Resilience to Trauma by Holocaust Survivors: Factors in Surviving, Coping and Thriving

Ruth Reches and Julia Sondaite

Introduction

About seventy years have passed since the end of World War II and the Holocaust, meaning some people who survived the Holocaust are still alive. Psychological study of the traumatic experiences of these people provides opportunities to explore how people are able to cope with trauma and go on living. Holocaust survivors can offer special insight into how identity affects dealing with trauma and helps people endure.

The experience of the Holocaust has significant qualitative differences from other traumatic experiences and may provide important information about trauma and resilience to it. Unlike natural disaster, illness or the death of loved ones by natural causes, Holocaust trauma was caused by other people. And unlike victims of violence or rape who experience individual trauma, the Holocaust was a shared experienced by a large proportion of the population. The Holocaust is similar in many respects to other genocides which have taken place in Africa, Europe, America and Asia. In these cases some sort of ethnic cleansing was carried out and entire communities were sentenced to death. In most cases such ethnic cleansing was supported by the government, but that support was nowhere more organized than during the Holocaust. Moreover, although frequently too little and too late, the world has stood up to stop ethnic cleansing. World War II, however, was not begun to stop the Holocaust. This differentiates the Holocaust from other genocides and makes research into the trauma caused by them inapplicable (Ayalon, 2005).

For a long time researchers have been interested in why certain people successfully cope with different traumatic experiences and go on with their lives while others are gravely affected by similar experiences. For some individuals even slightly stressful situations and
event trigger physiological, psychological and social disorders, whereas other more psychologically-immune people experience such disorders only when a large-scale life catastrophe is experienced (Bonanno, Brewin, Kaniasty and LaGreca, 2010; Bonanno and Mancini, 2010). The ability to cope with traumatic experiences is called trauma resilience. The complex phenomenon of trauma resilience has begun to be studied by positive psychology only fairly recently (Calhoun and Tedeschi, 1989–1990; Tennen and Affleck, 1999).

The fact that the Holocaust took place seventy years ago means one can research it in terms of long-term trauma as well as trauma resilience. Over the years many researches have focused on pathological characteristics of survivors of trauma and in particular of Holocaust survivors (Franklis, 1998; Krystal, 1968; Niederland, 1968; Lomranz, 1995; Chodoff, 1986; Sagi et al., 2002; Sagi–Schwartz et al., 2003; Amir and Lev-Wiesel, 2003; Nadler and ben Shushan, 1989). People who required the help of psychiatrists and psychologists were investigated. For that reason researchers have focused mainly on negative impacts for survivors. There are a small number of studies which demonstrate how survivors, not patients, have managed to survive the trauma and continue to function successfully. The question posed here is what factors allowed them to do so, i.e., what personality traits, coping strategies and community resources were employed in the coping process. There are several studies on strength factors and positive coping strategies involving Holocaust trauma (Cassel and Suedfeld, 2006; Lomranz, 1995; Joffe et al., 2003; Harel et al., 1988; Robinson et al., 1994; Carmil and Breznitz, 1991; Cohen et al., 2001; van Ijzendoorn, Bakermans-Kranenburg et al., 2003). Such factors as hardiness (Kobasa, 1979), resilience (Rutter, 1985; Werner, 1989), post-traumatic growth (Calhoun and Tedeschi, 1989–1990; Tennen and Affleck, 1999), stress inoculation (Meichenbaum and Novaco, 1985), salutogenesis (Antonovsky, 1991), positive illusions (Taylor and Brown, 1988) and thriving (O’Leary and
Ickovics, 1995) were singled out and investigated in the context of traumatic episodes including the struggle against a variety of medical conditions, bereavement and abuse. It has been determined that when the individual is faced with a challenge, he or she can respond in one of four ways: succumb to the event, survive and continue to function, recover and return to baseline, or thrive by flourishing beyond their original level of functioning (O’Leary and Ickovics, 1995). Resilience has been identified as a relatively homeostatic construct which represents the ability of the individual to restore equilibrium (Carver, 1998). Other definitions of resilience include the capacity for recovery and maintenance of adaptive functioning following incapacity (Garmezy and Masten, 1991), the positive side of adaptation following exhaustive circumstances (Masten, 1989) and sustained competence under stress (Werner, 1995; Werner and Smith, 1992). Defense mechanisms related to resilience include individual and social resources (Garmezy, 1983). Individual characteristics which can be categorized as defensive are intellect, positive temperament, sociability and communicative capabilities (Garmezy, 1991), belief in internal control (Tedeschi and Calhoun, 1995), self-reliance, a sense of harmony and tenacity (Moos and Schaefer, 1993; Tedeschi and Calhoun, 1995), optimism (Folkman, 1997; Moos and Schaefer, 1993; O’Leary and Ickovics, 1995; Tedeschi and Calhoun, 1995) and active problem-oriented coping ability (Tedeschi and Calhoun, 1995). Social factors such as positive parent-child attachments, parental warmth, family cohesion, close relationships with caring adults, social support, non-punitive social environments and support communities have been associated also with resilience (Garmezy, 1991; Olsson, Bond, Burns, Vella-Brodrick and Sawyer, 2003). It has been recognized resilience in one sphere does not guarantee resilience in other spheres, and that positive and negative effects of trauma and stress can present themselves simultaneously (Ryff and Singer, 2003).
The purpose of this study was to determine what protective factors helped survivors overcome trauma and stimulated post-traumatic growth during and after the Holocaust. A qualitative method of examining long-term coping is advantageous because it offers an in-depth view of the experience (Baum, 1999). It helps reveal the richness of details of the experience in terms of the thoughts, feelings and behavior of the participants. Because the survivors are getting older, there is a growing need for accounts of their experiences and perceptions on survival to be recorded and passed on.

Methodology

Participants

Four females and six males were included in the sample. Participants ranged in age from 83 to 92 at the time the interviews were conducted. Each participant experienced life in a ghetto or concentration camp at age 8 or above. Eight participants were born in Lithuania and one in Ukraine; six of them currently live in Israel, four in Lithuania. All participants are married and have children.

Table 1. Description of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age at the beginning of war</th>
<th>War experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara</td>
<td>F</td>
<td>11</td>
<td>She was imprisoned in the Šiauliai ghetto in 1941. From 1943 to the end of the war she was imprisoned at the Stutthof concentration camp.</td>
</tr>
<tr>
<td>David</td>
<td>M</td>
<td>18</td>
<td>In 1942 he was imprisoned in the Grodno ghetto, from which he escaped. From 1943</td>
</tr>
</tbody>
</table>
until the end of the war he hid in the Lithuanian forest.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Year</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josef</td>
<td>M</td>
<td>8</td>
<td>1933</td>
<td>Imprisoned in a camp in Giruliai, Lithuanian, in 1941, from which he escaped and was hidden by local people until the end of the war.</td>
</tr>
<tr>
<td>Aron</td>
<td>M</td>
<td>12</td>
<td>1929</td>
<td>Imprisoned in the Šiauliai ghetto in 1941, imprisoned in Dachau concentration camp in 1944.</td>
</tr>
<tr>
<td>Rivka</td>
<td>F</td>
<td>17</td>
<td>1924</td>
<td>Kaunas ghetto prisoner from 1941, part of the underground resistance, helped bring children out of the ghetto. She was sent to Stutthof concentration camp in 1944.</td>
</tr>
<tr>
<td>Icchak</td>
<td>M</td>
<td>19</td>
<td>1922</td>
<td>Imprisoned in the Šiauliai ghetto in 1941, sent to Dachau in 1944.</td>
</tr>
<tr>
<td>Leja</td>
<td>F</td>
<td>19</td>
<td>1922</td>
<td>Sent to Vilna ghetto in 1941, escaped and joined partisans in 1943.</td>
</tr>
<tr>
<td>Jakov</td>
<td>M</td>
<td>11</td>
<td>1930</td>
<td>At children's camp in Palanga when war broke out. Sent to Kaunas ghetto in 1941. Escaped in 1944, was hidden by locals until the end of the war.</td>
</tr>
<tr>
<td>Šaul</td>
<td>M</td>
<td>10</td>
<td>1931</td>
<td>Lost all family at beginning of war, miraculously escaped death seven times,</td>
</tr>
</tbody>
</table>
Process

A narrative approach was used in the study. Semi-structured interviews were used to collect data. Participants were told the goal of the study and given assurances of confidentiality and anonymity. All the names of participants were changed. Participants were informed the purpose of the study was to explore how people who had successfully survived adverse situations perceive their own resilience. The specific goal was to ascertain how participants expressed such strengths in the face of significant challenges to their adaptation capacity during the Holocaust (Masten and Coatsworth, 1998). All interviewees provided oral consent for their data to be used for scientific research.

We closely followed recommendations by Durrheim and Wassenaar (1999) on three ethical principles: autonomy, non-maleficence, and beneficence.

The principle of autonomy requires participants be aware their participation is voluntary and exclusively for the purpose of research, that they have the freedom to withdraw at any time, and that they have the right to anonymity in any publication which might ensue from the study.

The principle of non-maleficence means no harm should come to research participants or any other person or group of people (Durrheim and Wassenaar, 1999). No harm was expected to come to participants during research. Nonetheless, we remained cognizant and vigilant throughout the research process for any physical, emotional or psychological harm which might be experienced by participants. With that in mind, participants were informed if

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Year, Date</th>
<th>Location and Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel</td>
<td>F, 10,5</td>
<td>1931</td>
<td>Imprisoned in ghetto in Balta, Ukraine from beginning of war until 1944 with mother, sister and brother.</td>
</tr>
</tbody>
</table>
at any time after the interview they were to experience any reactions, they would be able to contact the research team to discuss it.

Informants were asked to tell their life story from birth to the present and then they were asked additional questions to determine how they assign meaning to their experiences:

How has the experience of the war influenced your personality?
Who or what gave you strength when things were very difficult?
Do you question why you survived the war?

Each interview took an average of 3 hours (the shortest was 2 hours, the longest 4) and they were all conducted at interviewees’ homes. Five interviews were conducted in Israel and 4 in Lithuania.

Data Analysis

Each interview was taped, transcribed and analyzed by the research team according to the procedures of thematic analysis (Braun and Clarke, 2006). Validity and reliability of categories were insured through: a) employing an independent assessor, b) sensitivity to context, c) transparency and d) exhaustiveness.

Use of Independent Assessments

Interviews were checked by two research team members independently and each transcript was assigned categories using thematic analysis. Then formulation of categories was accomplished through discussion and consensus.

Sensitivity to Context

In this study interpretation of data was made by carefully interviewing each respondent. The content of the interview was emotionally charged for participants and they often cried. The
interviewer had to pause to give them time to continue their stories. During the interview process the interviewer displayed empathy, tried to put participants at ease and recognized communication and interaction difficulties (Yardley, 2000).

**Transparency**

A convincing ‘transparency’ in our study was achieved by detailing every aspect of the data collection process and the rules used to code data, by presenting excerpts of textual data so that readers could see for themselves the patterns identified in the study, and by making detailed records of data available to other researchers (Miles and Huberman, 1994; Perakyla, 1997).

**Exhaustiveness**

Twenty preliminary themes were formulated at the beginning and later were merged into five major categories. Themes were continually refined until all interview transcripts had been analyzed (Yardley, 2000).

**Results**

Thematic data analysis led us to identify five major themes in resilience to trauma by Holocaust survivors:

Table 2. *Themes and sub-themes in analysis of resilience to Holocaust trauma*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Support</td>
<td>Help received from close relatives</td>
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<tr>
<td></td>
<td>Help received from other people</td>
</tr>
<tr>
<td>2. Changes in values</td>
<td>Changes in attitude towards people</td>
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<tr>
<td></td>
<td>Changes in attitude towards life</td>
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<tr>
<td>--------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>3. Circumstance</td>
<td>‘Miracles’</td>
</tr>
<tr>
<td>4. Integration of experience</td>
<td>Acceptance of fate</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Self-reliance</td>
<td></td>
</tr>
</tbody>
</table>

1. Social Support

This category encompasses help received from close relatives and help received from other people.

1.1. Help Received from Close Relatives

‘I was saved by my mother. If it weren’t for my mother, I wouldn’t have survived. So if in March when there was snow outside I needed a coat, and there was only a nightgown, she took off her coat and put it on me, so that I was warm, and took the nightgown instead. So if it were not for my mother, if it were not for her support, I would not have lived.’ (Sara)

‘Mother took care of me, and I took care of her. We even slept in one bed, feet-to-face.’ (Jakov)

‘Mother did everything, she carried my little brother, she helped do the washing. Everything came from her, we didn’t have anyone else.’ (Rachel)
1.2. Help Received from Other People

‘In front of us there lived a family, Lurie, they came back earlier, they had run away from the ghetto. They worked and had money. So he would come around and bring us honey and other food and he would make me eat it. I was sick, but he’d tell me to eat. He helped us a lot.’ (Sara)

‘One girl touched my heart. When I came to her father to have shoes mended, he handed me a torch so he could see. And he said he would mend my shoes. So this girl got up and said, 'Get into my bed, rest. You have a long way ahead of you, I'll hold the torch for you.' I told her I didn’t want to sleep because I wasn’t tired. She said, 'You must, you have to.' I told her I was dirty, but she said to me, 'I know how to wash.' (David)

‘We walked barefoot and hungry. Residents brought us pieces of bread [becomes emotional, cries]. When I remember, I start to cry. We were fed by people until we reached Balta in September [cries].’ (Rachel)

2. Changes in Values

This category encompasses changed attitudes towards people, life, human behavior and God.

2.1. Changes in Attitude towards People

‘So I understood a person's main job is to help another.’ (Jakov)

‘When I came back to Vilnius I was 22 years old. I would come up to a person and hug and kiss him. Because someone else had survived.’ (Leja)
2.2. Changes in Attitude towards Life

‘One cannot say that the war divided my life into “before” and “after”. It affected me, my whole life. I look at life in a different way. I’m satisfied with what I have. I don’t need wealth. So when I remember when I was in the pit, I thought that if I ever had a roof over my head, it’ll be great. I’m satisfied with what I have.’ (David)

‘You need to be tough, you don’t need to insult other people, you need to respect others, not do anything bad to others and you need to always try to do good and not desire to do harm to others.’ (Sara)

‘Oh yes, while you live, you have to be happy that you are alive, you need to enjoy everything, the sun, the moon, that you can eat, and that you’re still a little healthy.’ (Jakov)

2.3. Changes in Attitude towards God

‘I was always grateful to God that a day passed and I was still alive. I will never forget. I believe in God. Yes, there was the Catastrophe, it did happen. Perhaps, people were bad, so He allowed so many people to be killed. But I thank God for every object I have. For every day, for everything.’ (Sara)

‘Nobody asked for God to help. If He could see how... I saw the day they took away the children. If they found kids, they took them all. They wanted to know their hiding places, but Juda did not give them up. Not everybody was in the hiding places. I saw how they set these huge dogs on a mother, she got scared, then they would pull the child out. That was something really scary. So what kind of God can there be? If He saw everything, where was He? Where was He? One day they shot ten thousand people and where was God?’ (Rivka)
'Others, the religious people, went there to pray to God, and with these requests they went up in smoke. Children were being murdered. They screamed one prayer: God, look what they’re doing to us. Look from up there, what they’re doing to us. We’re like a flock of sheep, we’re being slaughtered and burned. You look from above. Every day people prayed. So how can you believe in God?’ (Icchak)

3. Circumstance

This category encompasses the perception of survival as a lucky coincidence, external circumstances people labeled miracles or lucky coincidence and circumstances beyond personal control which aided in survival.

3.1. Miracles

‘It was a miracle how we left. Five minutes and the ghetto was surrounded. I’m telling you, miracles do happen.’ (Leja)

‘We didn’t think we were going to survive It was a miracle. When we were liberated and put in carts, we couldn’t think.’ (Sara)

‘And just like a miracle, a wagon appeared in before them and that person took them to Vilkija.’ (Rivka)

3.2. Coincidence

‘Everything was terrible. You understand, you go to work and you don’t know if you’ll come back, or what you’ll find.’ (Sara)
'I think all of life is a coincidence. Nothing can be deduced. One person goes and prays and another one does nothing, and you can’t guess what’s going to happen.’ (Aron)

‘The war affected many people. Many. I just think the world is like a huge anthill. And someone steps on it with a boot. Many are killed, but some survive. The same happens with people.’ (David)

4. Integration of Experience

This category encompasses integration of experiences through acceptance of fate and sharing experiences with others.

4.1. Acceptance of Fate

‘Everybody has their own destiny, I had mine. One needs to be joyful that one survived and had an opportunity to live.’ (Jakov)

‘Our fate is like this. And it was good because we survived.’ (Sara)

4.2. Sharing Experiences with Others

‘My children know my story, as do my grandchildren. I went to Paneriai with them. My great-grandchildren, who are 13 to 14 years old, I went to the museum with them, we walked in the ghetto, I went to Paneriai with them.’ (Leja)
‘I’ve written three books. I tell my story, but they don’t understand. They weren’t there.’

(Aron)

‘I took all my grandchildren, and my brother’s children, who were born in Israel, I took them all to the places I had been.’ (Josef)

5. Self-Reliance

‘We had to survive somehow. What to do? One needs to eat. Nobody fed us in the ghetto [cries]. My brother who was five and I went begging. To the guards. We sometimes brought something to them, sometimes they gave us something. But we had to survive. It wasn’t a job to beg. We had to work. Then mother did the washing and we children carried water, tidied up their rooms and they gave us food.’ (Rachel)

‘Why didn’t I give up? I fought, I fought all the time. I fought [pauses]. And it wasn’t difficult for me to fight.’ (David)

‘To survive it helped [to have] a duty, an obligation. In order not to fall, you have to fight for yourselves and your relatives. You must fight, must plant, must mature, something has to be done. We were playing buttons, for example, and I won a lot of buttons, and one boy said: I will give you a bunny and you give me your marbles. This is what I was given. So I began raising rabbits. When you raise rabbits you need to get grass, to take care of them, to make a cage. In short, you need to be engaged in useful work. The most important thing is not to stop hoping. Always the most important thing is not to stop hoping and not to give up.’ (Šaul)

Discussion
Five major thematic categories were identified defining resilience to Holocaust trauma. All themes and sub-themes listed in Table 2 could be interpreted as external or internal protective characteristics. External (social support and circumstance) and internal protective factors (changes in values, integration of traumatic experience, self-reliance) determined resilience to trauma and the post-traumatic growth of Holocaust survivors.

In the narratives presented in this study, the social support reported by survivors was an important external protective factor which helped overcome trauma and stimulated post-traumatic growth during and after the Holocaust. This finding is in agreement with Prot (2012) who showed social support was a psychological factor which enabled survivors to stay alive during the war and adapt in the postwar period, and with the findings of Baum (1999) and Suedfeld et al. (1997), showing that seeking out social support was an important strategy for Holocaust survivors.

The results of our study demonstrate changed attitudes towards people and life by Holocaust survivors. These findings are consistent with the concept of post-traumatic growth (changed relationships with others, changed philosophy of life) (Calhoun and Tedeschi, 1989-1990) because these changes were experienced as positive. The results of our study include changed attitudes towards God, although these changes were both positive and negative. These findings are consistent with Yi, Kim, Singh and Talibon (2015) who found survivors gave mixed reports on the importance of religion and faith in coping with trauma. Some survivors saw religion as a source of comfort and sense of belonging, while other survivors struggled with their faith.

The current study found participants mentioned circumstance, i.e., things people called miracles or fortuitous coincidence. This finding is in agreement with Prot (2012) where survivors pointed to the role of chance and luck in surviving the war, and with Suedfeld et al.
(1997), who used the coping strategy category ‘luck’ as an attribution of survival due to good fortune.

The study found integration of experience through acceptance of fate and sharing experiences with others were important factors in survival. This finding is in agreement with Baum (1999) who discovered the coping strategy of ‘accepting reality’ by Holocaust survivors, and with Yi et al. (2015), who found speaking about traumatic experiences was a coping mechanism for some survivors. The results include self-reliance by survivors, which is defined as a defensive construct which compels problem-solving and provides a sense of control when personal control is at its lowest (Benight, Bandura, 2004). The findings were consistent with Prot (2012) who found survivors emphasized the role of the sense the situation was understandable and manageable even under extremely adverse conditions.

There were limitations to the study. This was a qualitative study that involved a small sample. Informants' experiences during the Holocaust varied: incarceration in a ghetto and/or concentration camp, hiding, joining the resistance and combinations of these experiences. One informant remained with family during the war while others lost some or all of their relatives. Moreover, the ages of informants varied during the war (from 8 to 18). In addition, some survivors were helped by local residents, while others were persecuted by them.

About half of the informants made aliyah [emigrated] to Israel, while the other half stayed in the country where they had experienced trauma. This might also influence traumatic memories. Each individual experience may have elicited a unique coping response, but this study didn't address that possibility. These factors could have a bearing on the results of the study and should be taken into account in future studies.

References


