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Benjamin J. Hodgkins  
*Wayne State University*

Richard L. Douglass  
*Wayne State University*

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RESEARCH ISSUES SURROUNDING HOLOCAUST SURVIVORS:  
ADAPTABILITY AND AGING

Benjamin J. Hodgkins, Ph.D. and Richard L. Douglass,  
M.P.H., Ph.D.

Department of Family Medicine  
Wayne State University  
Detroit, MI 48201

ABSTRACT

The thesis of this article is that, in spite of a large body of literature on the subject, a significant need exists for sociological research on the long-term consequences of the trauma experienced by survivors of Nazi concentration camps. Most of what is known about the adjustment of Holocaust survivors is based upon limited case histories of survivors who sought psychiatric aid, or requested assistance in qualifying for indemnification payments from the German government. The social and psychological dynamics of successful adjustment to life after the traumatic Holocaust experience by the majority of survivors has largely been ignored. Reasons for this oversight are discussed, and several areas of further research are suggested.

INTRODUCTION

From a socio-historical perspective there are few, if any, man-made catastrophies in western civilization which match the Holocaust in either the numbers slain (over 6 million Jews and 5 million non-Jews), or in the maximum and deliberate use of organizational and technological resources to destroy civilian populations. Failure to achieve total success was a product of military defeat, not world moral revulsion or

inadequate effort given to the process.<sup>1</sup> Survivors of the Holocaust experience are unique in that this group provides the human sciences with a rare opportunity to study the long-term effects of massive trauma upon a large number of people. Yet, almost forty years have passed since the survivors' liberation with little gain in our knowledge of such experiences beyond that derived from case histories of survivors who sought psychiatric treatment or needed assistance in documenting their claims for remuneration from the West German government. This hiatus in the research literature has been ascribed to many factors, ranging from the desire to forget the horrors of the World War to the reluctance or inability of scientists to remain detached from the suffering experienced by the survivors.

But the fact remains that with the passage of time and as survivors die, the opportunity to learn from the horror of the Holocaust slips away. It is the thesis of the discussion to follow that the loss of this research opportunity can be avoided only by an immediate, systematic research effort, an effort that explores beyond the trauma induced by concentration camps and emphasizes the long-term consequences of that trauma for social adjustment. Because Holocaust survivors constitute a rapidly aging population, it will be necessary to focus upon the nature of social adjustment within the context of growing old in contemporary American society.

## OVERVIEW OF RELATED LITERATURE

To understand the nature of the post-traumatic stress disorder (PTSD) produced by an experience, knowledge of that experience is required. A great

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<sup>1</sup> At a time when the demands of warfare dictated the total mobilization of available resources, perhaps it is ironic that the Nazi regime gave top priority to its massive genocide program contributing to its own military defeat.

deal of information exists about life in Nazi concentration camps (see, for example, Davidowitz, 1975; De Pres, 1976) which can be summarized as follows: inmates were exposed to abysmally inadequate nourishment, clothing and shelter; forced labor; medical experimentation; and physical torture. Social and psychological consequences attendant to these physical conditions included (1) the separation from family and friends, (2) efforts by camp officials to stifle the development of social support systems, (3) the abandonment of conventional norms of civility, (4) the total subjugation of inmates to rigid authoritarian hierarchy of control, (5) systematic and prolonged efforts to destroy the inmates' sense of individuality, integrity and self-worth through insult, forced self-degradation, and cruelty, (6) and the constant threat of death.

Individual survival in camps such as Auschwitz and Buchenwald was a fortuitous matter since many were killed shortly after their arrival. Those in good physical condition were given forced labor. Religious and/or cultural origins also played a significant role in survival. Jews and Gypsies in particular received the worst treatment and were exterminated in large numbers. It is estimated that 72 percent of all Eastern and middle European Jews died while held in concentration camps (Bergman and Jucovy, 1982). Other nationalities received varying treatment depending in large measure on the Nazi's view of their "worth" to the Third Reich. Still, with all of these factors operating, some individuals managed to survive.

After liberation, the trauma of the concentration camp experience was followed by additional stress for the survivors; they had to pick up the pieces of the pre-war life. For most non-Jews this meant returning home to attempt the difficult task of reestablishing interrupted careers and social relations (Eitinger and Strom, 1973; Matussek, 1975). For most Jews, however, no pre-war life existed to piece back together. Family members and friends were dead, or otherwise unaccounted for, material wealth and possessions were lost, and physical health was badly damaged. For these survivors in particular, liberation meant

establishing a completely new life in a strange land. In itself sufficiently disruptive to induce trauma (Shuval, 1982), this experience may have reinforced pathogenic symptoms developed earlier in the camps (Shuval, 1982).

The literature developed following the survivors' liberation has been well summarized by Bergman and Jucovy (1982). Little information was published on their physical and mental state or of the treatment received, however. This hiatus in the literature has been attributed by Bergman and Jucovy (1982:5-6), to a nation's desire to forget the horror of WW II, and the need of Holocaust victims to avoid preoccupation with their past.

Significant attention to the physical and psychological needs of survivors began during the 1950's with the passage of the German Indemnification Laws, which provided financial restitution for victims. However, payment required the verification of the correlation between poor mental and/or physical health and the concentration camp experience. Further, psychiatric examinations were required which ultimately led to the publication of numerous case studies in which various pathogenic symptoms associated with survival were identified.

Focused upon the physical and psychological symptoms of the survivors, these case studies ultimately led Neiderland (1981) to identify what is commonly referred to as the "survivor syndrome"--a series of pathogenic symptoms found among survivors regardless of their sex, age, or socio-economic background. These symptoms include: 1) chronic or recurrent state of depression, frequently reflected in complaints of physical pain and tendencies toward withdrawal, brooding and seclusion; 2) anhedonia, the inability to experience most types of pleasure; 3) anxiety (the predominant symptom) associated with fears of renewed persecution accompanied by various phobias and recurrent nightmares; 4) hyperamnesia, the inability to repress memories of persecution; 5) alterations in one's sense of identity, (e.g., a sense of being a "different" person from the one who had entered the

concentration camp); 6) psychosomatic pathologies including peptic ulcers, hypertension, vascular diseases, tension headaches, gastrointestinal disturbances, insomnia, and asthma; 7) survivor guilt and unresolved grief associated with the loss of family and friends.

More intensive research efforts, which go beyond the case study method, are the "Norwegian Studies" conducted during the 1960's by Eitinger (1980) and the study by Matussek (1975). A sample 227 survivors from more than 2,500 psychiatric patients treated at Oslo University Hospital were selected for examination because of the complexity of their cases. Most were from working and middle class backgrounds and none were found to have experienced unusual health, childhood, education, or social adjustment problems prior to the war (Eitinger, 1980:134). It was found that the majority of survivors returned to work within one year of liberation, albeit many chose different occupations and frequently changed jobs. Initially the ability to perform specific work appeared to be normal, but a gradual reduction in this capacity developed over time. Two-thirds of survivor marriages were reported as "satisfactory." Later, however, interviews with spouses of survivors revealed the existence of a great deal of stress and dissention in the marriage arising from concentration camp-related symptoms.

Eitinger (1980:149) concluded that disturbances arising from the "concentration camp syndrome" were of a dual nature; namely, somatic and psychic. The most prominent symptoms manifested by a majority of the Norwegian patients were: poor memory and the inability to concentrate, nervousness; irritability; anxiety; emotional lability; moodiness; vertigo; and nightmares. None of these symptoms appeared to be related to age or background factors, although they were found to be related to severity of treatment received while in the concentration camp. Encephalopathy was diagnosed in 81 percent of the subjects. Somatic disorders including back problems, digestive problems, cardiovascular diseases, and respiratory diseases were also common (Eitinger, 1980:137-143).

In a previous study, Eitinger and Strom (1973) investigated the post-concentration camp mortality and morbidity rates of Norwegians incarcerated in Germany between 1940 and 1945. Using mortality and morbidity rates of the general Norwegian population for comparative purposes, the authors found higher mortality rates existed among survivors for the post-war period.<sup>2</sup> Additionally, the sample of 498 survivors had a higher incidence of sick periods, longer sick leaves, and more frequent periods of hospitalization. The authors concluded that the stress related to imprisonment had lowered their resistance to infection and thus impaired the survivors' ability to adjust to environmental changes (1973:113-117).

While Eitinger and Strom concentrated on Norwegian survivors, Matussek (1975) used indemnification files available in Germany, and studied 245 survivors who resided in Germany, Israel and the United States. Using Rorschack tests, questionnaires and psychoanalytic interview schedules to recreate life histories, Matussek focused upon the social and psychological factors influencing stress experienced by the survivors and their subsequent efforts to adjust to this stress. Matussek found that the large number of somatic and psychological complaints could be classified into three general areas: 1) internal and gynecological disorders, 2) a "psychophysical syndrome" (similar to the "survivor syndrome") and 3) an "anomic" factor associated with the breakdown of interpersonal relations. Additionally, three psychological disturbance factors were found to predominate: 1) resignation and despair, 2) apathy and inhibition, and 3) aggressive-irritable moodiness. Survivors who manifested withdrawal and isolation appeared to experience the greatest difficulty in adjusting to the post-war environment. Personality traits formed prior to the war also were found to correlate highly with both the nature of stress endured, and social adjustment following

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<sup>2</sup> Specifically these mortality rates were associated with tuberculosis, infectious diseases, coronary disease, lung cancer and violent death including accidents, homicide and suicide.

liberation. Matussek (1975:250) concluded that "The internal and external life histories of the inmates, their individual dispositions and also social factors are all inextricably linked in determining the various ways in which these people overcame the horrors of life in a concentration camp."

The major focus of survivor research began to shift during the middle of the 1960's from an emphasis on the effects of the Holocaust upon survivors to concerns over how those same factors affected the offspring of survivors. Clinical studies by Trossman (1966), Rackoff (1966,1969), Sigal and Rackoff (1971), and Rustin and Lipsig (1972), for example, all noted a common pattern of high parental expectations; a tendency among the children toward dependence; alienation; guilt; hostile attitudes; and identity confusion. Later case studies of survivor children conducted by Krystal (1968, 1978), Brody (1973), Kestenberg (1972, 1973), and Boracas and Boracas (1979) tended to confirm these previous findings, all of which were supported by the published "self-reports" of survivor children (Steinitz and Szonyo, 1975). Labeled the "second generation" effect, the pattern of parent-child relationships appeared to be one in which parents frequently viewed their children as replacements for those lost in the Holocaust. Accordingly, survivor parents were found to be overprotective, overindulgent, and had a tendency to project their own aspirations and fears towards their children. Parental reluctance to encourage independence, adolescent challenges to parental authority, and the guilt which children developed as the result of rebellion against their parents often resulted in a pathology of symptoms among the children not dissimilar from those displayed by the parents.

A majority of scholars investigating the effects of the Holocaust tend to accept the validity of second generation effects (e.g., Karr, 1973, Prince, 1975). However, other efforts to verify these findings using non-clinical subjects have met with mixed results. Fishbane (1979) and Leon, et al. (1981) found little evidence to support the contention that extreme social and psychological impairment existed among children



of survivors. Tauber (1980), on the other hand, suggests that the problem is more complex than previously thought. The extent and nature of reference group involvement by the children, according to Tauber, is instrumental in establishing their "self-identification" as children of survivors and their feelings of alienation from the larger society.

Studies of the effects of the Holocaust did not begin to appear in the Israeli literature until the late 1950's. However, these studies may be considered unique for two reasons. First, Jewish survivors immigrating to Israel were received with open arms by the small, homogenous Israeli society. Second, Israeli analysts were more sensitive to survivors and understood the importance of community support for the adjustment process. Studies of psychiatric patients revealed a pattern similar to the psychopathology previously noted. Dor Shav (1978) examined a group of 42 Holocaust survivors and a control group of 20 non-Holocaust survivors matched on age, ethnic background and occupation, and concluded that Holocaust survivors exhibited more constricted personalities compared to the controls.

In a study of 600 youths, (20 percent of whom were children of Holocaust survivors) Gay (1972) reported that the most striking difference found between the two clinical groups was in the area of parent-child relations. Similar to the findings reported by Eitinger, the age gap between parents and children was greater in survivor families. In a more recent study, Davidson (1980:13-14) identified a number of problems the most common of which are: over-anxiety and extremely protective behavior on the part of the mother; intense emotional investment in the children; strong identification of the child with lost siblings; and the projection of the parent's experiences and fears resulting in the children experiencing feelings of guilt and shame and low self-esteem.

Studying 25 survivor families Klein and Reinharz (1973) found that for most survivors who joined a Kibbutz, the adjustment process was successful. Although "low tolerance" toward others who shared their

traumatic memories was found to exist, the subjects saw themselves "as people who had achieved, and had pride in that." The authors ascribe this successful adjustment to the kibbutzim ideology which stresses collective group meaning and support, and provides structure to the lives of its members. Parent-child relationships among kibbutzim families were good, as reflected in a motif of "re-birth" or restoration and a family closeness and affection for one another. The authors concluded that while families had achieved satisfactory adjustment to their new life, survivors continued to cope with the memories of the Holocaust by intellectualization, ritualization, sublimation, and idealization of the family. Group life minimized the post-traumatic shock through collective identification and by legitimizing the expression of loss and mourning (Klein and Reinhartz, 1973:318).

In a study of non-clinical survivors conducted by Davidson (1979), little evidence of the "symptomology" of the survivor syndrome was found. This group of 15 men and 15 women was unique in several aspects, however. All were adolescents at the time of their internment, spent from one to two years in a concentration camp, and had rehabilitative treatment following liberation. Friendships developed during rehabilitation persisted long after the subjects left the treatment communities, and these friendships provided the basis for support in later life.

In sum, research on Holocaust survivors and children of survivors identifies not only the nature of the physical and psychological shock experience of survivors, but the research also points to the likely consequences of this experience for the offspring of survivors. To the extent that the results reported accurately reflect the reality of the post-traumatic shock experience, it can be used as a benchmark to study the effects of other catastrophies upon traumatized survivors. Unfortunately, in both a theoretical sense and for methodological reasons, the utility of Holocaust research is limited.

## CRITIQUE

Studies of Holocaust survivors draw heavily upon a Freudian or neo-Freudian conceptual framework. While it is generally acknowledged that this approach has merit for clinical purposes, its utility for scientific research is limited. Psychoanalysis represents a weak research paradigm for several reasons. First, it lacks clearly defined concepts. For example, critical to any analysis which deals with the consequences of traumatic shock are the concepts "normal" and "adjustment." But what is "normal" in reaction to stress, and what constitutes "adjustment" to the post-Holocaust world is dependent in part on the judgment of the analyst. Psychoanalysts' theory per se does not provide definitions in other than a relative sense (Ginsberg, 1968: 315-340).

Second, as a conceptual framework useful to identify a client's condition, the predictive capability of psychoanalysis is weak in that it fails to specify a clearly defined set of relational rules by which to forecast future behavior (Hall and Lindsey, 1957:71). Thus, it is not clear at what point and under which conditions an experience becomes traumatic. Similarly, it is not clear when certain coping techniques come into use, or why some techniques are employed and others are not.

Finally, because its explanatory focus is upon inner psychological and biological processes, the Freudian perspective tends to overlook the significance of interactional and environmental factors shown to be important in other contexts (Benner, et al., 1980). What is needed is an alternative conceptual framework which incorporates a psycho-social perspective recognizing that the dynamic nature of post-traumatic stress disorder is caused by the continuous interaction between the individual and the environment. The framework should be conceptually clear and would permit systematic testing of theoretically derived hypotheses.

Most promising in this area is the work of Lazarus and his associates (Lazarus, 1966, Lazarus, Averill and Opton, 1974; Lazarus, 1982). Approaching the problem from a cognitive and phenomenological perspective, Lazarus conceptualizes the conditions of stress as emerging from a disturbance in the person-environment relationship. Stress, defined as a physiological and psychological state of being, results from the individual's perception of the environment as disruptive, e.g., the situation is seen to be either challenging or threatening. Furthermore, stress is viewed as being a mental state emerging from a person's awareness of the environmental situation--an awareness to which evaluative meaning is assigned. Lazarus refers to this process as cognitive appraisal, wherein a judgment is made as to the nature and seriousness of the environmental disturbance. Having defined the situation, individuals attempt to "cope" with the disturbance in an effort to minimize the disturbance, e.g., shape the environment to reduce the threat or by redefining the meaning of the threat. The entire event is, in Lazarus' terms, "a transactional process," in that it changes over time as the individual shapes and is shaped by the environment.

Delimiting as the conceptual framework used to analyze PTSD has been for scientific study, it is the methodology which truly sets limits upon scientific utility of our theories. Reported research suffers from inadequate sampling techniques. That is, subjects by and large have been those who either sought psychiatric assistance or those who sought to qualify for assistance under the German Indemnification program. For this reason, any generalizations made from the findings reported are of limited value. This problem is further complicated when the results of the few studies which draw upon nonclinical subjects are considered (see, for example, Leon, et al., 1981; Tauber, 1980, Fishbane, 1979, Klein and Reinhartz, 1972; Davidson, 1979). Little evidence of the "survivor syndrome" has been found in these studies, although the after-effects of the Holocaust experience are well-defined. Whereas it has been suggested that those seeking therapeutic assistance constitute a minority of Holocaust survivors (Eitenger, 1980), no

information exists as to the actual number of living survivors.<sup>3</sup>

In addition to neurological and general medical examinations has been the therapeutic interview. But as Horowitz (1964) observed, distortions in interpretation inevitably occur when the analyst combines several functions simultaneously, and as a result of patient reaction to analyst intervention. Moreover, the lack of control over extraneous factors within the context of the interview process itself, as well as the absence of rules for systematic inference from the data obtained, increases the difficulty in replicating the findings reported. Unfortunately, implicit or explicit generalizations are made. And given the emotionally sensitive nature of the subject matter, objective detachment is extremely difficult, if not impossible. In the absence of alternatives, reliance upon the therapists' subjective interpretations for confirming the existence of psychic or psychosomatic conditions continues, albeit remain suspect.

In spite of an extensive body of literature, research on the post-traumatic effects of the Holocaust for survivors is of limited utility. Reasons for this, we have argued, are found in the dominance of a theoretical framework which focuses upon the individual within the context of therapeutic session. Excluded is what Benner, et al. (1980) have called the exogenous factors surrounding the survivor's life. Additionally, the predominate use of methodologies that ignore the canons of science merely exacerbates

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<sup>3</sup> Accurate figures on the number of survivors immigrating to Canada and the United States are not available. Cath (1981) reports that 50,000 immigrated, while Tauber (1980) believes the number of immigrants was 92,000. Neither figure can be verified in part because of the absence of official records and in part because of disagreement over the definition of "survivor." For some scholars, survivors are those who were in concentration camps, while for others the term "survivor" includes those who hid or were active in the resistance.

the problem. Given the horrors of the Holocaust, perhaps it was inevitable that social scientists and psychologists would be reluctant to conduct research involving Holocaust survivors. But to have endured so much and still to have gone on with one's life in the post-Holocaust period is a reaffirmation of the human will to survive and to overcome the effects of adversity caused by man's inhumanity to man (Frankl, 1959). Is it possible that the majority of survivors cope by drawing strength from this tragedy? After four decades the need to know the answer to this question has never been greater.

### NEEDED RESEARCH

The need for methodologies that incorporate random sampling techniques, matched control groups, and standardized measures is apparent. Without further studies in which these methodological practices are employed, hope of providing scientific understanding beyond clinical studies is limited. That many analysts are cognizant of this problem and acknowledge their difficulties in remaining emotionally detached from their clients' problems offers some promise of future change (Russell, 1980; Eitinger, 1980).

Ideally, a variety of measures could be used to assess the long-term effects of the traumatic experience of the Holocaust upon survivors. Now, as survivors approach old age, the need to conduct such research seems urgent. Research strategies which could have been employed, such as cross-cultural comparisons of survivors' adjustment or the comparative assessment of the adjustment of Holocaust survivors with other survivor groups, are no longer applicable. Of necessity future efforts must focus upon either retrospective data, or on the current circumstances of survivors as they reach old age. The following appear to us to represent the more important areas in which research is needed.

Studies of survivors who have not sought mental health care are needed. Similarly, little is known

about the social status, occupation, educational achievement level, religious affiliation, and pattern of community involvement of survivors. Knowledge of such matters would remove much of the ambiguity surrounding adjustment to post-traumatic shock. Accurate social and demographic information on survivors would undoubtedly shed additional light on a collective group response to post-traumatic shock as well as on the collective social and psychological costs incurred during the adjustment process.

Frequently referred to in the literature but never fully explored is the effect of socio-cultural milieus upon adjustment. Beyond the presence or absence of support systems, which serve to facilitate (or retard) recovery from post-traumatic shock, perhaps answers to these questions lie in the weltanschauung of the host society. Socially conservative and staid Norwegian society provides a very different cultural world-view of man's place in the order of things than that of the American culture (Wright, 1984). For many Jewish survivors, the state of Israel represented a highly desirable cultural milieu. Culturally supportive and religiously homogenous, the Israeli struggle for national survival also provided a context within which the survivors could redefine the meaning of their existence. North American societies, on the other hand, were exactly the opposite. No struggle for national survival existed. Holocaust immigrants were foreign to the American culture and, in most instances, were identified as being members of a minority religious group. Such variables very likely affect the adjustment experience.

At minimum three research questions should be addressed: what mechanisms did survivors develop to cope with the problems of readjustment in a strange land? how significant are family ties, friends and community contacts in making a successful transition to life in America? and finally, has the pattern of physical illness and social unrest among survivors who settled in America been similar to that reported for Norwegian survivors? Perhaps the most pressing need, however, is to study the effects of survivor aging.

The events concomitant with aging are difficult at best for any group. There are many reasons to suspect that these events would have been considerably more difficult for Holocaust survivors.

Having immigrated to America during their late teens and twenties, most survivors are now approaching or are past retirement age (Ornstein, 1981). Old age is a time of remembrance and, as Danieli (1980-1981) observes, may very likely constitute a traumatic event for Holocaust survivors with their memories of concentration camp. The likelihood of such a development is enhanced when survivors enter a nursing home. Institutional parallels between nursing homes and concentration camps are not obvious, but are no less real. A loss of independence, no matter how benign the motivation, still results in restriction. Eating meals on schedule, group requirements, impersonal custodial care, sterile rooms and poorly orchestrated medical treatment all have their parallels with survivor concentration camp experiences (Hirshfeld, 1977; Goldberg and Haught, 1983). Facing such conditions, even under the best possible arrangement, could be a traumatic experience not unlike that suffered in the past.

Evidence exists that the aging process has accelerated among Norwegian Holocaust survivors (Eitinger, 1980). And Gay's (1972) findings that survivor parents tended to be more frequently ill and more psychologically exhausted suggest that early aging is not uncommon among this group. Unfortunately, comparable data are currently unavailable for survivors residing in the United States. Epidemiological studies are essential if the future health care needs of survivors are to be anticipated.

Whether these kinds of research will be conducted in the future is uncertain. The information gained from such studies, however, could provide valuable insights for social workers, counselors, and health care professionals into problems associated with the long-term effects of post-traumatic stress. In a practical sense, such information could provide a basis for the development of therapeutic counseling



and treatment models for persons who, having experienced severe traumatic shock early in life, must now experience the trauma of institutionalization and pending death. If the experience of the Holocaust has any redeeming value at all, it must rest in the opportunity for survivors to contribute to greater understanding of how to cope with extreme adversity--a legacy which could assist other victims of extreme traumatic shock.

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