I got too old and my health deteriorated too early.” Again, another 68-year-old man stated, “I was never ill in my life before. I’ve had serious illness. It affected my heart. I don’t know how [it affected me] mentally. I’m pretty sore. It affected my arthritis... sleeping naked on a cement floor, to be outside, not to be able to sit down, being punished.”

Parallel Agers. Respondents in this group felt that being survivors of the Holocaust did not make a difference in their experience of aging as a stressor. Even when they noted the ill effects of the Holocaust they focused on the equalizing influences of aging. A 73-year old woman survivor responded, “The people who were not in the Holocaust have better nerves; they don’t get those bad dreams. Otherwise, getting old is the same. They get sick, too; they lose their husbands, too.” Another woman, age 64, stated, “No different – absolutely no difference. We are all basically the same.”

Conclusion

A review of accumulating evidence about aging among Holocaust survivors provides some useful insights about complexities as well as regularities in human development, coping and adaptation among survivors of extreme trauma.

Accordingly, accumulating data suggest evidence of at least partial healing and resilience among aging Holocaust survivors. Our data suggest that age did not show an interaction with effects of survivorship nor did we find differential responses to recent negative life events experienced in old age among survivors vs. the comparison group. At the same time we must also acknowledge the persistence of psychological distress in the face of extreme traumatic events. We must also note evidence of greater vulnerability to new late life trauma, particularly in terms of life-threatening events and violence in reopening wounds left by early traumatic stress (Shmotkin and Lomranz, 1998). Pearlman and Mullan (1992) have called attention to important issues about the compensability of loss. Holocaust survivors who cruelly were made to lose the most significant members of their family of origin valiantly endeavored to reconstitute their families and invested in nurturing new family ties within their family of procreation. As they face aging and the natural social losses associated with aging, many survivors appear to re-experience their original losses and often feel lonely and bereft of family. Compensability of loss for the Holocaust survivor thus becomes a mirage with the full weight of the original loss re-experienced among many in old age.

Thus we note that healing or resilience in the face of normative late life stress does not insure protection when new trauma occurs. Furthermore, a careful perusal of normative responses by survivors cautions about limitations of linear models in considering outcomes of trauma. Small but consistent difference in mean distress scores between trauma survivors and non traumatized groups may better be conceptualized as alternative typologies of response ranging from vulnerable to resilient (Anthony & Cohler, 1987). While these conceptual categories have been present in the literature in the past, a closer look at the coping orientations expressed in the Traumatized Aging Typology reflect enduring effects of normalization. Within each of these typologies we note responses illuminating the category of normalization which further identifies the survivor as proactive. The normalization is affected in the aftermath of trauma with greater or lesser success as survivors interact with the macro and micro components of society and through this interaction negotiate for mastery. Mastery is often reflected in finding meaning in survivorship, which can assist in identity maintenance in late life (Gerhardt, & Brieskorn-Zinke, 1986, Gerhardt, 1989 a, 1989b, 1989c; Strauss, 1959).

Figure 1: Spectrum of life crises and chronic stressors facing elderly Holocaust survivors

Temporal Dimension:
Historical Events

Temporal Dimension:
Life Course

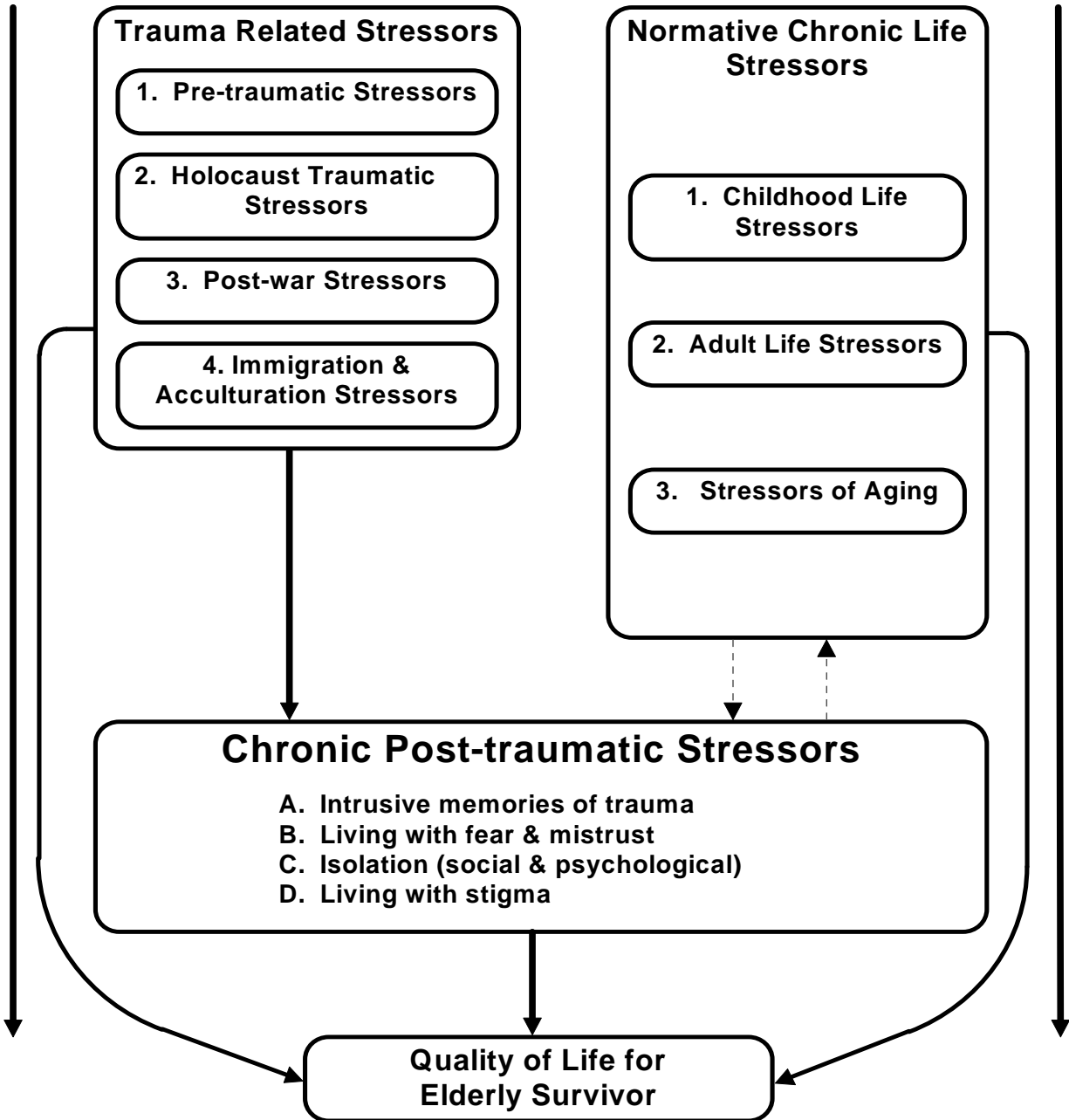


Figure 4

Typology of Traumatized Elders			
Resilient Agers	Parallel Agers	Conditionally Vulnerable Agers	Premature or Vulnerable Agers
It made me stronger in my mind because of my life experiences, because, I know if you keep on fighting you live, if you let yourself do nothing, it is not good.	I don't think there is any difference especially not with me, since I wasn't in any camps at all. We all have some problems and some pleasures and happiness (while we get older).	I get very upset when I lose a friend - - very emotional because they are really like part of my family which I never had. Material things don't interest me.	They (those who did not experience the Holocaust) can cope with life easier. I suppose they have a stronger mental attitude and a totally different outlook on life.
I'm more independent now because I had to depend on myself –	I think it has taken its toll in general, but getting older has not affected me personally. My getting on in age is not different than it is for the average American, not having had these experiences	I saw it all and couldn't bring back nobody, I wished I could bring back all 6 million. I don't go to funerals. I don't want to see a dead body. I don't like to be in a hospital - reminds me too much of what happened	I have concerns for my physical health. I am not as stable a person as anyone else would be at my age. I'm very emotional.
It gave me a better insight to humanity as a whole. That there is evil in this world that should be eradicated.	No different - - absolutely no difference. We are all basically the same.	I still have a lot of fear in me what I never had before, and as I get older, when I see Nazi soldiers marching, I still have lots of fear.	I personally think I'm very sensitive - - very scared of things very worried about things which I know in my head I shouldn't worry about those things but in my heart I can't help it
I think I am more human. I can feel the problems of people and understand people in need better	You have in a lifetime 70 years. I spent one year in a camp. My life Is not shaped by just my experiences in the Holocaust	I'm bound to see things much gloomier than people who did not live through the Holocaust. I've seen many non-Jews who can accept death much easier than I do.	You can't get away from it. You think if not for the Holocaust things would be different.

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