

ORIGINAL ARTICLE

BIO-PSYCHO-SOCIO-SPIRITUAL MODEL OF THE HOLOCAUST TRAUMA EFFECTS ON SURVIVORS' HEALTH

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Summary

This article introduces a bio-psycho-socio-spiritual model of the Holocaust impact on health. On the empirical level, the way to achieving the set goals leads through qualitative field research using the Interpretative Phenomenological Analysis approach. Three groups of respondents (Holocaust survivors, 2nd generation of survivors and experts from helping professions who have experience with survivors care) were linked to ensure the validity of the stated conclusions. The main technique for data collection was a semi-structured interview. The data were analyzed using Atlas.ti software, following the IPA recommendations.

The results refer to a wide range of physical impacts (e.g. osteoporosis, flat-foot, degenerative spine diseases, chronic pain, stomach and duodenal ulcer, chronic skin defects), mental impacts (e.g. PTSD, distrust, suspicion, vigilance, inferiority complex, annoyance in connection with the German language, specific attitude to food), social impacts (loss of property, marriages of convenience, need for education, inclination to care about weaker persons) and spiritual health impact (guilt, loss of faith in God, strengthening of Jewish identity, need to pass experience). Holocaust survivors are characterized by being interested in their health. Since the time of internment they have had their daily healing rituals, such as morning stretching exercises, yoga, cold baths, airing. Cleanliness of the body (especially the hands) and the environment are very important for all survivors. For most of them it is important to keep their mental health in good condition. That is the reason why they often attend various educational activities and if they are able to travel they do that. Research on the Holocaust Survivor Group represents the integration of resilience and vulnerability, desire for life, and the ability of a person to survive and live in extreme conditions. Using the example of this study examining the impact of trauma on health in all of its dimensions, it is possible to predict the future health problems of specific groups of migrants in connection with war conflicts and other life-threatening situations.

Key words: holocaust; preventive measures; survivors; health

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INTRODUCTION

In the world's history, the Holocaust belongs to one of the most terrifying evidences of atrocities that a human has ever caused to a human. Causal relationship between the Holocaust trauma and survivors' health condition has been proved by foreign studies carried out mostly in areas with high concentration of European Jews refugees (Israel, the USA, and Australia). According to the "Evidence-based Practice", the Holocaust influenced survivors' health in their bio-psycho-social-spiritual dimension; however, it also influenced their attitude to life, health, disease, plus it has a transgenerational character. Above all, insufficient nutrition, omnipresent stress, social isolation, totally insufficient and harmful hygiene, life and working conditions, Nazi medical experiments and guards' brutality in work and concentration camps are considered by scientists to be the main reasons of these effects (1, 2, 3, 4, 5, 6).

For a long period of time, the mentioned relationship wasn't the focus of researchers' interest in the European communist countries. The Holocaust research in the post-communist countries was belated for more than 40 years compared to the Western block (3, 7).

Mapping the blank spots in the Holocaust research led to determining of our research main aim, and that is to create a complex overview of the Holocaust trauma effects on health in the context of bio-psycho-social-spiritual model. The proof of the history influence on the society actual state, research of a man's ability to survive under enormous life conditions, and the ability to live further in the shadow of previous events is not only of the medical importance.

Aims of the research are:

- To describe Holocaust effects on the Czech survivors' health condition areas (physical – mental – social – spiritual).
- To find out and describe factors influencing the severity of the Holocaust effects on the Czech survivors' health.
- To find out and describe the Czech survivors' strategies in health prevention and care in the Holocaust period and post-war era.
- To find out and describe specifics of care and approach to Holocaust survivors as health and social care recipients.

MATERIALS AND METHODS

To achieve the stated research aims the qualitative Ad hoc research design was selected. Along with the phenomena description (the Holocaust trauma effects on the area of the Czech survivors' physical, mental, social and spiritual health), in the research process progressively appeared other issues, and thus it was necessary to add further aims and research questions to the existing ones.

The research intent was to explore the mentioned research area based on the linking of data received from three groups of informants (the 1st generation of survivors, the 2nd generation of survivors, and assisting profession specialists experienced in Holocaust survivors care). The reason for the linking of all three data sources was also to secure the determined conclusions validity.

To achieve the stated aims and to answer the research questions, the field research was selected, using the approach of Interpretative Phenomenology Analysis (further mentioned as IPA). The IPA's research focus is the understanding of a human's experience that is being survived (8). The qualitative research part data were received from the three informant groups. When selecting informants, the homogeneity rules were respected. The 1st informants group formed direct Holocaust survivors residing the entire post-war life in the Czech Republic area. Though the 2nd and 3rd informants group (direct descendants and caring professionals from health and social areas) are not the phenomenon bearers, they produce it. In this research they capture it through the experience with Holocaust survivors.

The way of addressing the informants was as follows. The first group, that means the survivors, were addressed through collaborating Jewish communities' social workers (the Prague, Brno, Ostrava and Karlovy Vary Jewish communities). During the data collection from the survivors, the contact was made with the 2nd and 3rd informants group.

The proper data collection method was selected with respect to the recommendations for IPA. The data collection purpose is to enter research “the research participants’ world“ (8, 9). Regarding the 1st informants group, biographical interviews were conducted. In the 2nd and 3rd informants group, the semi-structured interview was selected as a data collection technique.

RESULTS

The first (main) group consisted of 14 informants (Holocaust survivors) – 11 women and 3 men. The number is higher than recommended in such a type of research. Reason for this is a predicted informants’ diversity – various types of experience (hidden children, Jewish ghettos and concentration camps prisoners). The mentioned number was necessary with regard to achieving so called theoretical saturation. Based on the received data, the already formed topics were re-elaborated. Possible additional data related to the higher informant number would not bring any new or critical information.

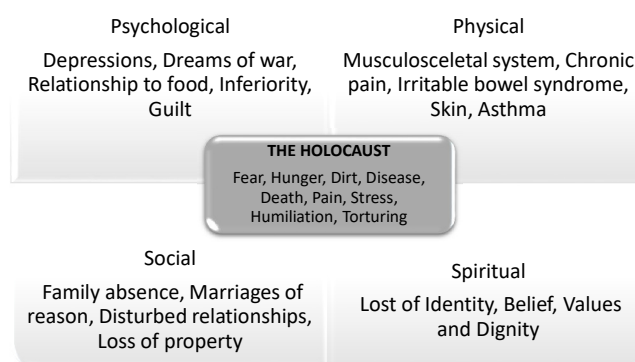
The average informants age was 88 (the youngest one was 78, the oldest one 98 at the time of the interview). In the time of the experience they were between 7 and 25 years of age. The group included Holocaust survivors with various types of the war experience. 3 informants belonged to the so called hidden children, 4 survived the Jewish ghetto Terezín. The experience of surviving a Jewish ghetto or a concentration camp possessed 6 informants, 1 was interned directly to a concentration camp. All the informants having survived a concentration camp also have the death march experience.

The second informants group for the qualitative research part formed the 2nd generation of Holocaust survivors, which means their descendants. 17 informants (12 women and 5 men) contributed to the research, their average age was 55, 4 years at the time of the research.

The third informants group formed 12 professionals (employees of a cooperating Jewish community) from health and social care areas who take care of Holocaust survivors – namely 2 doctors, 4 social workers and 6 general nurses (9 women and 3 men from the total informants number) with 5,7 years representing the average length of practice in care of survivors.

The text analysis was made using IPA principles. The analysis process in IPA starts with one case – in the frame of this research it means after the first interview (1st informant from the 1st informants group – the Holocaust survivors). No other interview was conducted sooner than the previous one had been rewritten and analysed. This is the way how to fully maintain an individual and idiographic approach to each case. Atlas.ti 8 Software was used for the text analysis (8, 9).

In each interview the principles of received data processing were respected, and that is: reading and re-reading, initial notes and comments, development of rising topics – open coding, searching relations across the topics – axial coding, creating a protocol for a particular case, other cases analyses, searching patterns across the topics – selective coding. The research results are presented using Smart Art schemes, see Picture 1.



Picture 1. The Holocaust Effects on Health – Scheme, Source – own elaboration

Picture 1 generally presents overall research results. Responses of all the informants group evidently show that the Holocaust experience is the centre of gravity of their lives, and the trauma follows them across the whole life. The Holocaust has many meanings for them. With regard to it, words such as fear, hunger, dirt, disease, death, torture, humiliating, etc., come ahead, and of course, loads of emotions.

The most of survivors' life steps, their decisions and life models originate from, or are related to the Holocaust. Likewise, the survivors' behaviour is untraditional in some situations, what might appear rather strange to unaware people. These relations were realized by survivors after many decades since the war end, some of them do not realize them even now.

The most mentioned and reminded Holocaust effects on the post-war life by the survivors were those belonging to the group of mental effects. Some of them in the effort to build a new existence and to live an ordinary post-war life managed to suppress these impressions. The others, unfortunately, have never left Jewish ghettos and concentration camps walls in their dreams and memories. These states are intensifying with progressing age, and today, at senium age, they relive the Holocaust in their minds again.

Other mentioned area significantly affected according to the survivors, was a physical health. The musculoskeletal system problems, chronic pain and other symptoms are related by the survivors and also caring professionals to malnutrition, hard physical work, stress and cruelty of guards in concentration camps. Age combined with these effects make the survivors a group of very fragile seniors.

In all the three informant groups responses it's possible to observe effects also in the areas of social and spiritual health spheres. Surviving life in the forced community often influenced the selection of a life partner, hierarchy of values, sense of life, identity and belief in God. The post-war life according to the informants was also influenced by the loss of property, leading to the lack of finances, which the survivors felt immediately right after the war when the unwillingness of the State to refund the Jewish property was apparent. Restitution processes were running until the year 1948, which was the year of the nationalization, so the Jews often lost their property again.

The informants' life stories show very similar models, and some common strategies in care of health, prevention of diseases and fight for survival are evident. When analysing the received data, in some cases the origin of these strategies was found back in the Holocaust era. The survivors created other procedures in the course of their post-war life.

During the interviews with the survivors, they emphasized the factors that according to them had influence on the origin, extent, and intensity of the Holocaust trauma effects. The other two groups of interviewed identified with this view as well.

The first factor mentioned was the survivors' pre-war life, what meant family's social status, relationships within the family, their financial possibilities, as well as physical and mental condition of the personal observers, their education, a profession or craft they mastered. Some professions were absolutely inevitable for the Empire or the run of a ghetto / concentration camp, and therefore an individual (and often even his family) who mastered the skill was saved from the transport to the East. The survivors mentioned even the time spent outside the ghetto or concentration camp. Although the life in the Protectorate of Bohemia and Moravia meant a lot of restrictions, poverty and stress, still, it was a life in freedom and together with the near ones. Compared to the Terezín ghetto or other concentration camps, people were able to saturate the basic needs.

The second factor was the age of the survivors in the Holocaust era. The linking element of all the addressed personal observers was the fact that the Holocaust horrors affected them in the youth age. The early age might have created the protection barrier. The most of them realized long after the deliberation the horrors their parents, grandparents and other relatives in higher age had to survive. The childhood represented the critical age as well. The children who lost their parents' care and presence, who lost the ordinary and careless childhood, were the same prisoners as the others. The absence of basic conditions of a child's healthy development resulted into very intense and long-term effects in all health areas. Significant mental troubles were reported also by the informants from the hidden children group.

The third factor influencing the Holocaust trauma was a type of experience (the life in a shelter, in a Jewish ghetto or a concentration camp). According to the interviews with the personal observers, there were more significant and more intensive effects specifically in the mental and physical area in the survivors with the experience of extermination concentration camps, e.g. Auschwitz-Birkenau or Dachau.

The fourth underlining factor was a post-war situation. The prisoners' returns weren't simple. "The lost" suddenly appeared and had to live further life. They often found out they were the only family members who had survived. They returned home with extensive suffering, terrifying experiences, broken health, mental problems, nightmares and prison habits. They were emotionally arid, confused of the surrounding world, humiliated and abandoned. The term „freedom“ started getting the unusual dimensions. Not each time survivors after the return faced the kind acceptance by local inhabitants. The post-war societies definitely didn't favoured the minorities, and even not the Jewish one. There was a demonstration of dislike towards German citizens, including the Jews of the German nationality. Many Jews after returning home suffered from so called „second traumatization“. For some of them, their homeland became the enemy country again, and thus merely the next changing station on their way to tolerance. Some of the research informants were thinking of the emigration, but because of love to homeland, they weren't able to leave.

The Holocaust didn't leave merely the negative effects on the personal observers, it could have affected also positively. Highlighting positive Holocaust tragedy effects doesn't mean the denial of horrible acts and irreversible changes connected with the trauma. It means admitting that in spite of the above mentioned problems there appear also other than solely negative symptoms. In responses of all the informants group the signs of so called post-traumatic development are visible. In the Czech Republic, as well as in the whole world, the representatives of the post-traumatic development include extinguished artists, doctors, scientists, educators, lawyers, etc.

Of all the informant group responses, the transgenerational transfer is evident, too. Further we can claim the Holocaust survivors form today a specific group of health and social care recipients, that also require a specific approach coming out of their personal history; the approach focused on the respect to human dignity and aimed at the contentment of the care recipients, see Picture 2.

Specifics of Approach and Care of Survivors	
German nationals intolerance	Vigilance
Intolerance towards other patients in a room	Higher patience from personnel
Bond to a concrete nurse/nursing assistant	Fear of showering
Caution towards oneself	Fear of dogs - barking
German language intolerance	Specifics of nutrition
Awareness of PTSD (Post-traumatic stress disorder) transgenerational transfer - personnel	Feelings of inferiority
Fear of nail cutting	Suspicious
Need of safety	Want/Need of better care
Distrust	Often appointments at the doctor's
Trust to the doctors of the highest proficiency	Awareness of historical context - personnel

Picture 2. Specifics of Approach and Care of Holocaust Survivors, Source – own elaboration

DISCUSSION

According to the research, the Holocaust had its effects on all human health areas. From this reason, the view of a survivor has to be complex (holistic).

In the area of health physical dimension, based on the informant interview analysis, the Holocaust effects are apparent in several organ systems. The most emphasized were musculoskeletal system chronic difficulties (osteoarthritis, rheumatoid arthritis, vertebral wedge compressions, degenerative spine changes, chronic pain).

Other effects were recorded in the area of the cardiovascular system (heart defects, cardiac arrhythmia, myocardial infarction, cerebrovascular accident), respiration system (asthma bronchial, tuberculosis effects), skin system (chronic skin defects as remains of primitive surgical operations or infestation), gastrointestinal system (gastroduodenal ulcer disease), and reproductive system (infertility).

The research suggests that as the causes of the above mentioned states are considered insufficient and poor nutrition in the internment time, often overeating in the post-war era, physical loads in concentration camps (carrying of heavy burdens), brutality of guards' physical attacks, catching a cold during winter roll calls, extreme stress, hormonal changes in women (absent menstruation), and undesired insects (fleas, bedbugs, louses). These are the reasons why survivors' anamneses include frequent surgical actions, such as total endoprosthesis, bypass or gastroscopy. In the pharmacological anamneses there is an apparent long term medicament use, e.g. chondroprotectives, antihypertensives, analgetics, vitamins and calcium substitutes, or herb substances use. The recognized symptoms appeared in the survivors short after the war end. It means the common civilization diseases typical for middle or senior age developed in the youth or mature adult age in the survivors.

Evidences of the Holocaust effects on the musculoskeletal system are recorded in the research Higher Prevalence of Osteoporosis among Female Holocaust Survivors (1), which brings the evidence that the women survivors suffer almost twice as often from osteoporosis than other women. The authors also point to the increased occurrence of hip fracture complications and resulting disability, vulnerability, and its social impacts, such as the loss of independence, need of institutional care, survivors' isolation. The causes of these conditions confirm literature review results, considers starving to be the main cause of osteoporosis, as well as other civilization diseases in the survivors, mainly starving in the fetal age (lack of cortisol and growth hormone in the 2nd trimester of pregnancy), but also in the early childhood age. The author also considers dangerous a sudden compensational hyperalimentation or overeating in the post-war time. We identify ourselves with this study results, since many survivors from here presented research respondents had tendency to hyperalimentation in the post-war time. Often mentioned phenomenon in the research was a chronic pain. When counting all the difficulties, the pain wasn't the main complain, though. The survivors as well as professionals claimed they had been able to adapt to the pain and learn to work and live with it (10). This fact is also supported by the study Chronic Pain in Holocaust Survivors that presents paradox combination of high intensity pain, moderate to deep depression and the Holocaust survivors' high activity level, what means the survivors' higher tolerance towards pain, and also active and responsible approach to one's health (11).

When studying relevant sources relating to the given topic, no studies on the survived stress effect on the skin system condition have been found. Our research respondents reminded uncomfortable life-long skin problems, mainly complaining about dry skin, tiny non healing defects, mostly on extremities. Similar problems are described in the WW II veterans, named cold injuries (12).

Study Chronic Functional Gastrointestinal Symptoms in Holocaust Survivors proves the long and lasting suffering effect on the chronic functional gastrointestinal symptomatology development. Simultaneously, regarding the difficulties mentioned by the survivors, the study points to the importance of the survived trauma determination. The type of a war experience and age when a survivor was effected by the Holocaust, come out as the important factors influencing the intensity and extent of post-war effects, based the researches already carried out, as well as on our research (2).

The most significantly affected by the Holocaust was a mental dimension of the survivors' health, based on the presented study. Among the most often survivors' problems belonged various PTSD signs, which are intensified by age. They include depression, lifelong sleep problems (horrible dreams), fear, anxiety or mental instability, lifelong feeling of guilt for having survived, and avoiding situations that might call up the reminiscence of the Holocaust. Among the survivor symptoms belong distrust (especially to healthcare workers and officials), suspicions, vigilance, inferiority feelings, and negative attitude toward German language. The research evidently showed also positive Holocaust effects, so called posttraumatic development, which was demonstrated in the informants by higher self-confidence, better handling of life troubles and also higher acceptance of the course of life. The majority phenomenon of all the survivors is a specific relationship to food and a need to have sufficient supplies.

The main preventive strategy in the survivors' mental health area was a lifelong deliberate avoidance, and it still persists, of the situations that might remind them of the Holocaust.

From the view of the health social aspect we consider loneliness to be the main effect of the Holocaust. The reason for this fact is death of the majority of relatives during the Holocaust period, then often emigration of children or other relatives. In case survivors had children, we can notice stronger fixation on the children and family, or the opposite. The specific aspect created so called marriages of reason (marriages among survivors). In the families, the Holocaust wasn't mentioned, what was among others, influenced by the political situation in then Czechoslovakia. Apart from family members, also some family artefacts are missing (photographs, family remembrance items). The survivors put strong emphasis on their children's education. The both groups agree with the fact that for survivors it's hard to deal with the loss of a life partner, or loss of people with the same experience. Other feature of the survivors is a parsimony, distrust, and cautiousness.

Mental health and Holocaust psychosocial aspects were the subjects of frequent interest, especially of foreign researchers from the states with high concentration of Holocaust survivors. The Israeli Ministry of Health study carried out points, from the sociodemographic features view, to the higher divorce rate, life in isolation and also higher education of survivors. Further it proved emotional distress of higher intensity, sleep problems, and chronic diseases higher occurrence (13).

In the Czech Republic authors Klímová and Roubalová-Kostlánová (2011) within the research frame observed in Jews coming from the first and the second generations several phenomena, e.g. disruption of family relationships, loneliness and symbiotic family dependences. They also cite frequent diseases, depressions and psychosomatic defects, and inclination to repeatedly become a situation victim and to survive feelings of guilt, sympathy, identification with other vulnerable groups of people, and a need to take care of the life, in a more intensive way. Further they pointed to survivors' and their children's higher education, higher professional status and interest in assisting professions. (14) Soukupová (2009) in her study draws the attention to the increased occurrence in suicidal acts and completed suicides in the survivors who had never been able to put up with the traumatic experience. Next, the study underscores other phenomenon, and that is so called life with the dead, often unknown relatives (7).

In the area of health spiritual aspect based on the conducted interviews analysis, we can declare that the survivors' belief considerably suffered by the Holocaust, starting in the internment period, and in most cases there was a diversion from the belief in God. The Jewish identity wasn't disturbed by the Holocaust, though. The most of the survivors maintain the Judaism traditions; however, many times under their children's influence. As the significant phenomenon the study showed the need of life sense, autonomy and dignity. Today a family makes the biggest sense for most of the survivors, next the need to spread own experience among further generations as a prevention of the Holocaust relapse, and the need of recognition. According to the most of the survivors, there has been a certain reconciliation with the Holocaust tragedy in the course of the years, nevertheless, there has been no forgiveness. The most of them feel lifelong aversion of some kind towards Germans.

Heitlingerová (2006) describes a view of survivors' children, who see their parents' ambivalence of relationship to their Jewishness – from complete distancing and denying to complete identification. The study also highlights the fact that the Shoah experiences fostered their parents' atheistic inclinations and support of Zionism or socialism and communism (15).

Studies of authors Stermer – Bar and Levy (1991) and Kuwert, Spitzer et al. (2007) underscored the factors of age and war experience type, what our study results also incline to, adding another two factors, and those are pre-war and post-war lives of survivors. We consider survivors' age in the internment time to be a critical factor. The linking element of the survivors from the respondents' category was the fact they were affected by the Holocaust horrors in the youth age. Their young age thus formed their protective barrier. Childhood was also a critical age. Absence of parents in shelters and internment facilities led to absence of basic conditions for children's healthy development, and thus to very intensive and long-term effects on all health areas (2, 16).

The factor of the survivors' pre-war life meant for example the social status of the family, the relationships in it, its financial possibilities, as well as physical and mental state before arrival to internment, education, a profession

or craft the survivors mastered. The post-war situation factor meant whether there were also other survivors from the family members and friends, and also an approach of the domestic inhabitants and the political situation.

This research also confirms the fact that Holocaust survivors represent a specific group of healthcare and social care recipients, which compared to ordinary senior population displays certain differences, and thus imposes higher requirements on caring personnel regarding an approach and care. The basic principle in the Holocaust survivors care is the minimization of traumatizing event memories triggers. This type of care and necessity to know the survivors' personal history is mentioned in the research by authors Craftman, Swall, et al. (2020).

The study of authors Hirst, Le Navenec et al. (2011) emphasizes survivors' need to decide about the care given to them, and their need of recognition from the personnel, and it also points to the attention the survivors pay to their own health. Those who care of survivors, describe the care of these patients as extremely challenging, also due to their children's protective approach (17, 18).

SUMMARY

The Holocaust trauma is not only the question of the past, it's also an up-to-date topic for survivors, as well as for their families, close ones and those who care of them in case of a disease or difficult social situation. The main effort of the study was to grasp the topic comprehensively – in the levels of physical, mental, social and spiritual aspects, along with the aspect of community rules and legal possibilities of care and support for survivors in the Czech Republic. In the course of the study emerged also a practical dimension of survivors care as of healthcare and social services clients, with the aim to determine its characteristics and formulate recommendations that might be beneficial especially for those who don't have any experience with this target group.

The Holocaust health and social effects have been perceived as blank spots in the Holocaust research over the past years. Despite the fact that 76 years have passed since the end of WW II, those who survived the Holocaust horrors are still living among us. Due to the current high age of survivors, their emotional surviving is getting intensified what results in the deterioration of their health condition. Quality and effective care of such a person is not possible without the knowledge and understanding of the traumatizing events historic context.

The research stresses salutogenesis in A. Antonovský's concept; it means as a process leading to support and development of health, process of impaired health recreation and health fostering, and prevention of health risks. Also thanks to this study results it's possible to predict future health problems of specific emigrants groups (related to war conflicts,) and other groups of people who will be affected by an extraordinary extensive lasting psychological burden comparable to people having survived the Holocaust horrors.

Recommendations for healthcare and social workers caring of the Holocaust survivors have been formulated based on the study findings. The study highlights the necessity to work with personal history that significantly influences each of us, determines our behaviour and attitudes to the environment. Healthcare personnel should always consider these facts. In the preventive medicine context the research also points to the selected phenomena of the psychosocial pathology – the impact of problems emerging in the youth age on the further life.

In conclusion, it's vital to remind of the research's importance in contribution to better understanding among people, efforts in mutual tolerance and understanding, dignity, and sympathy with people with a severe trauma experience, with all suppressed and non-tolerated groups.

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Conflict of Interest

The authors declare that they have no conflicts of interest regarding the publication of this article.

Adherence to Ethical Standards

The research was approved by the ethics committee of the Faculty of Health Studies of the University of Pardubice on 8th June 2017.

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