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Emotional resilience or increased vulnerability? A survey of the reactions of Holocaust survivors to the threat of terror in Israel

Elasticità emotiva o aumentata vulnerabilità? Una ricerca sulle reazioni dei sopravvissuti all'Olocausto alla minaccia del terrore in Israele

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Key words

Holocaust survivors • Psychological distress • Vulnerability

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Summary

Objective
Studies on Holocaust survivors in Israel in times of increased social tension have shown increases in adverse psychological reactions with increased social stress.
The aim of this study was to assess the effect of increased tension during renewed hostilities in Israel in 2002 ("the second intifada") on Holocaust survivors.

Methods
The study was carried out between January 2002 and March 2002 in the practice of an urban family physician in central Israel, during a period of heightened tension and terror attacks. Known Holocaust survivors, who are patients registered in the study practice, were identified from the practice list. A group of matched controls composed of patients who lived in Israel prior to the creation of the State in 1948 and who did not experience the Holocaust in Europe was also drawn from the same list.
The study questionnaire was administered by a practice physician to survivors and to controls during routine office visits. The study instrument was composed of four parts. The first was a demographic questionnaire and included questions on the patient's age, educational level, religious observance and country of origin. It also included 11 questions on the types of experience or exposure to stress during the Holocaust. The second scale used was the sense of security instrument developed by Hantman et al. This measures the subject's sense of personal safety and perceived threat on a five-point Likert-type scale. It also includes a question on the subject's attitude to emigration from Israel. The third was the psychological distress in wartime scale also developed by Hantman et al. The fourth scale used was the anxiety state instrument developed by Spielberger, which tests for the presence of 20 symptoms of anxiety.

Results
An examination of the practice list revealed 33 Holocaust survivors. A sample of 33 Israeli born patients of similar ages was drawn at random from the same list. The groups were found to be comparable with regard to age, educational level, religiosity, and family status (Table I). The groups differed significantly only with regard to the mean number of children born to survivors compared to the mean number of children born to controls (2.12 vs. 2.75, $p < 0.05$).
Measurement of Hantman's "sense of security" revealed a significantly higher perception of danger among survivors than among controls (Table II, mean score 3.39 vs. 2.14, $p < 0.001$). There was no significant difference in the sense of self-efficacy among survivors compared to controls or in the reliance of the security services (army, police) to protect them. However, survivors had significantly higher scores on the question of thoughts of emigrating from Israel (2.09 vs. 1.21, $p = 0.005$).
Holocaust survivors had significantly higher scores on Hantman's psychological distress scale compared to controls (2.65 vs. 1.79, $p < 0.001$) and significantly higher scores on Spielberger's anxiety state scale compared to controls (mean score 16.48 vs. 8.48, $p < 0.001$).

Conclusion
The results are discussed in the light of previous research on coping responses in the individuals and families of Holocaust survivors and with attention to social support mechanisms that exist in Israel ("Amcha"). This study supports the findings of previous studies that a history of previous severe trauma increases the sense of psychological distress among survivors during periods of increased social tension.

Alla memoria di mia zia Regina, scomparsa il 6 febbraio 2005, sopravvissuta al Campo di Concentramento di Stutthof, con i Suoi 39 kg ed un camicione come unica proprietà. Alla memoria del Cav. Filippo Prandi di Carpi, scomparso nel 1979, che del tutto gratuitamente, alla fine della guerra, le offrì la possibilità di aprire una attività, schiudendole per la seconda volta la via della libertà

Dov Zloof

Introduction

An understanding of responses of patients to social and environmental stress episodes is an important feature of the work of the family physician. There are many conflicting theories of responses to stress that may guide our work. Eysenck's theory of inoculation suggests that previous stress episodes immunize against the effects of future stress [1]. The vulnerability theories of Silver et al. propose that severe trauma weakens one when faced with subsequent stress [2]. In societies marked by high levels of social stress and open conflict as in Israel, events such as wars, terror attacks and threats of attack have direct influences on patients and their presentations to their physicians. This society also has groups of patients with special histories of previous collective trauma such as survivors of the Holocaust who were the founders of the modern state. Previous studies in this population have shown a negative effect of stress on coping in survivors. Hantman et al. showed that the period of Scud missile attacks and the threat of exposure to chemical warfare agents during the 1991 Gulf War caused increased levels of anxiety and a decreased sense of security in Holocaust survivors in Israel [3].

Events in the region in recent years, including a marked increase in terror attacks, raise similar questions about the effect of current unrest on survivors. In 2002, Israel faced a number of terror attacks described as part of the "Second Intifada" (or uprising) as part of the ongoing Israeli-Palestinian conflict. Although terrorist acts are not directed against specific individuals, and the causes of the Arab-Israeli conflict are linked to complex historical and geo-political factors, terror attacks are perceived by many as intensely personal events. They may evoke fear, anxiety and survival instincts. Terror may signify pain, separation, destruction, hopelessness and loss of continuity.

There are still an estimated 250,000 Holocaust survivors living in Israel. About two-thirds of the survivors are 75 years of age and older. One third were children during the Second World War, and are now between 59 and 75 years old. Brodsky estimated, in 1997, "that about 40% of the Israeli population over the age of 65 are Holocaust survivors" [4].

The purpose of this study was to assess the effect of the recent escalation of violence in the region upon the coping and resilience of Holocaust survivors.

Methods

Sites and subjects

The study was conducted between January 2002 and March 2002 in the practice of an urban family physician in central Israel, during a period of heightened tension and terror attacks. Known Holocaust survivors who are patients registered in the study practice were identified from the practice list. A group of matched controls composed of patients who lived in Israel prior to the creation of the State in 1948 and who did not experience the Holocaust in Europe was also drawn from the same list.

Data collection

The study questionnaire was administered by a practice physician to survivors and to controls during routine office visits. The study instrument was composed of four parts. The first was a demographic questionnaire and included questions on the patient's age, educational level and religious observance. It also included some questions on the types of experience or exposure to stress during the Holocaust. The second scale used was the sense of security instrument developed by Hantman et al. [3]. This measures the subject's sense of personal safety and perceived threat on a five-point Likert-type scale. It also includes a question on the subject's attitude to emigration from Israel. The third was the psychological distress in wartime scale also developed by Hantman et al. [3]. The fourth scale used was the anxiety state instrument developed by Spielberger, which tests for the presence of 20 symptoms of anxiety [5].

Data analysis

Completed questionnaires were coded and data were entered using an electronic spreadsheet. Data were analyzed using SPSS software. Proportions

Demographic questionnaire

Age:

Sex: 1. male 2. female

Education:
1. partial elementary
2. full elementary
3. partial secondary
4. full secondary
5. post secondary
6. academic

Family status: 1. single 2. married 3. divorced 4. widow/er

Number of children: _____

How would you define your religious status?
1. religious
2. traditional
3. secular

The condition of your health at present is:
1. good 2. mediocre 3. poor

Have you ever lost a family member in any of Israel's wars?
1. yes 2. no
3. If yes, what is your relation to the victim? _____

Where were you during World War II?
1. in Israel
2. in a country occupied by the Nazis
3. in a country not involved in the war

If you were in Europe during the Holocaust, were you:
1. in a concentration camp yes/no
2. with the partisans yes/no
3. in a ghetto yes/no
4. in hiding yes/no

If you were in a concentration camp or work camp, were you forced by the Germans to witness or experience the following:
1. forced labour yes/no
2. human torture yes/no
3. death by starvation yes/no
4. death by gas chamber yes/no

Have you ever had any experiences in life similar to those which you experienced during this war?
1. no 2. yes 3. If yes, explain _____

Questionnaire: Sense of security

Different people react differently to present day events. We are interested in your opinion about the security-related events of the past years.

Since the worsening of the security conditions (the events during 1999/2000)	1 Not at all	2 Slightly	3 Somewhat	4 A lot	5 Totally
To what degree do you feel your life is in danger?	1	2	3	4	5
Is Israel in danger of destruction?	1	2	3	4	5
Do you trust the defense forces' ability to defend its citizens?	1	2	3	4	5
Do you think that your family's life is in danger?	1	2	3	4	5
Would you know what to do in the event of a terrorist attack?	1	2	3	4	5
Are your experiences of the present crisis of a dangerous and threatening nature?	1	2	3	4	5
Have you ever considered emigration?	1	2	3	4	5

Questionnaire: Psychological distress during times of war.

by Professor Salomon Zehava and Dr. Shira Hantman

	1 Not at all	2 Rarely	3 Often	4 Very often
Sleeping disorders (difficulty sleeping or insomnia)	1	2	3	4
Concentration and memory difficulties	1	2	3	4
Increased awareness of noises	1	2	3	4
Feelings of anxiety and stress	1	2	3	4
Nightmares and bad dreams	1	2	3	4
Decreased interest in activities that were important before	1	2	3	4
A feeling of distance from other people	1	2	3	4
A feeling of panic	1	2	3	4
Disturbing thoughts about the current security situation	1	2	3	4
Nervousness	1	2	3	4
A feeling that you become excited or angry less often than before	1	2	3	4
Avoiding thoughts about the situation	1	2	3	4
You don't allow yourself to get excited about the crisis	1	2	3	4
You have many feelings about the situation which you are uncomfortable with	1	2	3	4
Get excited easily	1	2	3	4
You don't feel anything. (You behave like a robot)	1	2	3	4
Physical (medical) problems that you did not have before (pains, breathing difficulties)	1	2	3	4
You try not to think about the situation	1	2	3	4
You feel that life is hopeless	1	2	3	4

Questionnaire: Situational Anxiety by Spielberg

People describe themselves in different ways. Below are various sentences which people use to describe themselves. Choose the description which best describes

Your feelings at this moment

1. I am at peace
2. I feel secure
3. I am tense
4. I feel regretful
5. I am calm
6. I am angry
7. I presently fear potential disasters
8. I feel relaxed
9. I am anxious
10. I feel comfortable
11. I feel self-confident
12. I feel nervous
13. I am afraid
14. I feel very tense
15. I feel free of tension
16. I feel satisfied
17. I am worried
18. I feel over-excited and confused
19. I am happy
20. I have a pleasant feeling

were compared using the χ^2 statistical analysis and means of continuous variables were compared using Student t test with significance set at the 0.05 level.

Results

An examination of the practice list revealed 33 Holocaust survivors. A sample of 33 Israeli born patients of similar ages was drawn at random from the same list. The groups were found to be comparable as far as concerns age, educational level, religiosity, and family status (Table I). The groups differed significantly only with regard to the mean number of children born to survivors compared to the mean number of children born to controls (2.12 *vs.* 2.75, $p < 0.05$). Measurement of Hantman's "sense of security" revealed a significantly higher perception of danger among survivors than among controls (Table II) (mean score 3.39 *vs.* 2.14, $p < 0.001$). There was no significant difference in the sense of self-efficacy among survivors compared to controls or in the reliance of the security services (army, police) to protect them. However, survivors had significantly higher scores on the question of thoughts of emigrating from Israel (2.09 *vs.* 1.21, $p = 0.005$).

Tab. I. Demographic characteristics of Holocaust survivors and control population. *Caratteristiche demografiche dei sopravvissuti all'Olocausto e del gruppo di controllo.*

	Holocaust survivors n = 33	Controls n = 33	
Mean age (years)	75.4	73.8	ns
% female	45%	54%	ns
Marital status (% married)	63%	75%	ns
Educational level (% with post-secondary education)	27%	45%	ns
Number of children	2.12	2.57	$p < 0.05$
Religious observance (% secular)	42%	63%	ns

Tab. II. Comparison of mean scores of Holocaust survivors and controls on scores of sense of security, thoughts of emigration, self-efficacy, psychological distress and anxiety. *Comparazione dei punteggi medi tra sopravvissuti all'Olocausto e gruppo di controllo sui punteggi relative a senso di sicurezza, idee di emigrazione, autopercezione di efficacia, stress psicologico e ansietà.*

	Holocaust survivors n = 33	Controls n = 33	
Sense of security score	3.39	2.14	$p < 0.001$
Thoughts on emigration	2.09	1.21	$p = 0.005$
Self-efficacy score	2.7	2.34	ns
Psychological distress score	2.65	1.79	$p < 0.001$
Anxiety score	16.48	8.48	$p < 0.001$

Holocaust survivors had significantly higher scores on Hantman's psychological distress scale compared to controls (2.65 *vs.* 1.79, $p < 0.001$) and significantly higher scores on Spielberger's anxiety state scale compared to controls (mean score 16.48 *vs.* 8.48, $p < 0.001$).

Discussion

In this general practice sample of Holocaust survivors in Israel, a heightened perception of danger, increased psychological distress and more symptoms of anxiety were found compared to a control group of Israeli born patients with similar demographic characteristics. The groups did not differ in their sense of self-efficacy in response to danger or their reliance on the state's security services to protect them.

This study differs from previous studies on survivors in that it examines a non-clinical population drawn from the list of patients registered with a general practitioner. Other studies of survivors have focused on the physical and mental problems of those seeking professional medical and psychological help.

The findings of the current study support the vulnerability theory rather than the immunity theory of the effect of the exposure to stress. It has been suggested that the immunity theory may be valid for survivors of natural disasters rather than victims of man-made events [6].

Opinions are divided on the long-term effects of the Holocaust on survivors. A number of authors have found severe anxiety and depression in a large proportion of survivors while others suggest that the majority of survivors have made good adjustment and have lived productive lives [7].

International epidemiological data indicate that 25% of those over age 65 years suffer from a long-term, episodic, or acute mental disorder. The percentage of disorders among Holocaust survivors is estimated to be much larger. The long-term effects of Holocaust trauma are far reaching. The Holocaust continues to make its presence felt on survivor families in a variety of ways. This survivor population is aging and issues such as retirement, disability, illness and eventual death are influenced by the memories (often repressed) of the horrifying past. Holocaust survivors have been found to be very vulnerable to the loss of control and separations in their lives because of the previous trauma. The combination of aging with external triggers such as threats of war, terrorist attacks, or headlines concerning various Holocaust-related issues will often arouse memories, and affect the emotional balance of the survivor. Those who were children during the war continue to struggle with their basic insecurities and prolonged mourning for parents they never knew [8].

Aging in holocaust survivors may be especially problematic for the survivor who has not had a model of successful aging, for example, if parents and grandparents did not survive. Families of survivors are generally smaller and family support networks are reduced. One or two children may be called upon to fulfill functions that in other families are filled by others in the extended family [9].

Deteriorating vision, hearing or general health status may symbolize helplessness in survivors who recall that weakness or illness sealed the fate of many others during the Holocaust.

One of the characteristic activities of the elderly is the life review in which life events are recalled in a new or more meaningful manner. This may allow integration of events, resolution of old conflicts or a deeper understanding of old relationships and significant life events. Erikson described the developmental tasks, in this stage, in terms of ego identity or despair [10]. In order to achieve ego integration through a life-review examination of past achievements understanding failures in order to come to terms with one's life. One who cannot achieve ego integration looks at his/her life with a sense of loss, lack of meaning, and despair. He/she knows that the limited time left in his life will not allow him another chance.

For holocaust survivors, acceptance of the bitter memories is a kind of historical acceptance of atrocities and submission to persecution. Self acceptance is thus almost impossible in the light of the helplessness and heavy emotional burden of the past. Thus the aging of survivors is different from that of others [11].

While some survivors reported great emotional distress, others who were exposed to similar stress episodes reported no symptoms and had achieved a creative meaningful life, careers, and family life, without obvious signs of post-traumatic sequelae [12].

Daniel's reports on observations made over years with hundreds of families of Holocaust survivors who participated in support group meetings may be useful in the interpretation of the findings of the current study. She describes two types of families with less successful adaptation: "the victims" and "the numb" and two types with successful adaptation: the "fighter" and "those who made it" [13].

Families with the "victim" identity are characterised by a tendency to withdraw from social contact, avoidance of contact with other families of survivors, and diffuse intra-family boundaries. Their main focus is on physical and economic survival. Physical symptoms are presented more often than psychological symptoms. Somatization may allow them an outlet for chronic anger and sorrow. Manipulative behaviour may be used to keep children close to the family unit.

The "numb" families are generally older. They are characterised by silence, by avoidance of emotional expression, by a lack of vitality as well as by social isolation. The have developed a passive identity in a depressed atmosphere of depression, sadness, guilt, isolation. In these survivors, a conspiracy of silence rules. The isolation, sadness and distress, as well as the avoidance of all pleasure in life are a kind of self-punishment for strong feelings of guilt and anxiety.

"Fighting" families have developed a family atmosphere to carry on in life and show that everything is all right. Expression of feelings of depression or weakness was forbidden. Expression of physical illness was seen as more legitimate than mental illness. Illness was seen as an insult and attempts at treatment were rejected. Family relationships are based on loyalty, dedication and development of independence. There is a tendency to over-achievement, to impatience with weakness, lack of self-control. Interactions with the surroundings are characterised by a lack of trust and manipulation of the external environment compared to trusting relations within the family and with other "fighters".

"Those who made it" are a subset of the "fighters" who are more socially engaged. They are driven by the desire to succeed to "defeat" the past. They feel a need to give advice to others and to gain fame to avoid anonymity.

The study sample of the current investigation may have a preponderance of "victim" or "numb" families according to Danieli's typology. Further analysis on this group including assessment of family coping styles may explain the heightened sense of stress in this group at times of crisis.

The findings emerging from this study also raise questions regarding the adequacy of care for this population, as their need for care increases. All citizens in Israel are covered by National Health Insurance, which provides outpatient and inpatient health services including mental health care, at no extra cost to the patient. A high level of care is widely available but may be inadequate within the confines of primary care.

"Amcha", the National Israeli Center for Psychosocial support of Survivors of the Holocaust and their Families was founded in 1987 by Holocaust survivors in order to develop preventive and therapeutic services for this population and to overcome the limitations of the prevailing services that lack specific expertise in this area. The goals of the organization are to provide psychosocial support services, to assist in the working through of memory and mourning and to provide a sense of a protective home atmosphere where Holocaust survivors can feel a sense of belonging. Since its inception, Amcha has established primary service branches in the 4 main cities of Israel as well as 7 satellites that function as a long-distance part of its nearest branch and thus allow for more activities to reach the elderly population. A broad range of services are provided

to more than 6,000 clients by 160 professionally trained staff from the mental health field, and by over 500 supervised volunteers. Besides various kinds of post-traumatic psychotherapy (individual, couple, family and group), each of these centres operates social clubs that are based on the principle of therapeutic communities, including memory processing and volunteer services for housebound survivors.

Until the establishment of Amcha, no other institution had dealt specifically with this subject or exclusively with these clients. In addition to therapy, the organization is involved in increasing the awareness, knowledge and sensitivity of the professional healthcare and welfare communities. This includes graduate level courses on trauma and the Holocaust in the schools of social work in Tel Aviv and Haifa. A general integrative approach takes into account the reciprocal relations between the social, mental, physical and other needs of the survivor-client. This approach frequently combines social, psychological and gerontological therapy with documentation and processing of the traumatic experience within the family of the survivor. Amcha provides non-material, psychosocial and preventive support, as well as mental health treatment.

While there are no other similar institutions in the world, many services have adopted parts of the treatment concepts; and professional training and supervision is provided to colleagues overseas. Amcha has been instrumental in developing unique services for traumatized clients in many locations outside Israel, mainly in the U.S., Europe, and Australia and, recently, in Eastern Europe.

The findings of the present study have implications for all physicians caring for Holocaust survivors in the community or for any individual or group that has been severely traumatized in the past. In times of unrest and social stress, physicians may expect a rise in the symptoms of distress and an increase in referrals for help. Family physicians have a role to play in recognizing this distress in its many forms and legitimizing these responses in their patients. Awareness of this problem and skillful application of short-term interventions in the family and the use of community resources may be effective in relieving distress and promoting well-being in this special population.

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