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Guilt Feelings in Concentration Camp Survivors: Comments of a "Survivor"

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... the concentration camp survivor is usually confronted with clusters of symptoms which trigger each other, e.g. the preoccupation with the past often leads to nightmares, these lead to fear and anxiety, which promote depression, hostility and anger, and so on.
 ... how little is being done to prevent at least the children of survivors from becoming "survivors" due to their parents' psychological damages!

Introduction

I RECENTLY participated in a discussion on the treatment of concentration camp survivors with a group of ten professional social workers. The discussion pointed out that treatment of concentration camp survivors is often geared towards the relief of guilt feelings. Most of the literature mentioned also indicated that therapy is focused on relief of feelings which these people have as a result of "unethical and immoral" behaviour that they have exhibited in concentration camps in order to survive.

Since I am a concentration camp survivor myself, the discussion promoted a great deal of discomfort in me. Although most of the participants were not aware of my past, I felt as if the general assumption was that I must have done "something" in order to survive.

There are survivors who found meaning in their suffering and this became a motivating factor in their survival, there are others who survived by "luck" or "fate." I was too young to find meaning in my suffering, or to make any sense out of the crumbling world around me. I survived physically, but my emotional turmoil was such that it made my present life fade in the shattering memories of the past.

I sought counselling, but I was not ready for it. I expected something like a medical prescription, "do this and you will feel better." I could neither let out my feelings, nor work on any problems. The counsellor could not get through to

me, either because he could not identify with the intensity of the experience, or he was afraid of it.

Whatever the case may be, when I finally decided to get help, I could not get it.

That is when I had to make a conscious decision to struggle through it by myself and find some meaning in my present life.

This happened only about seven years ago. I developed an acute awareness of the feelings, attitudes and behaviour patterns of 10 people, all survivors, with whom I closely associated. I also developed a greater degree of awareness of my own struggle.

The feelings of discomfort and anger that I experienced when I was listening to the discussion of the treatment of concentration camp survivors promoted the need to put my observations of ten survivors over a period of seven years on paper and share them with whoever is interested.

Although I initially pursued this study for my own learning and self-awareness, I felt that I must speak up because treating people for relief of guilt feeling (which seemed to have been the most crucial aspect in the counselling process), when such feelings are not there, is only to the detriment of the person who is seeking help.

Two Types of Guilt Carriers

Through my observations, my own life experiences, and discussions with other

professionals, I am now aware of two categories of guilt carriers — the active and the passive. Each category has different implications for treatment.

1. *The "active guilt carrier."* This person has intense guilt feelings because he earned his survival by committing morally unacceptable acts. Although in many cases this person's survival depended on his committing these acts, it was nevertheless his choice.

The people who fall into this category are the Kapos (concentration camp inmates — male or female — assigned as barrack supervisors by the Nazis), women who became prostitutes to save their lives, or the lives of loved ones, informers, people who dug through mass graves to pull out gold teeth or left-over jewellery from bodies to exchange for food, people who stole from other inmates in order to survive, and many more.

All of the above described behaviour was unacceptable to the majority of concentration camp inmates, and therefore created active guilt feelings in these "sinners." The fact that such behaviour was required for survival temporarily suppressed the guilt. After re-entry into the mainstream of society these persons needed to find a constructive way through which they could work out their guilt feelings.

2. *The "passive guilt carrier."* This person survived merely because he happened to be alive at the time of liberation. He has some degree of guilt, having survived while many of his loved ones did not. Nevertheless, he did not commit an active deed at someone else's expense, nor did he behave in a way which damaged his own moral standards.

The great majority of concentration camp survivors are "passive guilt carriers."

The "Passive Guilt Carrier"

The group of ten concentration camp survivors which I observed during

1964-1971 are all "passive guilt carriers." They had a common camp experience, which lasted for four years (1941-1944) in the Ukraine. This particular concentration camp was not spot-lighted because mass murder was committed through more "conventional" means, i.e., deprivation of medical attention, starvation and mass shootings rather than through the more "advanced" Nazi techniques of gas chambers and ovens.

All ten people are Jewish. All lost part of their family and friends in the camp. They are immigrants to Canada via Israel. They live middle-class life styles and all are parents.

The group consists of four males — ages 70, 65, 45 and 43, and six females — ages 65, 63, 60, 45 and two 40-year-olds.

The following are characteristics that I have observed in all of these ten people. Each of these briefly described symptoms that can be found in persons other than camp survivors, but they are much more intense and consistent in this latter group.

While the average person may deal with the following symptoms singly, the concentration camp survivor is usually confronted with clusters of symptoms, which trigger each other, e.g. the preoccupation with the past often leads to nightmares, these lead to fear and anxiety, which promote depression, hostility and anger, and so on.

1. Hostility, hatred and aggressive behaviour

In concentration camp people developed a strong system of repression. The inability to take action against their victimizers produced hatred and hostility, which had no form of release. These feelings were experienced and repressed on a daily basis, and accumulated and intensified for four years.

Now when aggressive behaviour does not involve risking their lives, they impulsively release negative feelings towards those who treat them unfairly, or

seem to do so. Often, when the wrongdoer is not available the hostility and hatred are projected and released on others.

2. Impatience and Pushiness

During the camp experience decisions had to be made quickly. Allowing for a prolonged decision process to take place could have resulted in the loss of one's life.

All ten people in the observation group have maintained this behaviour pattern to different degrees. Pushiness and impatience are present in most of their interactions — with children, spouses, friends, co-workers, etc.

3. The need to make "the best decision" at all costs

For four years these people exhibited frantic mental activity in order to make the best decisions for survival. Now, out of the danger, this pattern of behaviour is applied to other decisions of lesser importance such as buying an appliance, planning a vacation, or choosing a new hair style. In order to always feel that they have made the best decision a great deal of emotional and mental energy is continuously being used up. In addition, the transferred pattern of making decisions quickly interferes with the need to make the best ones and creates a great deal of frustrations.

4. Preoccupation with the Past

Under normal circumstances everybody remembers most vividly those experiences which have had the greatest impact on their lives. However, for the survivors, there can be no doubt that the four years of concentration camp experience overshadows anything else that ever happened in their lives.

Thus, each of the survivors I have observed continues to be highly preoccupied mentally and emotionally with his past. *Their preoccupation with the present is mechanical and they often consider it trivial*

and meaningless (editor's added emphasis).

However, this symptom is much more intense in the older age group. Four of the 60- to 70-year-olds are receiving restitution money from the German government. Their very livelihood at present is therefore strongly related to their past sufferings. Thus, the preoccupation with their past is actually being reinforced in reality by receiving this "compensation" money.

The preoccupation with the future is somewhat equally important to all, regardless of age. It is usually expressed by a deep concern with one's physical health and the need to have financial security.

5. Nightmares

The reality of the camp experience continues in this group, even after 30 years, through their nightmares. The frequency and intensity of the nightmares are directly related to the degree to which the person succeeded to detach himself from his preoccupation with the past. Nightmares are often accompanied by psychosomatic pains, anxiety, depression, isolation and apathy.

6. Depression

Depressive states are present in all ten people in this group. Sometimes the depression is triggered by an uncomfortable present experience, such as illness, unfair treatment, death, etc., but most often it starts through daydreaming, nightmares or regurgitation of the past.

Four of the ten people (60-70 years old) are presently in a state of chronic depression and social isolation. They often exhibit masochistic and manic behaviour.

7. Fear and Anxiety

Political, social and family changes promote a high degree of anxiety. Present stressful events (moving, change of jobs, births, illnesses, deaths, etc.) inevitably produce a recall of concentra-

tion camp experiences. Thus, the person is faced with the task of simultaneously working through the present stress, as well as the residue of his past experiences. This task becomes very draining and often resources for emotional or mental recharging are scarce.

8. *Child rearing and Expectations*

The child rearing patterns of the five people, 40 - 45 years old, fluctuate between extremely strict and very lenient boundaries. At times when many of the existing emotional resources are called upon for working through previously mentioned symptoms, the only way these parents relate to their children is by overprotecting them. Normal assertive or rebellious behaviour in children is repressed by continuous comparisons with parental experiences in the past. Thus, in some way the children become emotional prisoners. At some stage of their development they must detach themselves from their parents in order to become individuals in their own right. The others are locked in a guilt-love relationship.

All ten parents in the group (ages 40 - 70) have unrealistic expectations of their children. They live their lives mostly for and through their children and therefore expect the children to be a continuous "Nachat Machine" (pleasure producing machine). The children must produce happiness for themselves, for their parents and often for all those family members who did not survive.

Only two children from two different families were able to detach themselves. This was accomplished by removing themselves from the physical proximity of their parents and emigrating to another country.

9. *Guilt and Self-esteem*

The guilt of having survived while others did not is often dealt with by placing unrealistic expectations on oneself.

"If I survived *that*, I must not fail in anything."

Due to a long period in which they experienced repressed anger, feelings of helplessness and worthlessness in the camp, all ten survivors in this group have a damaged self-esteem. Eight of them must continuously prove themselves and failure is seldom shared with family or friends. Such sharing might further damage one's self-image. As a result they deny themselves potential support resources when dealing with failure.

10. *Physical and Emotional Ghettoization*

While the "active guilt carrier" tends to hide from the group who knows his sins, the "passive guilt carrier" looks for comfort and empathy within the group.

Eight of the ten people have repeatedly declared that they are most comfortable living near and relating to others who have similar life experiences, "They *know* what it's all about."

Two went through an intense emotional struggle in order to move away from the community of survivors and expand their environment. They now feel that proximity to work, school, means of transportation, etc. are the most important criteria for choosing a dwelling.

However, at times of stress they too feel more comfortable being with the old familiar group.

All ten people have strong ties with groups and associations whose activities centre around concentration camp commemoration events. Past memories and mourning residue are continuously ventilated on such occasions.

All identify with the survival of Israel and the plight of Jews in Russia, Syria, etc. It seems that some relief of the guilt for having survived is found through these activities.

There are many other attitudes and patterns of behaviour which stem from the camp experience and continue to disrupt the quality of life of the survivors.

There are also many ways in which survivors have learned to live with their wounds and scars, just like people learn to live with chronic physical handicaps.

We can only help these people by extending ourselves and understanding that they are the only living memorial to six million who died and they are the witnesses of one of the most cruel and painful chapters of Jewish history.

The helping professions perhaps have an even greater responsibility in understanding and identifying with camp survivors because "professional neutrality and detachment" cannot be helpful in counselling.

Individual Therapeutic Involvement

Comparatively few concentration camp survivors seek professional help for their problems. Through my personal association with these ten people, I tried to explain what the therapeutic process is and how they might benefit from it. I also shared with them my own struggles and my own therapeutic experiences when I realized why it did not work. Perhaps as a result of these talks, five of the ten started therapy.

Three have been in therapy for 2-3 years each with a different therapist from 1967-1971. From what they have shared with me, it seems that these therapists have interpreted hostile, aggressive and depressive symptoms as a direct result of unrelieved active guilt feelings. These therapists probed and pushed to break what they interpreted as the patients' defences — denial and blocking of active guilt feelings. These therapeutic experiences became equally frustrating for both the therapists as well as the patients.

As a result of the focus on the relief of active guilt feelings (which did not exist in reality), these patients have not been helped to relate constructively to their present life. Instead, after 2-3 years of

therapy they developed distorted guilt feelings.

The other two have both been treated by the same psychiatrist. They went through a two-year period of *reality* therapy. This therapist worked with the symptoms as presented by the patients without making interpretations. These patients were helped to relate to their present life experiences, the degree of depression was reduced, the nightmares became less frequent and the patients began to develop a motivation for enjoying themselves and their present environment. They were able to talk about the camp period as a traumatic time, but accept it as a part of their total life rather than the central life experience around which all others revolve. They gradually developed more consistent child rearing patterns and more realistic expectations.

At times of crises these patients did not hesitate to discuss their problems with the psychiatrist, although they also liked spending time with the concentration camp survivor community.

In essence these two people were helped to grow from a superficial mechanical existence to a discovery of the meaning of their present life.

Conclusion

Much of the holocaust literature emphasizes the sensational aspect of the "active guilt carrier," therefore this character is more familiar to us. This familiarity creates the mistaken belief that any survivor must have committed immoral acts. Combined with the fear of searching through the complexities of such a massive trauma some of the patient's clues are misinterpreted and the therapist focuses on the familiar background:

"Survivor = Sinner = Active Guilt".

or

"Sin = Guilt = Punishment"

These models may be relevant in treatment of active guilt carriers, but

they do not bring results with the passive guilt carrier; on the contrary, his already painful life might become more drastically painful.

The community was helpful in many ways to survivors after their arrival in Canada. Many institutions provided helping services, especially for resolving environmental problems.

Now the environmental problems are solved; in fact many concentration camp survivors have established secure financial situations and have taken on leadership positions in the community.

The psychological damages of concentration camp survivors are less visible and because of this and a lack of understanding, services for these damages have been scarce.

Perhaps this is the challenge that now stands before us.

Some such services are now being offered, e.g. The Jewish Family and Children's Service of Detroit have groups of survivors working on stages of life, which they have "missed" due to camp; in Norway they receive government pensions

so that they do not depend on the German restitution money. But in general, how little is being done to prevent at least the children of survivors from becoming "survivors" due to their parents' psychological damages!

Bibliography

- Arbus, Judi — *Jewish Survivors of the Holocaust and their Emigration to North America*. Paper presented at York University, Glendon College, Toronto, March 1974.
- Carmelly, Felicia — Notes from seven years observation of a sample of Concentration Camp Survivors. Unpubl.
- Frankel, Victor E. — *Man's Search for Meaning*, Pocket Books, N.Y. 1959.
- Friedlander, Albert — *Out of the Whirlwind*, N.Y., Doubleday and Company Inc., 1968.
- Krystal, Henry — *Massive Psychic Trauma*, International University Press Inc., N.Y. 1969.
- Rakoff, Vivian — *Long Term Effects of the Concentration Camp Survivors*, unpublished article.
- Romberg, Perry — *Understanding and Helping the Survivors of the Nazi Concentration Camps*, Paper presented at University of Toronto, School of Social Work, March 1974.
- Vernant, Jacques — *The Refugee in the Post War World*, New Haven, Yale University Press, 1953.

Today's Jewish Woman: The Challenge of Change*

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... if we update some of our Jewish traditional practices so that they are in harmony with the late twentieth century, if we reexamine and change our Jewish denominational and community organizational patterns to respond to today's Jewish woman who is asking for full participation, we will be contributing to an enriched personal Jewish life and to a stronger Jewish community.

THIS IS a time when community and family life are in the throes of unprecedented social change and social strain. Change is never a painless process. It imposes stress, tension, anxiety. We sense that somehow the old familiar patterns do not work, yet we lack mastery over the new or even conviction that the new is good. We worry that time is passing us by, that perhaps we are too set, too rigid and will be left behind. Ambivalence and guilt surface as we begin to question our social institutions, our families and, in the end, ourselves. Should we swing with the new? Hold on to the old? Play it neutral and cool, down the middle? Time crowds us and we find that we have not established ways of sharing ideas and concerns and that our very language is inadequate for talking about values.

Let me suggest a few important social changes which have had an impact on the way the contemporary woman leads her life and therefore on the many ways that family life is inexorably changed.

1. The Working Woman

The American woman today represents almost 40% of the labor force. She has had mixed success in integrating home, motherhood and the traditional feminine responsibilities with job and career. This has changed the marital balance between men and women in many

subtle ways, some helpful and enhancing, others problem-laden. Some men have become true partners in helping their wives fulfill a changed role. Some men have felt diminished and have, often unwittingly, sabotaged their wives. Some wives have used career and work to avoid dealing with their role in marriage and in the community.

2. Loss of Extended Family

Another change is the loss of the extended family, so important in Jewish life, where an assortment of grandpas and grandmas, cousins by the dozens, aunts and uncles used to be readily available for the *simchas* and the sufferings that are part of family life. Today the mobile, nuclear family, on its way up the corporate economic ladder, is on the move — often five or six times in nearly as many years. Oh, yes, because we care and love, we manage to get together for weddings and funerals, but our ongoing connectedness is often accomplished through the courtesy of the Bell Telephone System, thanks to its low evening rates. This robs us and our children of the opportunity for sustained involvement with parent substitutes, those alternative parental models whom we all need in order to learn the different ways to care and share, to be mad and glad, to trust and to risk. Again the question arises — how does this affect personal and family life? What are the deficits of this kind of loving pattern? What are the plusses? Are there ways that we, as Jews, can use our Jewish community to fill

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