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Challenges for aging Holocaust survivors and their children: The impact of early trauma on aging

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ABSTRACT

Is the impact of early trauma continually present or does the negative psychological impact disappear when survivors are younger and then reappear as they age? In Transcending Trauma Project interviews survivors noted the impact of the Holocaust was always present but some stated that it increased as they aged. A small number of children of survivors interviewed observed a dependence upon defense mechanisms to cope with aging which differed from the survivors' identification of using active and family coping strategies during the war and postwar years. Though children who experienced positive parent-child relationships mentioned the negative coping strategies, they also spoke positively of the impact of their parents in their own lives and expressed empathy for their parents. In the families where tensions existed between the survivors and their children, the children did not express empathy for their aging parents. Several studies supported the importance of family relationships in the aging process. This secondary analysis study further explored the impact of the Holocaust in aging survivors and the views of some children of survivors on aging.

KEYWORDS

Aging; counseling; developmental; family dynamics; Holocaust survivor families

Introduction

As Holocaust survivors¹ age a question arises about the impact of the trauma of their Holocaust experiences on the aging process. Researchers have begun to explore the question how does early trauma affect old age. Is the impact of early trauma continually present or does the negative psychological impact disappear when the survivors are younger and then reappear in the aging process? In the interviews where survivors discussed the aging process their statements supported a position in the middle. The impact of the Holocaust was always present but several survivors noted that the psychological impact increased as they aged. The research of Amir and Lev-Wiesel (2003) agreed that psychological symptoms increase in aging survivors. Others found that losses in resources limit coping options (Kahana, Harel, & Kahana, 2005). The Transcending Trauma interviews shed light on the aging process in

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individual survivors as they discussed the signs of the Holocaust's presence in their lives as they aged and why the Holocaust's impact increased. Their children's interviews also revealed a shift in survivor coping strategies from earlier reliance upon active coping and family to a greater use of defense mechanisms to cope with aging.

A second question was examined: How do the aging parents' children view their parents in light of the early trauma they experienced? Several studies (Glicksman & Van Haitsma, 2002; Hollander-Goldfein, Isserman, & Goldenberg, 2012; Kirkevold et al., 2013; ; Shmotkin, Shrira, Goldberg, & Palgi, 2011) supported the importance of family relationships in the aging process. This study further explores the relationship between the survivor parent, the child of survivors and the Holocaust experience on the aging process. Only a small number of children of survivors commented on the relationship of the Holocaust and the aging process in their parents. In contrast to their parents (Isserman, Hollander-Goldfein, and Horwitz (2013), the children of survivors viewed the coping strategies of their parents in a negative light. This negative perspective on aging in their Holocaust survivor parents is ameliorated in the children who experienced positive relationships with their parents as they were growing up. Though they mentioned the negative coping strategies in their parents, overall they spoke positively of the impact of their parents in their own lives and expressed empathy for their parents. In the families where tensions existed between the survivors and their children, the children did not express empathy for their aging parents.

Review of the literature

Characteristics of aging in Holocaust survivors

In both survivor and non-survivor populations (Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & Van IJzendoorn, 2011; Kahana et al., 2005; Shmotkin et al., 2011; Shrira, Palgi, Ben-Ezra, & Shmotkin, 2011) specific vulnerabilities may be caused by stressful situations that are common in the aging process. Losses of social network and physical strength play a central role in whether an older person experiences loneliness. In a study of older people in the general population, interviews revealed the critical importance of family as one means of avoiding loneliness in old age (Kirkevold, Moyle, Wilkinson, Meyer, & Hauge, 2013). They concluded that loneliness was associated with overwhelming losses, inactivity, meaninglessness, and social isolation. However, older people who interpreted their losses as a natural part of aging, and who created meaning in their everyday lives despite their losses were able to maintain activities and social contact that was essential to

mitigating loneliness. Social contact through family ties thus becomes a critical element in the lives of older people.

Child survivors, who were 16 or under when the war ended (Eitinger, Krell, & Rieck, 1985), were found to be particularly vulnerable to depression, anxiety, anger and other psychological symptoms. Amir and Lev-Wiesel (2003) called the Holocaust experience for the child survivor a lifelong narrative and found that these symptoms increase in impact during the aging process. Others also concluded that aging survivors are more vulnerable to PTSD symptoms and greater health-related difficulties (Landau & Litwin, 2000). Although there is inconsistency in the research in the field, most agree that in old age vulnerabilities due to the impact of early childhood trauma may increase.

Coping strategies in aging Holocaust survivors

The effects of the multiple traumas experienced by Holocaust survivors are complex and are affected by their prewar experiences and relationships, their war experiences, their belief systems, and their postwar experiences and relationships (Glicksman & Van Haitsma, 2002; Hollander-Goldfein et al., 2012). Losses in resources characterizing old age may also limit coping options and influence their use of particular coping strategies (Kahana et al., 2005).

The aging process and the survivor-child relationship

The experiences of aging survivors or the traumatic experiences of survivors can affect their relationship with their children. Attachment theorists have noted that available and supportive family-of-origin caregivers give rise to secure children who develop secure adult personalities (Allen, 2005; Ricks, 1985). These relationship patterns, developed in the child's family of origin, tend to characterize the relationships between the adult children and their parents (Isserman, Hollander-Goldfein, & Raizman, 2012; Main, Kaplan, & Cassidy, 1985). Relationship dynamics in the family also impact the bonds between the parent and the adult child as well (Shmotkin et al., 2011). Early life experiences will directly impact how adult children function as caregivers for their parents (Anderson, Fields, & Dobb, 2013). Their research findings state that life events (e.g., the Holocaust), family history (e.g., lifelong influence of the Holocaust), culture, and the changing biopsychosocial resources and needs of the care recipients and family caregivers help to shape the experiences of caregivers. As a result of these factors their caregiving experiences were challenging and resulted in increased levels of stress and burden, high levels of dedication and obligation to provide care, and often a sense of guilt for not doing enough for survivors (Anderson et al., 2013). Thus, the

aging process not only affects the survivor but also impacts his or her children. Through our interviews with some of the children of the 96 survivors, who often acted as the survivors' primary caregivers, we were able to observe their views on their parents' aging process. Their descriptions when placed within the dynamics of the family of origin reflect the early parent-child dynamic.

Transcending Trauma Project (TTP) findings on family dynamics

Family dynamics in the family of origin are important to the aging process. How the caretaker children of survivors view their aging parents is related to the nature of the parent-child relationship in the family of origin. Positive parent-child relationships in the family of origin led to empathic views of their parent's aging. Negative relationships resulted in hostility, anger, and lack of empathy for the aging parent's situation.

The descriptions of the four categories of family relationship patterns revealed that the adult children of survivors' were impacted by the nature of the relationships in the family of origin. Children of survivors growing up in families with predominantly positive parent-child relationships evidenced greater psychological health as adults. Children of survivors who experienced predominantly negative parent-child relationships in their childhood demonstrated emotional difficulties in their adult relationships (Isserman, Hollander-Goldfein, & Raizman, 2012). Consequently, these patterns of behavior provided guidelines in our subsequent analysis as to how the children reacted to their aging survivor parents. Our data showed that children of survivors who discussed the relationships they had as children with their survivor parents in positive terms showed greater empathy for their parents as they aged. Children who described negative parent/child dynamics when they were young showed less empathy for their aging parents. In the mixed family patterns, the children vacillated between attitudes of empathy and caring and attitudes of distance, self-centeredness, and criticalness. In the mediating parent pattern, due to the successful mediation of the healthier parent, the children evidenced empathy for the distressed, angry, or symptomatic parent.

Defining the four family types in the original study

In the original Transcending Trauma Project (TTP) study, 51 intergenerational families were analyzed and placed into four types of survivor-child families based on the dynamics of the quality of the parent-child relationships: positive, negative, mixed, and mediating families. These definitions were derived from the child's descriptions of each of the parents in the parent-child relationship, which included the description of each parent's

behavior toward the child and the emotional state of the parent(s); the existence or absence of conflict in the parental marriage; the identification of targeting a child by either parent for which the child experienced a negative impact as a result; the description of the child's adult mental health and relationships; and the existence of empathy in the child toward the war experience of his or her survivor parent(s). Relationships were measured according to the Quality of Family Dynamics Paradigm (QFDP), which grew out of the early analysis of TTP research findings on the relationships between the child and his or her primary caregivers in the family of origin and also on attachment theory. The paradigm tracked five factors on a continuum from closeness to distance; empathy to self-centeredness; validation to criticism; positive expression of feeling to negative expression of feeling; and open communication to closed communication (Goldenberg, 2011; Hollander-Goldfein & Isserman, 1999; Isserman, 2005).

From these broad markers, the TTP research team identified several factors that revealed the parameters of the patterns of family relationships. Four types of families were found: families with positive parent-child dynamics; mixed parent-child dynamics; negative parent-child dynamics; and a small number of families where the stronger parent mediated the impact on the children of the more distressed parent. Families were categorized based on the following criteria: the descriptions of each of the parents in the parent-child relationship according to the quality of family dynamics paradigm; the parents' marital relationship; the existence of targeting one or more children in the family; the description of the child's adult mental health status; and the nature of relationships in the child's nuclear family. From these broad markers, the TTP research team identified several factors that revealed the pattern of the family relationships. The description of the parent's or spouse's behavior in the family toward the child and the emotional state of the parent(s), the existence or absence of conflict in the parental marriage, the identification of targeting a child by either parent for which the child experienced a negative impact as a result of the targeting; the description of the child's adult mental health and relationships; and the existence of empathy in the child toward the experience of his or her survivor parent(s) are the key factors that, when tracked through the interviews, illustrate the family interaction patterns.

In the positive families the parents were described by the children in positive words like *loving* and *caring*. Neither parent was labeled angry or depressed. When analyzing the description of the parent-child relationship according to the QFDP, the stories in the interview told by the child in the positive family category clustered on the positive end of the continuum. The relationships were characterized as close, empathic, validating, and expressed in positive emotional terms. Open communication patterns existed in the parent-child relationship. The child described the parental marriage as good

or relatively trouble free. No signs of either parent targeting a child in the family were present. The adult child described his or her current situation in positive terms, often noting the influence of the parents as positive role models, as sources of support, and as having successfully transmitted their values or belief systems to the child.

In the negative families, the negative parenting was the predominant influence on the children, resulting in significant problems coping in adulthood. The child's description of the parents included a characterization of one or both parents as angry or depressed. The parent was described in such terms as "critical," "angry," "depressed," "worried," or "anxious," words that revealed a negative emotional base to the relationship dynamics. The relationship between the child and parent as analyzed through the QFDP was described as one in which the parent was distant, critical, self-centered, and exhibiting negative emotions. Communication was closed between the parent and child. The parents' marriage was characterized as distressed or conflicted, with moderate-to-severe problems. Targeting of a child was often present in the family. If targeting was present, efforts by either parent to mediate the targeting were insufficient and ineffective. The targets were often the oldest child. One possible interpretation of this kind of targeting is that oldest children were most vulnerable to their parents' emotional difficulties after extreme trauma. Another possible explanation for this pattern is that the oldest child was born closest to the trauma and was for some time the only child in the family. As the only child, he or she was the sole repository for the parents' trauma.

The mixed families fell in between these two extremes and were characterized by mixed positive and negative influences. Consequently, children in the mixed group reflected healthier functioning in coping with adulthood and less significant problems in life than those in the negative families, but also evidenced more adverse influences than those in the positive families. In the mixed family category, each of the five QFDP factors consisted of both positive and negative characteristics. The parents were described in terms reflecting both ends of the paradigm continuum and often included an angry or depressed parent. The parents' marriages ranged from good to mild or moderately distressed but were not described as severely distressed by the child. While some targeting of one or more children in the family by the more symptomatic parent may have occurred, there may also have been some attempts at mediation by the less symptomatic parent. These attempts to mitigate the effects of targeting were not totally successful, however, and the targeted child exhibited some signs of the damaging impact of the targeting. The child's adult life showed in general some negative influences from the problems of the parents either in nuclear family relationships that were troubled or in the adult child's mental health status. Many of the children as adults in the mixed family category did not exhibit empathy

toward their parents as a result of their war experiences, but more often expressed the sense of emotional burdens.

In the mediating family category there was one parent who was either angry or depressed. The non-distressed survivor parent was described in exclusively positive terms. When compared to the negative and mixed family groups, the marriages in the mediating group were less severely distressed. This also may have been due to the efforts of the mediating parent. The healthier parent succeeded in mediating the negative impact of the emotionally distressed parent, reducing marital conflict, and at the same time preventing harmful targeting of the child by the distressed parent. This mitigation of the harmful consequences of targeting and the more healthy relationship between the two parents led to children who were able to live normal adulthoods and reflected the positive relationship between the child and the mediating parent.

Methodology

Description of the original sample

TTP is a qualitative research project that used grounded research methodology to answer the question: How did survivors cope and adapt after the Holocaust and rebuild their lives and families in postwar America. The original TTP study conducted 305 in-depth psychosocial life histories of survivors, spouses, children, and grandchildren using a semi-structured interview guide format to ask questions about the prewar, war, and postwar years. Prewar information included such topics as demographics of family of origin, description of relationships, family dynamics, religious identity, family values, and any significant life experiences before the war. War information included experiences of self-preservation, dehumanization, and coping strategies, as well as the psychological thoughts and feelings of the survivor and the survivor's connection to significant others. Postwar information included such topics as relationships, family dynamics, postwar emigration and adjustment to life in the United States, marriage, children, religious identity, strategies for coping and adapting, political attitudes, and the impact of the Holocaust on the individual and family members. Interviewees were located mainly around the Philadelphia area, although family members in other parts of the country and Israel were interviewed where possible. Most of the interviews were in English. A few that were in Yiddish were translated into English. All were audio interviews and have been transcribed and digitized. Although representativeness is not important in a qualitative study, the demographics of the 96 TTP survivors were similar to the demographics of the 2000 special report on survivors of the National

Jewish Population Survey (Kotler-Berkowitz, L., Blass, L. & Neuman, D, 2004).

This study as secondary analysis

The data for this study of aging and coping in Holocaust survivors is a secondary analysis of the psychosocial life histories conducted by TTP research, of the Council for Relationships, Philadelphia, PA. Survivors' reactions to aging were discovered in the course of interviews that explored how the survivors coped with the aftermath of the Holocaust and adapted to life in a new country. In addition, the children of survivor interviews were also examined for the same topics. The goal is, to learn about the issue from the perspective of the people who have firsthand knowledge (Morse & Richards, 2002; Polkinghorne, 2007), in this case trauma survivor parents and their adult children.

This is not an unusual occurrence in secondary qualitative research (Lindsey, 1998). In fact, it is in the nature of grounded research that the interrelationships of significant issues are revealed and that new questions arise from the data. These observations spur additional areas of investigation. The life histories that comprise the data of the TTP are detailed guided conversations that yielded complex areas of inquiry through the analysis process. The utilization of qualitative research is appropriate for exploring topics about which little is known or where the prevailing theories appear inadequate or incomplete. This kind of research is validated by the richness and depth of data that only comes from the perspectives of those who have lived through the experience and given it meaning (Padgett, 1998).

The sample for this study

TTP interviewed 96 survivors many of whom were at the time of the interview just entering into the aging process in their mid-70s. Of this group of survivors, 80 were interviewed with a spouse, sibling, or at least one child and in several cases one or more grandchildren. In reviewing the interviews of the survivors in the project, only 34 (slightly more than one-third of the 96) discussed the impact of the Holocaust experience on them as they aged. Of these 34 survivors who mentioned aging in their interviews, only 9 or approximately 25% had children whose interviews mentioned their parents' aging. These low figures result from the fact that aging questions were not routinely part of the original semi-structured interview process.

In our database, we did not have any intergenerational interviews with survivor families where the survivors were "functionally childless" either with no living children or children so estranged from their parents that there was no contact at all. Thus, our research for this essay focuses on survivors who

were in contact with their children, regardless of the quality of the relationships. This gave us the potential to track some parent-child dynamics between survivors and their children.

Findings and implications

We found that in several cases, the descriptions of family relationships and dynamics in the family of origin often foreshadowed how the adult children viewed their aging parents. One comparison of the statements of two children in a family with a depressed survivor and negative relationships to a child with a depressed parent but with positive parent-child relationships will illustrate this point.

Ongoing presence of Holocaust memories

When we examined the words of the survivors on coping and aging we observed that the awareness of the negative impact of the Holocaust seems to increase as survivors age. Two developments are revealed by the survivors' words. In the first development, the Holocaust has been described in the interviews as a continuous presence in the lives of the survivors. Their statements from the interviews illustrate how the Holocaust has remained a part of their lives. Robert Krell has labeled this as the depression of the soul (Krell, 2001). The continual presence of the Holocaust is reflected in their thoughts, their nightmares, and in the current events in their lives. Thoughts of the Holocaust remain in the forefront of the lives of the survivors as they remember their losses. They continue to experience nightmares and the nightmares may be more frequent as they have less activity in their lives as their children leave home and their physical health declines. Events in their lives as they age may also trigger memories of what happened during the war years.

In the words of the 34 survivors, the Holocaust is a continuous presence in their lives. The memories are always there and have an impact on how they behave. Many state that they have never forgotten.

One female child survivor, AS, who survived the ghetto, labor camps, medical experiments, and death camp, declared,

I don't think that truly even today and in so many years if you say that you ever get adjusted to it ... I would lie. You're here, you go along because life needs to go on and it's like a sore; it gets healed but the wound will always be there. There is never ... a day that even today after all those years when I have family that I don't remember it. It is always there ... could you ever forget your mother? You can't. It's part of your life and you never get over it.

A male survivor, AA, who was in Siberia and fought against the Germans in the Russian army, expanded on this theme,

People who were in the camps for many years ... it's even worse. And for those who were older it was harder. If you're eighteen, nineteen, twenty, you can sort of overcome it and get over it. Well, the feelings are there. They're always there. You're always thinking about this. It's more than 50 years already and we still talk about it. Sometimes it's as if it ... happen[ed] yesterday or today.

... then all the thoughts come back. When you're young the thoughts don't come so easily, but when you're older they come back even more.

He further states,

You have to get older if you live ... You never forget. You can't live with it every minute because if you lived with it every minute you'd go crazy and you can't let it get to that. It's not that I ever forget. I always remember that I had a mother and a father and sisters, but you can't always be thinking about it. People who think about it all the time are in a mental institution.

Another survivor, SJ, who was a teenager in hiding during the war, commented,

I can't say that every single day of my life I think of these things, but sometimes things hit me, sometimes totally unrelated, inconsequential little something triggers those memories. They are there; they are not to be forgotten, and not to be minimized ... there's always something that triggers back memories.

Still she notes that life goes on " ... you cannot let that be the over-riding thing."

Survivor, HI, who as a young adult in the war escaped from a labor camp and joined up with the partisans, stated it very succinctly that,

The past cannot be erased from our minds ... We will never erase our problem ... I am soaked with the past. I am soaked with anti-Semitism." The memories are always there.

Supporting the concept that the survivors have not forgotten the trauma of the Holocaust, many survivors reported that they experienced nightmares through the years. Over and over again these survivors revealed in their interviews that even 50 years after the Holocaust they had frequent nightmares. Often they were triggered by events that happened to the survivor in the previous week. Or they may have been reliving events during the war. The war events that happened to them were not forgotten. Summing it up, one male survivor, DH, a survivor of three death camps, noted, "A lot of ... never goes out of my head ... I try to forget, but I can't." A similar comment by female survivor RE, who gave 18 hours of her life story in exquisite detail to a TTP interviewer, concluded, "[The war] comes back to me when I sleep ..." RE was in hiding during the war and during that time experienced

multiple rapes and escapes from pogroms among other horrors. “I have nightmares that frighten me and remind me of the war For years, 20, 25 years,” stated WA, who vividly described her nightmares in her interview. She was in a labor camp and in hiding in a bunker for 16 months until the people in the bunker were betrayed. She elaborated on her nightmares,

I can tell you one thing, that even now, 50 years later, I wake up sometimes at night, and I see these yellow buck teeth, and I can smell that whiskey and garlic. I really and truly can smell it right now. I know it’s kind of crazy, but it’s the truth.

Regardless of whether the survivors remembered the details or not, the nightmare itself impacted them and they woke up disturbed, perspiring, or shouting. SA, who was quoted earlier on the Holocaust as a constant presence in her life, gave one reason why she had not forgotten the events of the Holocaust.

... till today ... some event will happen, or if I see something or I try to analyze [the] following day, why now? ... And the following night or a night later I would have [a] terrible nightmare Then I start to realize that ... many times I can’t remember dreams, but I get up and I am literally perspired. I know that I had [a] nightmare ... It was not a good, good dream, but I can’t remember what ... but then I get up and ... forget about the dream.

For some the fear of having a nightmare caused insomnia. WA, who in a previous quote described her nightmares so vividly, stated that “I don’t sleep. I wake up at 2 in the morning. You know that, if I don’t sleep, I don’t scream.”

As RG, a male survivor who skimmed over the details of his war experiences in his interview which included time at Bergen-Belsen, remarked, “It doesn’t matter. It’s part of our baggage.”

When asked by the interviewer “How do you cope with remembering the Holocaust?” LI, a female survivor on the kindertransport,² responded,

I get nightmares ... Every time I think of my parents, I see my father jump over the gate and cry, “Don’t take my baby.”

Her nightmares focused on that day’s events and she commented, “I often try and think of the happy times, and they elude me ...” She continued,

And then somehow in the evening, when I’m in bed, I might think of something or other. Whether it sets it off, I don’t know. It just happens. Every once in a while I still dream. Or I dream that I’m running away, that the train stops and they want to send it back and I run away from it. Things like that. Irrational, but it definitely has something to do with my past, and you can’t escape it.

The survivors not only had nightmares about the Holocaust but also suffered from flashbacks. One child survivor, SR, who spent time in Auschwitz, described the flashback when she heard trains,

And the trains were just going and going and the sound of the train, it was so sad. Even when I think of it today ... I hear a train I think of the trip going to Auschwitz with the wheels, the blowing of the horn. And we just sat there and nobody, nobody really said anything ... I hear the sound of a train and it just brings me back going to Auschwitz. I feel very sad because I feel the way I felt then ... And it brings back memories with all of us sitting there huddled together, squeezed in. Really ... like cattle.

Flashbacks, nightmares, triggers from everyday life all brought memories of the Holocaust to conscious thought. Our findings as demonstrated by the above interview quotes support Shmotkin's hypothesis that the impact of early life Holocaust experiences are present or return during the aging process (Shmotkin & Blumstein, 2003).

Increasing burden of the Holocaust in the lives of aging survivors

The second development that the TTP interviews revealed is that the impact of the Holocaust increased as the survivors moved through the aging process. Analysis of the interviews identifies four reasons for this: (1) poorer health; (2) experiencing late life losses particularly of spouses; (3) more time to think about the war years as the demands of their careers and families lessen; and (4) the increasing focus on the Holocaust in the media.

Survivor AA quoted earlier on the Holocaust as a constant presence summed up the impact of aging and the Holocaust by stating, "There are people who are weaker, who take it very hard, and if you do that it's not good." RG commented that he has nightmares all the time. "It's part of our baggage." "... but if you're a healthy person you forget it."

The aging process itself is made more difficult because of the physical impact of the deprivations and hardships suffered during the war (Kahana et al., 2005). PA, a child survivor of the kindertransport notes,

And during the aging process our controls are lessening because our bodies are taking over and dilapidating. And we are aging less gracefully perhaps, physically, the signs of our stresses, our early stresses, are showing, and our bodies are showing those stresses now, which we cannot control.

Late life losses had a great impact because of the Holocaust experience (Anderson et al., 2013; Kahana et al., 2005). As spouses died, the survivors felt that they were all alone with no one to share and understand the memories. One survivor, KG, who experienced the ghetto, hiding, and death camps, stated that the nightmares increased after her spouse died. She relied upon medication to lessen their impact. Her son, KA, noted that his mother became noticeably more depressed after the death of his father and more dependent upon medication.

I can tell you for a fact ... that ... my mother was extremely depressed, and ... she had to take drugs all the time to keep her out of her depression. That was also very evident ... after my father died, how depressed she was for years after that.

Survivor, HS, discussed the crises brought on by the loss of her daughter's presence when she married and moved out of state.

When my daughter married and moved away to Philadelphia ... the first few weeks, the family from Israel [was] here, and I was running around, and shopping for them ... and ... it came the day they left. And [that] day I came home ... my mind collapsed. And I went into a severe depression. It was all kinds of phobias. The worst was the traveling. I went to a psychiatrist... . I couldn't travel to the store. I pulled myself along. I was afraid to go on a train, and I wouldn't go in a taxi. And I had to go to work. The funny thing, I was able to work, fulfill all my obligations The moment I had to go home I was afraid... . I guess it had to do with the Holocaust.

Her daughter, HB, commented on this time giving her mother a lot of credit for addressing the loss and subsequent panic attacks.

... Boom, the house was empty, and my mother went through a period of time where she started ... to experience panic attacks ... And it expressed itself as being unable to go on public transportation, which was critical for her to get to work; ... And [she] panicked being alone in the apartment. And she was often alone, because ... she would come home earlier than he [her father] would ... she says she felt like something cracked inside of her ... a psychiatrist; therapist ... gave her some medication to ease the anxiety. She figured out ways to take public transportation that were less stressful In fact, she broadened her horizons she started to take a bus that was not underground. And then she would stop in Manhattan, and she learned to shop around 59th Street and Lexington, where all the big shops were Now, would you give this woman a lot of credit? To me it's ... more than just saying she's amazing? She's a survivor. She uses her head ... her thoughts, her thinking mechanisms to figure out ways of addressing what needs to be addressed by learning, by looking around her, by finding experts to help and not just giving in to it. She knew my father could not go on in his state with the burdens of the store without her And she ... wasn't going to hurt people because of what she was suffering So she took care of it ... I give her a lot of credit.

Several survivors stated that as the demands of work and family lessened they found themselves with more time to think about what happened to them during the war years. One survivor, RL, illustrated this situation by stating that

I do see the Holocaust as in my life more than ever before. Probably even more than when we were building, rebuilding, and raising the children; because I was at the time busy with the family, and the Holocaust was represented only by my deep sadness.

Her daughter, HB, saw this focus on the Holocaust in her mother's older years as having a negative impact on her health.

She has suffered for many years. It was something that stayed with her and remains with her. She reads about the Holocaust, reads about survivors, and quite frankly, to me, it's a very depressing lifestyle that she has committed herself to ... I'm not going to criticize it. I wish that she would participate in things that would make her feel more positive inside rather than bringing those emotions and memories back literally on a daily basis. Even on a physical level ... It's my opinion that in the case of my mother, her stress level and her anxiety through her daily commitment to being a survivor has physically made her sick.

Finally, the effect of the increased attention to the Holocaust by the media had the effect of increasing the impact of the Holocaust in some survivors. WM, a survivor of labor camps in Eastern Europe, stated,

Then when the sounds of the Holocaust came back into prominence, so much was being written, talked about and movies, and everything like that. It reactivated my thinking again, my feelings and ... I'm going through ... the same tension and experiences as before. Not when I'm awake, but when I'm asleep. I can feel it." "Remembering it is a dual thing." "It brings back those feelings again, which I'd rather not want to relive anymore. On the other hand, you feel relieved that you are through with it, that you made it ... that's the other side of it ... in other words; you do appreciate what you have today. That you have life, that you started a new life here.

The children we interviewed also gave us insight into the survivors' coping strategies as they aged. Many agreed with the survivors' statements on having more difficulty in coping as they age. One child, MJ, recounted this conversation with her mother, WC, a survivor of Auschwitz, who said to her,

Maybe I'd be better off dead than having teeth problems. I said, "Mom, come on. After all you've been through in your life you are going to tell me that dental problems are what is going to get you?" And she says, "Well, you don't understand how depressing they can be." She is basically depressed since my father died, so every little thing kind of gets to her ... I think the war gave them coping mechanisms, but I found that at least now for my mother her coping mechanisms are not what they should be. Maybe it's a function of age or what she has been through.

How children of survivors view their aging parents

The children of survivor interviews were completed when the children were in their childrearing years or even younger and so most focused their interview thoughts on their children, the relationship between their children and their survivor parents, how their parenting was impacted by their experiences as children of survivors and other thoughts relevant to that period in their lives. Only nine children out of 110 (8%), expressed

views on the aging of their parents and discussed how their parents were coping with old age and/or how they were coping with their parents' aging. The statements on aging by the children led to two observations. The first observation is that even though survivors presented their coping strategies as positive ways of adapting to their life circumstances, the children often saw the survivor coping styles in a negative light as their parents aged.

How survivors' children view the coping strategies of their aging parents

How do survivors cope postwar? In a previous article Isserman et al. (2013) identified 10 coping strategies used by survivors during the war and postwar periods to help them manage their current circumstances and postwar to rebuild their lives. As in Honey and Halse's work (2006), we examined the narratives to identify coping styles that could be inferred from the survivors' descriptions of what happened during the war, postwar, and during later life when the survivors were aging. We used survivors' words about their war and postwar coping experiences and a Q-sort methodology to identify the 10 coping styles and their frequency of use (Isserman et al., 2013).³ Our analysis of the TTP research showed that the survivors relied most frequently upon active coping strategies and family connections. The coping findings are similar to those of other studies (Greene, Armour, Hantman, Graham, & Sharabi, 2010; Kahana et al., 2005; Shmotkin et al., 2011).

In our study of survivor wartime and postwar coping, defense mechanisms were an infrequently used strategy, seventh^h out of 10 in order of frequency of use. Our definition of defense mechanisms based on the survivors' words encompassed the following terms: dissociation; compartmentalization; repression of traumatic memories; minimization/telescoping; numbing; denial; avoidance; humor, especially sarcastic humor; sublimation; and intellectualization. They were viewed by the survivors as positive means of dealing with the traumatic circumstances of the war and the difficulties of rebuilding their lives postwar relationships. Yet the children who discussed their aging parents' defense mechanisms saw these defense mechanisms as negative coping strategies used quite frequently by their parents as ways to cope with the aging process. Defense mechanisms that helped the survivors in a positive way get through the war and rebuild their lives became defined as denial of problems in aging or numbing or telescoping. This finding is striking when compared to our earlier analysis of survivor war and postwar coping (Isserman et al., 2013). One child, BE, commented that her survivor mother telescoped or minimized the pain of others.

And even now, she minimizes what other people are feeling ... I think the people that have gone through the Holocaust, they have trouble being sympathetic with

another person's war stories because they are—no matter if you were in a ditch for 4 years—it's not what they went through. And I understand that. But it's also minimizing anybody else's pain.

In addition, the children viewed other coping strategies in a negative light contrary to the survivors' viewpoints. To the children, reliance on family connections was not seen as a positive coping strategy as they observed their aging parents encountering major losses and problems. The children viewed relying on family connections as a strategy that produced tensions, criticism, and a scarcity of positive connection. One child of survivors, KH, told the interviewer,

She hooks onto me. She's very ... when she's with me; she has to be with me all the time. And it's very draining. There's nothing to talk to her, because she says the same thing over and over. And I was working, and it's like a baby. You have to leave her, the kids took turns a little bit. I had no one to leave her with. And I had to leave early from work 1 day. It was ... and it's very draining. You know, when she leaves, I'm exhausted. This is sort of not her fault. This is sort of her illness.

She continued, "I'm angrier about what she did to me during my marriage than when I was a kid. I don't know. I guess it's closer and I remember that more. She made our lives hell. I mean, really hell."

Survivors in their assessment of their ways of coping during and postwar viewed their personalities and temperaments as positive tools in their arsenal to assist in coping (Isserman et al., 2013). The personality characteristics they mentioned that helped them cope were their ability to be engaging, dynamic, charismatic, energetic, anxious, intelligent, curious, stubborn, and/or strong. But the children only saw that the predominant personality characteristic of their aging parents was anxiety. In their words this was not a positive means of coping but instead troubling and undesirable.

A child, SD, commented on the aging process and anxiety in her survivor father,

He doesn't deal well with stress at all, and it's getting worse as he's getting older. This last time when he was quite ill, he just lost it. He would cry and carry on ... he couldn't be in control, and ... that was so frustrating for him that he ... lost it.

Similarly, KM stated,

... he never used to cry like he does now. When he says good-bye, or he thinks about things ... and when they do, they have tears ... They're getting older, and it's important for us to share every moment that we can with them, because the years go by.

Influences of dynamics of family relationships in family of origin on caregiver children

How the children viewed their aging parents often reflected the patterns of family dynamics discussed earlier, the positive, negative, mixed, or mediating family patterns. Children who experienced positive interactions with their parents during their childhood viewed even the aging parents' problems in a positive light. They responded more positively to their parents' difficulties expressing empathy and gratitude toward the parents. Children who experienced as children predominantly negative relationships with their parents described their parents' aging in deleterious terms. These children viewed the parent as a burden. Their attitudes toward their parents reflected the nature of the parent-child relationship and the lack of nurturing given by the survivor to the child in the child's early years. Examples of children from positive, mixed and negative family patterns and their attitudes toward their aging survivor parents are presented here to illustrate these patterns.

Positive family dynamics between the child and her mother led a child of survivors, GS, to an empathetic and understanding of her mother, NV, who spent the war escaping and hiding from the Nazis. She stated,

My later views of her were more the admiration and respect Early on I bought into some of the insecurities that she was projecting. "Be like your father," and "I'm not as smart as your father," and "I can't do this as well as your father," ... all the things she felt she couldn't do. It was only later that I came to appreciate all the things she could do As a widow she was able to blossom as a social creature, as a doer, as a goer. I came to admire the qualities about her that enabled her not to react to anger with anger. I came to admire and to realize that her nurturing, and her givingness were not to be taken for granted, that every mother was not like that, that she was unusual in that quality. So ... to sum it all up, I came to appreciate her more when she was older, because the things about her that are special are not the things you see, but the intangibles.

A child of survivors, DC, who described negative patterns of interaction between her mother and herself complained about her mother's need later in life to tell stories about the war years. She had wanted her mother to share the stories throughout her childhood not wait until the child was already an adult.

My mother bottled it up, because ... at that time she chose to repress. My father felt it was important to pass it down. My mother now feels that it's important to pass it down, but I'm at a [different] point in my life ... I lived with my dad most of my life, and I listened to the stories, and I heard a lot more than what I even told you.

Regarding her mother's desire to talk DC remarked,

Tell me if somebody attacked you. Tell me if somebody pistol-whipped you. Tell me something. Tell me what they did. Tell me when they did it. Tell me where you

are. But don't tell me this when I'm thirty-five or 40 years old. I don't want to hear it.

Another child, LS, from a family with negative dynamics stated,

Me personally, I've had enough, I've been a martyr enough over the years. Let other people gain some understanding ... the victims were not only people who were affected directly, but it could have been generational. It was passed on. So I've been a victim, too, even though I was born after the war.

A child of two survivors, SW, with a mixed pattern of parent-child relationships demonstrated his conflicted attitude toward his survivor parents. He stated,

Actually, a couple of weeks ago was probably the first time that I called him up ... told him that I loved him, and ... was really proud of him, and ... that was the first time I've ever done anything like that ... because it's always been ... don't show emotion ... I don't talk to him, he doesn't talk to me. But I just ... feel bad that he has these insecurities like he feels he hasn't done a good job, and it ... concerns me that ... my parents are both getting older and I don't know how much longer they are going to be around ... I didn't want ... my last memories of my parents to be ... I wish I could have talked to him more So ... it's important to me now ... to go see my parents where it never really was. It's important for me ... to try and have that line of communication. The son continued on about his mother to reveal his conflicting thoughts on his relationship with her. "I know it's something she went through and maybe ... someday I'll be able to listen to more detailed stories but as of right now ... it's just something that's very hard for me to deal with ... we really don't talk about the Holocaust or her experiences I still don't agree with them but ... I understand where they're coming from, and bottom line ... they're trying to do the best job they can and ... you really can't fault them for that.

Here are examples of three children of survivors; two of them are brothers from a family of origin with troubled relationships between the parents and the sons, discussing the same problem of depression in their aging parents. The sons with troubled relationships with their parents not only described their parent's aging in negative terms but also felt the harmful impact of the Holocaust on their lives. One child, KA, the son of two survivors of the camps, stated about his mother as she aged,

I know that my mother was extremely depressed, and that she had to take drugs all the time to keep her out of her depression. That was also very evident, by the way, after my father died, how depressed she was for years after that. So it affected her.

And his relationship with his mother affected his view of his own circumstances. He resented the fact that as a result of the Holocaust he had no grandparents.

I guess that sort of made me that much more of a loner. We really didn't have family ... And it was like everybody else has got an aunt and an uncle, you know,

two minutes away ... And I always resented that. It was like something that was done unfairly to me.

His brother, KJ, concurred in describing his mother's depression, stating that not only was she overprotective but he couldn't talk to her because she was not emotionally available. On his relationship with his mother, KJ said,

Always working hard, because she helped my father in the store, and then she came home, she had to clean the house and do the cooking, do the laundry ... They worked 7 days a week ... And if they weren't working, you know ... they were resting up or whatever.

And KJ couldn't talk to her. The distant and closed relationship these two children had with their depressed parent led to less appreciation of their aging parent and the circumstances of her life.

My mother, it was just too painful for her ... Regrets are only that I didn't have a better relationship with my parents through the Seventies when I could have, in terms of, you know, talking to them a little bit more.

The child of survivors, SJ, who experienced positive relationships with his two survivor parents, viewed their increasing depression differently.

And when somebody gets ill, or sick, or a friend of theirs passes away, I think my father takes it much harder than my mother. He has more difficulty dealing with that situation, and he expresses it in terms of just being upset and just becoming overall very depressed. He has a tendency of late to be much more depressed than my mother. My mother finds solace in her activities. My mother, I think, when she gets upset makes herself busier. She'll get involved in an activity or something like that and she deals with it that way—at least that's my perception ... My father, unfortunately, has been plagued by a number of maladies, and my mother doesn't handle those situations extremely well.

Yet despite detailing their problems, this child of survivors described their presence in his life in a positive manner.

I'm able to cope, I think, better with a lot of situations than most people that I know, and I think I have a better understanding of how people in societies work as a result of going through [the experience of two Holocaust survivor parents], more sensitive to the thoughts of other individuals. So I would say that it really was a significant factor, I think, in my life, and continues to be, and I expect that it will always be. But interestingly enough, as horrible as it may sound, I think I'm a better person for it ... If there is one lesson that I learned, than I can imbue to my children is the will to persevere and, so to speak, survive.

SJ, the child of survivors who experienced positive relationships with his parents had parents who were: close and warm; other oriented and not focused on themselves; more validating and less critical; and with whom they could communicate in an open fashion. The nature of this kind of

relationship fostered empathy in the child, which was reflected in his statements on his parents' aging and on the benefits he received as their child.

Discussion

The qualitative interviews of the Holocaust survivors and their children on the process of aging support hypotheses proposed in numerous quantitative studies. Shmotkin's model analyzed the aging processes of survivors using a quantitative methodology. In Shmotkin's research, Holocaust survivors were more likely to evidence lower functioning in psychosocial markers in response to illness, dependence upon others, losses of spouses or other significant people, which impacted the survivors' mental status (Shmotkin & Blumstein, 2003).

What changes occurred in coping strategies as survivors aged? An analysis of the TTP interviews tracked the changes in survivor coping strategies. When the survivors faced challenges in the war years they were able to marshal a variety of coping strategies, which were effective in helping them face the war challenges. After the war as they began to rebuild their lives and their families, most of these same coping strategies were relevant and useful (Isserman et al., 2013). However, as other research has noted (Fridman et al., 2011; Itzhar-Nabarro & Smoski, 2012) as the survivors aged the coping strategies they relied upon changed and reflected their diminishing quality of life. While still at home and in the early stages of aging, in the quotes from approximately one-third of the TTP interviews, survivors discussed the impact of the loss of their spouses and the difficulties they had with diminished health as they aged. They more often than not lost the struggle to cope with and to suppress Holocaust memories as the demands upon their time from family and work lessened. Nightmares became more difficult to cope with when the survivor's spouse was not there to help. As children moved away or became busy with their own lives their distance compounded the losses of spouse and good health. Numbing, telescoping, denial, and mostly unsuccessful attempts to repress their memories prevailed in contrast to their earlier lives when active coping predominated (Isserman et al., 2013).

In the survivor interviews that addressed the question of aging, the nature of the coping strategies (Barel, Van Ijzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010; Isserman et al., 2013) that the survivors employed to help them navigate through the war years and immediate postwar years changed as they aged. The survivors during the war years and the years when they were rebuilding their lives and families relied upon active coping, family connections, and positive beliefs in themselves. These strategies helped them survive the war and adapt to their postwar lives. Defense mechanisms were one of the least used coping strategies (Isserman et al., 2013). However, in the survivors' descriptions of their

aging and in the children's comments on their parents' aging, defense mechanisms became a primary coping strategy. The children commented upon the loss of control that the aging survivors experienced in their lives; the telescoping of events and circumstances where small problems negatively impacted the survivors' outlook in significant ways; the numbing or distancing of emotional connection to the children; and the denial of problems that the survivors faced. Losses from deaths of spouses and children moving away fostered loneliness, panic attacks, and social isolation in these survivors' lives.

Shmotkin's model suggested that vulnerabilities in older survivors manifest through difficulty in extracting joy from life, a sense of helplessness, intrusive memories, and other stress symptoms (Kahana et al., 2005; Shrira et al., 2011; Yehuda et al., 2009). Our findings support these conclusions. In the aging survivors' descriptions, intrusive memories appeared in the form of nightmares and flashbacks. Frequent thoughts about the Holocaust and memories resided in the forefront of their lives. Poor health increased the impact of their war memories, creating increased vulnerability and the feeling of a general loss of control over their lives (Davison et al., 2006; Kahana et al., 2005). In addition, the increased focus in the media upon the Holocaust magnified the impact of Holocaust memories for some survivors, preventing them from suppressing their memories.

This study also tracked the connections between family dynamics in the family of origin for the children of survivors and their attitudes toward aging in their parents. The study of family dynamics in two generations of survivor families allowed the TTP research team to connect the developmental parent-child relationships and the children's later attitudes. Others have linked early life experiences to family caregivers' attitudes as well (Anderson et al., 2013). In the original TTP research study, the prewar experiences and relationships in their family of origin impacted postwar relationships in the survivors' nuclear families. We found the quality of family dynamics in the prewar lives of the survivors were often recapitulated in the survivor parent-child nuclear family dynamics (Hollander-Goldfein et al., 2012). Elder, Johnson, and Crosnoe (2006) found that these early experiences affected the experiences of family caregivers as well. Their finding supports our observation that the relationships within the nuclear family influence how the children viewed their parents as they aged. In families where the children of survivors experienced positive relationships with their parents, they also showed a more positive attitude toward the parents' aging. Even when they described the negative coping strategies in use by their parents, they still expressed empathy, understanding, and often gratitude toward their parents for the life lessons they received. In families where the relationships between the parents and children were characterized by distance, self-centeredness, criticalness, or expressions of negative emotion such as anger, the children did not express

empathy toward their aging parents and viewed this phase of their parents' lives in negative terms.

Conclusion

Qualitative interviews of survivors and their children may be used to conduct an in-depth exploration of the aging process in survivors. In approximately one-third of the TTP survivor interviews, the impact of the Holocaust was clearly discerned as an ongoing and conscious presence in their lives as they aged. Moreover, the vicissitudes of the normal aging process seemed to increase the impact of Holocaust memories and legacies in the survivors' lives. Examining the quotes of a small percentage of children of survivors revealed that the quality of the parent-child relationship influenced the adult child's view of their aging parent and the amount of empathy shown to the parents. Where the relationships were positive, the children expressed empathy, gratitude, and admiration for their parents. Where the relationships were negative, the children viewed their parents as a burden and negative force in their lives. Although the TTP life history interviews did not actually elicit information about the specific ways in which adult children cared for their Holocaust survivor parents, the findings that their attitudes toward their aging parents were impacted by the quality of family dynamics when they were growing up leads to questions about actual caretaking behaviors on the part of the adult children. Because this essay was a secondary analysis of research focused on different issues, only a small percentage of children of survivors discussed the aging of their parents. However, the findings point to the need for additional research that would specifically address the findings on aging survivors and their children.

These findings raise important questions about the impact of family dynamics on the aging process. From this study an important area of further inquiry would be to study whether adult children who grew up with positive dynamics in their relationships with their parents actually took better care of their parents as they aged in comparison to adult children whose relationships with their parents were troubled. Whereas the actual realities of illness and death are not related to the qualities of family dynamics, the question remains as to whether early family dynamics and the relationships of later life affect how survivors feel about their situations, how they respond to the caretaking of their children, and how they respond to medical personnel and medical institutions. With this knowledge, medical practitioners could better assess the potential assistance from family, the impact of the assistance, and what needs are left to address when working with patients who are survivors of the Holocaust.

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Notes

1. The TTP study defines *Holocaust survivors* as Jewish individuals who lived in Europe and were in danger after 1933 with the rise of Hitler because they resided in countries controlled by Nazi Germany. Even those individuals who emigrated from Europe prior to the start of World War II were considered survivors by this definition. This definition is widely accepted in academic circles, especially in European countries.
2. The Kindertransport, German for “children’s transport,” was an organized rescue effort that sent nearly 10,000 predominantly endangered Jewish children from various European countries to the United Kingdom during the nine months prior to the outbreak of the Second World War.
3. The coping styles from most frequently used to least frequently used were: Active/adaptive coping; family connection; positive beliefs of self; beliefs; social connection/relational skills; focused endurance; defense mechanisms; prewar experiences/influences; external attributes; and temperament and personality characteristics.

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