

The Impact on the Interviewer of Holocaust Survivor Narratives: Vicarious Traumatization or Transformation?

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Building on knowledge from research focusing on "vicarious traumatization" or "compassion fatigue" on therapists and others who work with victims of trauma, this study focused on researchers. The article reports the results of an exploratory, qualitative study of eighteen interviewers of Holocaust survivors from four different Holocaust research projects using a survey instrument and several open-ended questions. The results indicate that there were more positive than negative impacts on the researchers. Positive impacts include: increased appreciation for the resilience and strength of survivors; a greater appreciation for one's life; a stronger Jewish identity; and a greater sense of justice. Negative impacts include only one case of what could be viewed as vicarious traumatization or compassion fatigue. Other negative impacts on the interviewers were: difficulty in listening to the traumatic narratives, increased fear and vulnerability as a Jew, and a general sadness about the dark side of humanity. However, in all cases these negative impacts were mitigated by the positive benefits the interviewer respondents felt they gained from doing this work. The latter part of the paper discusses how interviewers coped with the traumatic material and the implications for future research.

KEY WORDS: Holocaust survivors, Holocaust survivor interviewers, vicarious traumatization, compassion fatigue

“No matter *what* you tell, and no matter *how much* you tell, you’re not telling everything. And there is not one person in the whole world that can put himself in the situation what I was in -- what we were in -- in the concentration camp.” -- Survivor

How does a survivor of the Holocaust portray the unimaginable? How does an interviewer imagine what is beyond imagining? The struggle to explain and the struggle to understand is the essence of the process of interviewing a survivor of the Holocaust. It is a dialectic that defies logic for many interviewers of survivors because, in a paradoxical way, the more we listen, the less we understand. A decade after beginning work as an interviewer for the Transcending Trauma Project,

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a psychological study of the coping mechanisms survivors of the Holocaust used to rebuild their lives after the war, this author is still trying to comprehend and make sense of what is only senseless horror, terror, and pain. How does one make sense of babies being thrown out of windows onto waiting trucks to be taken away and gassed? Of Nazi “medical” experiments on a young child? Of a fourteen-year-old girl who has to jump into a frozen lake to dodge Ukrainian bullets? Of a man slowly butchered as he is dragged through his town on a sled? Of a teenage girl, naked and covered in her own and others’ blood, climbing out of a pit of the dead and the dying? When we as interviewers take those stark and savage images into ourselves, where do they go? How do they change us?

In his seminal study of the survivors of Hiroshima, *Death in Life*, Robert J. Lifton views the survivor as psychically scarred, tainted by what he terms “the death imprint” -- an imprint formed by having survived death or witnessed the deaths of others, and yet remained alive (Lifton, 1967). But what sort of imprint does such a survivor’s narrative leave on the listener? This study is an initial attempt to discover and articulate the nature of that imprint, through the words of the interviewers themselves.

Lifton cautions us not to glorify survivors of trauma, or make them somehow “other” and incomprehensible. This, he says, “diminishes the survivor and interferes with our understanding both of what is particular to his or her ordeal and what insight it might reveal about our own psychological and historical condition” (Lifton, 1980, pp. 113-114). Similarly, Greenspan, in his book on the process of listening to survivors, bemoans the separation, or “division of labor” which has so frequently characterized interviews with survivors. “The survivors’ ‘job’ is to talk about the Holocaust: to be witnesses or testifiers or passers-on of legacies. Our ‘job,’ by contrast, is to talk about survivors -- either as heroic people who have such a task to fulfill, or as haunted victims of the destruction. Whichever rhetoric we invoke, two discrete and disconnected monologues are now created *between* survivors and ourselves (Greenspan, 1998, p. 52, emphasis in original).

Although Lifton and Greenspan argue well against separation or distancing between survivor and listener, the fact remains that there *is* a profound experiential chasm between us -- and that is the Holocaust. They lived it; we can only try unsuccessfully to imagine it. And so we, as interviewers of survivors, may tend to idealize the many survivors we’ve interviewed. We often become awe-struck in their presence; we often feel overwhelmed by the eloquence, poignancy, and pain of their words. We see them as being on a different plane than the rest of us. There is a desire in many of us to sit at their feet and soak up whatever they can teach about the dark side of humanity, about what can be salvaged that is good and true about human nature, and about the complexities inherent in the triumph and pathos of survival.

Culled from a language still foreign to them, and often punctuated by anguished silences, whispers, sighs, shrugs, palms open to sky, angry emphasis, ironic smiles, tears, and silent weeping, these narratives are powerful attempts to communicate what cannot finally be communicated -- in any language. Still, we have listened to the words, transcribed them, read them over and over, analyzed them, quoted them, taken them into ourselves. They change us, drive us, inspire us -- every day. They give a voice to the silenced and will not be still. Neither will they let us be still. They challenge us all to do justice to them, and to do justice -- and live justly -- in an unjust world.

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Although there has been research focusing on the therapeutic and cathartic impact on the Holocaust survivor of telling his or her story (Pennebaker, 1990; Pennebaker & Barger, 1989; Shortt

& Pennebaker, 1992), very little has been written about the impact on those who interview survivors and listen to their narratives. In this study, the following questions were explored: What happens to the interviewer who hears story after story of persecution, horror, suffering, and loss? Does the interviewing process cause “vicarious traumatization,” defined as “profound psychological effects...that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons” (McCann & Pearlman, 1990b, p. 133)? Do interviewers suffer similar effects as therapists, or what has been referred to as “the cost of caring” (Figley, 1995)? Are they “traumatized by concern” (Figley, 1995, p. 5)? Are they, like therapists and others who work with traumatized populations, at risk of suffering from similar effects of PTSD, even though they have not been the immediate victims of a traumatic event? As described in the DSM-IV, are they to be considered examples of those who are at risk of PTSD, simply through “*learning about* unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associates” (APA, 1994, p. 424, emphasis added)? In short, do interviewers of Holocaust survivors suffer from what has been variously termed as “compassion fatigue” (Figley, 1995; 2002), “vicarious traumatization” (McCann & Pearlman, 1990b), or “secondary traumatic stress” (Figley, 2002)?

There is a growing literature on the effects of such secondary traumatization on therapists and others who work with survivors of all types of trauma (Bustos, 1990; Charney & Pearlman, 1998; Figley, 1995, 2002; Follette, Polusny, & Millbeck, 1994; McCann & Pearlman, 1990a, 1990b; Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995; Saakvitne, 1995; Schauben & Frazier, 1995; Stamm, 1999). Although the specific nature of their traumatic experiences may vary, traumatized people share a common psychological response. Their basic assumptions, or beliefs about themselves and the world, are often challenged or destroyed -- in effect, “shattered” (Janoff-Bulman, 1992). Although the number of assumptions that are shattered depends on the individual, Janoff-Bulman asserts that three are especially affected by trauma: 1) *The assumption of invulnerability*, or the belief that “it can’t happen to me;” the experience of a traumatic event provides powerful evidence that the world is a frightening place in which people are not protected. 2) *The belief in a comprehensible and orderly world*; the trauma recasts that world as chaotic and random. 3) *The self-esteem of the victim*, who now views him/herself as powerless and frightened (Janoff-Bulman).

According to McCann and Pearlman (1990a), vicarious traumatization can shatter these assumptions in therapists and others who work with survivors of trauma, as well, causing lasting alterations in their cognitive schema. They found that therapists may also experience symptoms of post-traumatic stress disorder (PTSD) as a result of their work with trauma victims, the impact of which can be long-lasting. In addition, the greater the exposure to traumatic material, the greater the effects of vicarious traumatization on the workers (McCann & Pearlman, 1990b). Other studies have demonstrated higher rates of compassion fatigue in those who work longer hours with traumatized clients, including child protection service workers (Meyers & Cornille, 2002). Schauben and Frazier (1995) studied the effects on female counselors working with women who had been raped. The findings of this research are consistent with McCann and Pearlman’s (1990) study and the Meyers and Cornille study: the counselors who had a higher number of rape victims in their

case load reported more disrupted beliefs -- especially about the goodness of people -- more symptoms of PTSD, and more self-reported vicarious traumatization, than counselors who work with fewer survivors (Schauben & Frazier, 1995). In addition, those therapists with a history of their own personal trauma show more negative effects from their work with survivors of trauma than those without such a history (Pearlman, 1995), as do child protective service workers (Meyers & Cornille, 2002).

Although the major focus of McCann and Pearlman's (1990b) article is to discuss vicarious traumatization and its effects, they discuss some positive impacts of working with trauma survivors, as well. These include: 1) depth of the meaning given to one's life by being involved in such important work; 2) a greater sensitivity and empathy for the suffering of others; 3) a greater awareness of social and political conditions that lead to violence, with a greater commitment to social activism; 4) increased feelings of self-esteem from helping the victims; 5) hopefulness about the capacity of human beings to endure, overcome, and even transform their traumatic experiences; and 6) a more realistic view of the world (McCann & Pearlman, 1990b, p. 147).

Like McCann and Pearlman, Schauben and Frazier (1995) also describe some of the positive effects of working with rape victims. These include: the positive aspect of watching clients grow and change despite severe trauma, and the satisfaction achieved by being part of the healing process. Schauben and Frazier point out the limitations of their study, which included only female respondents. Would the male response to traumatic material differ significantly? Can this study be generalized to other types of trauma, or is it specific only to counselors working with victims of sexual abuse?

Danieli found that therapists who work with Holocaust survivors experience, guilt, rage, grief, shame, numbing, denial, and avoidance (Danieli, 1980). In addition, they have a tendency to take part in a "conspiracy of silence;" unable to face the traumatic material their survivor clients try to relate, they avoid the material, thereby silencing their clients in a move that is hardly conducive to effective treatment (Danieli, 1985; Baranowsky, 2002).

The research of Auerhahn and Laub (1993) is concerned with psychotherapy with survivors, as well, and not with interviewing them in a non-clinical setting. The authors stress the importance of establishing an empathic dyad between patient and therapist before therapeutic work can begin. They stress a need for the therapist to protect him/herself from the intensity of the telling, which results in a tendency to withdraw from the survivor. They suggest that the role of the therapist is not to flee, but to be "unobtrusively present" (Auerhahn & Laub, 1993, p. 437). Other impacts of therapy with survivors are what the authors call "typical countertransference responses," such as anger at the victim, withdrawal and numbness, awe and fear of the survivors, or giving them a type of sanctity which removes and distances them, and philanthropy, or the need to take the survivor under one's wing (Auerhahn & Laub, 1993).

Although the typical interview session is often longer than a typical therapy session, and sometimes more filled with recollections of traumatic events than most therapy sessions (Bass-Wichelhaus, 1994), it is important to note that the burden on therapists to help their survivor clients "resolve" and integrate their traumatic experiences of the war is absent for interviewers, and this may mitigate much of the negative impact. Our job is not the same as the therapists'. Although both qualitative interviewing and therapeutic interviewing try to elicit thoughts and feelings from the respondent or client -- in effect, deepening the narrative -- qualitative interviewing is not therapeutic interviewing. The therapist is motivated by the desire to help the client. The interviewer is

motivated by eliciting information from her respondent for research purposes. The power differentials in these two relationships are dissimilar, as well. The qualitative interviewer and her respondent are partners in research. The researcher learns from the respondent; the respondent's power is in his or her narrative, in the choices made of inclusion and exclusion in that narrative, and in the knowledge he or she imparts. The respondent has the information the interviewer seeks, and the relationship is a transient one. In a therapeutic relationship, the opposite is the case; the client looks to the therapist for help and the therapist often becomes an authoritative figure, in a more long-term relationship (Weiss, 1994; Padgett, 1998). The distinctions, therefore, need to be made clear.

Within the scant literature which exists regarding the impact on the interviewer -- not the therapist -- of listening to survivor narratives, Bass-Wichelhaus (1994) gives a personal account of her experience with child survivors, those people who survived the Holocaust as children. She reports feeling overwhelmed, and therefore finding it difficult to provide support for the survivor to continue the narrative. She stresses the need for emotional preparation for the work. Consistently vague about the impact of listening to survivors, she uses terms like "emotional drain," without defining what that phrase means. Similarly, she uses nebulous statements such as, "I believe this process yields a new level of awareness" (Bass-Wichelhaus, p. 188).

Bass-Wichelhaus notes a qualitative difference between interviewers who are themselves either child survivors, and/or children of survivors, and those interviewers who have no personal connection with the Holocaust. She asserts that the former two will have more intense reactions to the material than other interviewers. "The interviewing process fulfills aspects of their personal identity and links them to a greater group identity. It enables them to recapture aspects of their family's world" (Bass-Wichelhaus, p. 186). Again, these are vague statements, and not based on the results of any empirical study.

Gampel and Mazor (1994) describe, in similarly vague terms, the results of their study on the effects of the interviews of Holocaust survivors on the interviewer. Using a semi-structured questionnaire, they wanted to get in-depth responses to survivor narratives from interviewers. Their interviewer respondents were students, not professional therapists. The authors describe the negative impacts reported, quoting interviewers' descriptions of the difficulties of conducting the interview, the need to talk about the interviews in debriefing sessions, and feelings of guilt around stirring up negative emotions in their survivor respondents (Gampel & Mazor, 1994). Without expressing these reactions as either positive or negative, the authors relate responses of interviewers which include what can be viewed as positive impacts: an increased sense of social responsibility, admiration for survivors' coping skills, and a sense of general self-satisfaction related to the work (Gampel & Mazor, p. 172).

Portions of all of these studies -- and the questions they raise -- were useful in designing a new, exploratory study of the impact on the interviewer of Holocaust survivor narratives. A review of the literature did not convince this investigator that interviewing Holocaust survivors -- even large numbers over many years -- would lead necessarily to vicarious traumatization of the interviewers. Nor was it clear that the effect of vicarious traumatization of therapists who work with survivors of trauma could be generalized to interviewers of Holocaust survivors. Instead, the research question driving this study, based on the investigator's understanding of her own response to doing this work,

was whether an open-ended question -- "What has (have) been the impact(s) on you of interviewing Holocaust survivors?" -- would elicit more positive than negative responses.

Following Pearlman's (1995) study, which found that therapists with a history of personal trauma showed more negative effects than those without, this investigation explored that connection for interviewers, as well. Therefore, questions were included that would establish whether or not there was such a connection between personal trauma and negative impact of the narratives. Following Bass-Wichelhaus's suggestion that interviewers who are children of survivors will have "more intense" reactions to the material than other interviewers (1994), three interviewers who were also children of survivors were included in the sample. Information on support systems and creative, individual attempts at self-support available to interviewers were elicited from the respondents, with the belief that such supports may have a mitigating effect on the potentially negative impacts of doing this work.

The sample (N = 18) is both a snowball and purposive sample. It targeted interviewers of Holocaust survivors from the United States Holocaust Memorial Museum (USHMM), the Survivors of the Shoah Visual History Foundation (Shoah Foundation), the Gratz College Oral History Archives, and the Transcending Trauma Project (TTP). The sample included interviewers from these four different interviewing projects in order to target people who had been exposed to many survivor interviews. The USHMM and Shoah Foundation interviewers had the greatest exposure to survivor narratives, conducting between 50 and more than 100 interviews. Attempts were made to include both male and female interviewers, but male interviewers were more difficult to recruit. It is unclear whether this gender differential is reflective of a female majority of interviewers, or whether, in this snowball sampling method, women tended to refer other women for the study. There were originally only two men included in the sample, but one of them never followed through with completing the survey questionnaire, and the other completed it perfunctorily, giving, with one exception, the shortest answers to the open-ended questions. In addition, as stated above, three children of survivors were included in the sample.

Recruitment was begun in a snowball fashion. The author began with her colleagues from the Transcending Trauma Project (TTP), and most of them participated. A colleague from the TTP suggested several names of interviewers from the Shoah Foundation. She knew these women because she also worked for the Shoah Foundation as a recruiter. Interviewers from the Shoah Foundation, in turn, volunteered names of other colleagues from the United States Holocaust Memorial Museum. In Philadelphia, the author contacted the head of the Gratz College Oral History Archives, and she was able to volunteer the names of a few interviewers from that project. The sample size is relatively small, but the rationale for stopping at N = 18 was twofold: no other referrals could be located, and perhaps more important, the responses began to reach saturation -- the responses were no longer significantly different, but the author was instead receiving similar responses, over and over.

The respondents range in age from 43 to 72. Seventeen are female, one is male. Three are children of survivors (all female). All but one (a female) identify themselves as Jewish. All are college graduates, with the majority having completed graduate school and some post-graduate education. All but one respondent noted at least one personal traumatic life experience, and many listed more than one. It would have been optimal to have included more non-Jewish and male respondents in the sample, but this was not possible. It should be noted that because the study is small and exploratory in nature, research findings can be generalized to this sample alone, and

cannot be generalized to all interviewers of Holocaust survivors. In addition, response bias cannot be entirely ruled out; it may well be that interviewers who have had positive experiences with the interviewing process associated with each other, and therefore were a somewhat self-selected group. The study does not rule out the possibility that there are interviewers who suffered negative impacts of their work.

A semi-structured survey questionnaire of thirty-six questions was mailed to the respondents, asking for demographic data, including professional background and education, as well as prior experience with traumatic events, amount of time spent doing survivor interviews, and whether or not the interviewer was a survivor, a child of survivors, or has a close relative who is a survivor. The qualitative part of the survey involved eight open-ended questions attached to the questionnaire, the purpose of which was: to identify a greater range of effects, both positive and negative; elicit stories which interviewers found most painful, and those they found most inspiring; and whether or not interviewers believed personal traumas to be connected to the impact of the survivor stories. Questions also explored the supports the interviewers received and/or created for themselves to allow them to continue the work.

There was a potential ethical consideration regarding the question asking if the participant has experienced any type of personal trauma, and the nature of that trauma. Such a sensitive topic could cause pain to the respondent. However, it seemed necessary to include this question on the survey, since experiencing a personal trauma can contribute to a sense of vulnerability, as well as be the impetus for choosing to do such work in the first place (Meyers & Cornille, 2002). Although no IRB was consulted, consent forms were signed, one copy was retained by the respondent, and the signed consent was returned with the questionnaire in a stamped, self-addressed envelope. All of the respondents consented to be quoted in print. In regard to the issue of confidentiality, names are not used, but letter initials are assigned to each respondent, which do not correspond to their actual initials. Still, within the small, selective world of Holocaust interviewers, especially those working on the same research projects, complete confidentiality cannot be assured.

To restate the research question, the author wanted to determine whether an open-ended question-- "What has (have) been the impact(s) on you of interviewing Holocaust survivors?" -- would elicit more positive than negative responses. Indeed, the responses were overwhelmingly positive -- so much so, in fact, that the investigator went back to each of the respondents (through e-mail correspondence) with a follow-up question -- "What has (have) been the negative impact(s) on you of doing this work?" -- in order to rule out the possibility of response bias. All of the respondents replied to this second inquiry, and it is interesting to note that the negative responses this question elicited were, in almost all cases, tempered by positive remarks.

Completion of responses to open-ended questions varied. Some respondents attached several sheets of typed responses to the survey instrument. Others wrote only a few lines in the spaces provided (although the instructions allowed for using as much space as necessary). In the analysis of the responses, an inductive method was used, allowing themes to emerge from the data, and coding those themes (Glaser & Strauss, 1967; Padgett, 1998; Weiss, 1994). The categories extracted echo many of the positive impacts that McCann and Pearlman found in their (1995) study, but they include some new categories, as well. These are listed below in order of frequency, and supported

by representative quotations. It should be noted that several respondents listed more than one positive impact.

POSITIVE IMPACTS

1. An appreciation for the resilience and strength of the survivors

This was the largest category of responses, involving almost half of the respondents. “I am incredibly inspired by their willingness to go on, to begin a new family, to do for others, to start a new life, to enjoy beautiful music. They are a testament to what is the best part of humanity. The more stories I hear, the more I am strengthened by the ability of people to go on with their lives, to teach others, to remember whom they lost...to try to make this world better than the one they knew” (S.G.). “The level of trauma, personal sacrifice, family involvement, horror, terror, and bravery is overwhelming. It confirms for me that people do work from strength, and that their ability to overcome unbelievable odds is very, very impressive:” (L.J.). “I am in awe of the will to survive that is part of the human spirit. I have often been struck dumb when survivors tell of things they did to survive in a potentially fatal circumstance. I am humble in their presence” (E.F.).

2. Increase in empathy and sensitivity towards others.

The second largest category involved the impact of deepening empathy, not only towards survivors, but compassion for people in general. “I think my work has made me more sensitive to the feelings of others. It has also made me more observant of the feelings and actions of my own family, as well as other families” (N.F.). “My level of sensitivity and compassion is extremely heightened as a result of this work” (B.T.).

3. Stronger Jewish identity

Many respondents cited a stronger commitment to their faith and practice as a result of their work with Holocaust survivors. “My identity as a Jewish person has strengthened... I made a covenant with God. I would never be ashamed or embarrassed again about being Jewish. I would never hide my religion, unless it endangered my survival. I would not be afraid to wear symbols of my faith. I have kept that covenant for five years and counting” (T.N.). “I have become more observant Jewishly since my involvement in this project....Sometimes I worry that I’m being a bit too insular, showing my children only one way of life. On the other hand, I am much happier in this sense and feel more ‘whole’” (B.T.). “At some point I decided that I should live a Jewish life and be a knowledgeable Jew, because whether or not I considered myself Jewish, the rest of the world would identify me as such” (G.M.).

4. Gratitude for one’s own good fortune

Many respondents cited a renewed appreciation for their own lives in comparison with the traumatic lives of survivors. “It has affirmed for me the importance of living life to the fullest, and helped me to let go of some of the non-important issues that we sometimes find it easier to hold onto” (L.J.). “I compare my ‘pain’ in life at times and realize what people are capable of overcoming. I think about children who didn’t live and what I’m doing with my life” (G.N.). “There are times when I am faced with difficult situations and I think about what many of the survivors have gone through. It helps me to put things in perspective” (G.M.). “I have seen how some people integrate the experience into their lives by finding meaning through family and/or religion. Consequently, I think I more openly value and acknowledge the people close to me, and feel gratitude for my own good fortune” (T.C.). “I have a heightened sensitivity to the gift and the

preciousness of my children” (I.N.). “I, personally, have done nothing to deserve my great good fortune. At least I sometimes stop and reflect on the luck I have” (F.E.).

5. Greater sensitivity to prejudice

Several respondents felt a heightened awareness and sensitivity regarding bias and prejudice towards other groups. “As a result of listening to stories about Poland and the Christians who were taught to hate their Jewish neighbors, I looked around at my own neighbors and wondered who would risk death to help *me*. On the other hand, I wondered if *I* would risk my life to save my endangered neighbors. In a sense, then, I’ve been forced to examine my own values and motives” (G.M.). “I’m much more aware of avoiding generalizing and stereotyping” (S.G.). “I am more sensitive to hatred, prejudice, discrimination, and violence” (B.R.).

6. Increased respect for and appreciation of both the United States and the State of Israel

Two survivors felt a new appreciation for the United States and its democratic values. One survivor also expressed an appreciation for the existence of the State of Israel. “I have learned so much about the human spirit, and it continually renews my faith in people, and also reminds me how fortunate I am to live in a free country with all its blessings” (S.G.). “As for my appreciation of the USA, this does not include the behavior of our government during the Holocaust regarding the treatment of Jewish refugees. I am sensitive to the fact that I live in a time and place where I do not have to fear for my life because of my faith. I am not a second-class citizen. I did not have to fight for the birth of Israel. In fact, I have never known a time in my life when there was no Israel... I have increased respect for and appreciation of the United States and the State of Israel” (F.T).

7. For a child of survivors, a deeper understanding of what her parents had suffered

One respondent, a child of survivors, felt that the biggest impact of her experiences as an interviewer was the opportunity to “process, compare, and examine the ways other survivor families coped and adapted post-war with those of my own family” (R.L.).

NEGATIVE IMPACTS

In answer to the question: “What has (have) been the negative impact(s) on you of doing this work?” fewer categories emerged. These are also listed in order of frequency, and with representative quotations.

1. Vicarious traumatization

There was one response among the eighteen which came closest to what could be characterized as vicarious traumatization or compassion fatigue. “Primarily, I suffered from insomnia, anxiety, and minor depression after each interview. This reaction was discussed at [a] training session... and the regional coordinators were supportive. I have had the same response when I discuss or present my experiences. As I...prepared for my presentation, I began to suffer from insomnia, anxiety, and minor depression. I was talking with one of my friends about the symptoms, and she suggested that it was related to the presentation. She was right. The symptoms disappeared a few days after my presentation. These symptoms are the same ones that survivors experience. They relive the experience. In the interview process, I had to immerse myself in the data to organize the interview questions. In the preparations for presentations, I had to immerse myself in the data to

organize the content and create slides” (T.N.).

This was the most dramatic response to the difficult material. Other respondents reported feeling sadness, but did not report somatic symptoms, anxiety, or depression. Therefore, their responses were put under a different category: difficulty in listening to the narratives.

2. Difficulty in listening to the narratives

“[My interview experiences] brought sadness to the surface” (R.P.). “I always felt sadness as I listened to the words and felt the emotion... Stories that were accompanied with crying -- the content was not important -- were particularly painful to hear” (G.N.). “Although the first interviews I did were very scary, and I was afraid to ask questions and even more afraid to hear the answers, that has changed. I know that I am protected from what I hear by the limits of my own imagination” (F.T.).

Some respondents, while discussing the negative impact of listening to this material, at the same time note the positive impact. For example: “The stories themselves are difficult to hear because of their sheer nature, but the compassion and sensitivity that they created in me are indelible” (B.A.). “I found many parts horrifying, unfathomable, but possibly the survivor surviving, and surviving so well, helped to placate a negative impact” (S.G.).

3. Increased fear and vulnerability as a Jew

Listening to so many stories of the excesses and horrors of anti-Semitism caused several of the respondents to note a more heightened sense of vulnerability as Jews in a non-Jewish world.

“[Doing this work] fed into my fears that something like what happened in Europe could happen here someday if enough negative events converged. Also, identifying with the people I interviewed increased my feelings of vulnerability. They did nothing wrong; they were Jews who happened to be in the wrong place at the wrong time” (G.M.). “Perhaps I am a little more vigilant about anti-Semitism in general, and perhaps more over-protective of my children as I realize the fragility of life” (B.T.). “These stories enforce the fact that such events can happen at any time by ordinary human beings. This would be the one fact that scares me the most, and proves that we must be vigilant in teaching our young that they must respect each other” (B.A.). “I wonder if I am just like European Jews pre-war, burying my head in the sand about the safety and security of Jews in this country and in the world. I think doing Holocaust work always keeps the issues like a low murmur in the back of my mind. If I was doing something else, these concerns or fears would be much more hidden from my conscious thought” (I.N.).

4. Increased bias towards members of perpetrator groups

Only two respondents noted a more negative view towards groups who were perpetrators during the war. “I have very negative feelings about Poland and the Polish people, as well as the Latvians and Ukrainians, because they were so willing to help kill the Jews. I know it’s wrong to condemn a whole people, but I still feel that way” (G.M.). “When I learned that my new neighbors were a young couple who had recently immigrated to the U.S. from Poland, I found myself unable to welcome them to our neighborhood. This is unusual for me...I have never been one to hold grudges. I guess I would have to label this as a negative aspect of my involvement with the project, and one which I have been very reluctant to bring to consciousness. Does this outweigh the positive? Absolutely not. Does it make me think about myself more? Yes, and I always think this is helpful, so this is yet another positive -- perhaps the silver lining in the cloud” (L.J.).

5. Sadness at the dark side of humanity

One respondent expressed the negative impact of her work as an underlying reminder of the

evil of which humanity is capable. "I am continually saddened by the recurring descriptions of the evil that is within the human race. There are certain descriptions that stay with me, that I find haunting. To be constantly reminded that such fierce hatred exists is devastating" (S.G.).

Negatives Outweighed by Positives

As noted above, most respondents answered the negative impact question with positive impact responses, or their negative responses were tempered by positives. In all cases, without exception, the positive impact of doing this work was viewed as far outweighing any negative impact. "I cannot determine that there was any negative impact on me as a result of interviewing survivors. On the contrary, it was an elevating experience, and that despite the morbid and painful subject matter... It is difficult to explain to anyone who has not done this the paradoxical effect of good feeling these interviews evoked. Perhaps this sharing of truly intimate experience brought us close, bonding the interviewer (me) and the Holocaust survivor I was interviewing in a powerful experience" (A.L.). "I have no negative answers for you. Each and every personal history I have heard has been an inspiration. The human spirit is incredible, as proven by the sheer will to survive these horrors of the past. True, some survivors lived by pure luck, but the will to do so must have been so strong, and family so meaningful, that these people could endure the most extreme conditions unimaginable to most. These interviews and my connection with the survivors has been a life-changing experience for me. These have all been positive experiences in a sense" (B.A.). "The experience has had a profound impact on me. People have said: 'How can you do it? It must be so depressing.' On the contrary, I found the courage of the survivors to be life-affirming. I re-evaluated my own life" (B.K.). "I cry at the drop of a hat and am much more sensitive to human suffering. I tend to think this is more positive than negative -- it means I'm being human rather than closed off" (B.T.).

Even T. N., who had reported the strongest example of negative impact in the sample -- insomnia, anxiety, and minor depression -- still felt the positive impacts outweighed the negative. "The positive impact definitely outweighed the negative ones. I gained a stronger sense of my Jewish identity, knowledge of my heritage, and the opportunity to preserve history. The sense of pride in my contributions remains strong. Also, in gaining a stronger sense of my Jewish identity, I gained confidence in myself to manage my life crises more effectively. The survivors were inspirations to me. They survived against all odds. I do not know if I would have survived their ordeals. However, I am less fearful of confronting issues today. I stand up for myself more frequently and more effectively."

Relationship between personal trauma or life event and narratives which increased a sense of vulnerability

With only one exception, interviewer respondents had suffered from one or more personal traumas, but this did not seem to have a more negative impact on their response to this work, as suggested in Pearlman's (1995) study. In answer to the question: "Do you think that the stories you found particularly painful to listen to, or the stories you found particularly inspiring to listen to, had those strong impacts on you because of a particular trauma or event in your own personal life history?" the largest category of responses connected the pain of listening to stories about the torture and death of children with the interviewers' status as mothers and grandmothers.

“If I did not have children of my own, I would not even begin to understand the pain of those mothers who lost children in Auschwitz. If I did not have two precious babies, I would not have appreciated the depth of despair that would cause parents to put their baby in a coffin [referring to a story she heard of parents who smuggled their baby out of the Warsaw Ghetto in a coffin]” (F.T.). “I think being a parent myself and hearing devastating stories of little children’s trauma and murders was the most difficult for me. And this certainly had a connection to my being a mother. One of the most profound impacts was a survivor describing his own bar mitzvah in Auschwitz just as my own daughter was preparing for her bat mitzvah” (W.A.). It is interesting to note that both of these respondents are children of survivors.

Other connections made between personal experience of trauma and impact of stories include: an interviewer who lost her own mother at the age of nine, who found the stories of loss of parents to children particularly difficult. Another, who had lost her husband not long before beginning her interviewing work, was keenly aware of what the loss of a loved one can mean, and so was more sensitively attuned to the loss expressed by her survivor respondents. One man, who had recently lost his mother, and whose father was in failing health, reported feeling most influenced and saddened by stories which were related to survivors leaving parents behind in order to save themselves. Another interviewer, a child of survivors, saw a connection between the secrecy and silence surrounding her own parents’ Holocaust experiences and her “compelling need to bear witness to the stories of pain, loss, and survival. The absence of stories, pivotal narratives, or memories and details reflected how my parents chose to protect themselves and their children” (R.L.).

Supports which enable the work to continue

Perhaps the supports put in place for and/or created by the interviewers themselves enabled them to mitigate any potential vicarious traumatization effects of the work. In answer to the questions: “What, if any, were the resources and supports made available to you to enable you to continue this work?” and: “What supports, if any, did you utilize or create for yourself which enabled you to continue with this work?” there wasn’t a single respondent who didn’t give an example of valued support: through a personal support network, through the organization itself, or creative supports which she found for herself. Some of those supports were: close friends and family, fellow interviewers and colleagues, group training and debriefing sessions, various forms of relaxation, keeping a journal, and increased religious observance. A particularly poignant example of this last is given by an interviewer who, after particularly painful interviewing sessions, comes home and lights a memorial candle in memory of those who were killed in the Holocaust. She uses this as a demarkation ritual which allows her to then move on and attend to the needs of her growing family.

Other studies have emphasized the importance of debriefing sessions and social support for those who work with the traumatized in order to treat compassion fatigue already in evidence (McCammon & Allison, 1995; Pearlman & Saakvitne, 1995; Valent, 2002). There is a need, as well, for effective training programs which can *prevent or mitigate* the effects of vicarious traumatization or compassion fatigue on those who work with these populations, and some of these have been discussed in the compassion fatigue literature (Catherall, 1995; Munroe, et al., 1995; Stamm, 1999; Yassen, 1995). It appears, from our interviewer respondents, that training and debriefing sessions were helpful, but these efforts were supplemented by individual interviewers with highly creative methods of self-support which apparently served to counteract or at least mitigate most of the

negative impacts of doing this work. Training sessions for future interviewers -- or for care givers -- could include such suggestions for self-care and social support

Despite listening to many traumatic narratives of torture, murder, and unspeakable horror, our interviewer respondents are still able to view the world and humanity in a positive light, and that may be the most remarkable finding of this study. In the words of one interviewer, speaking of her self-care in response to her painful work, "I immerse myself in the positive aspects of life, to reinforce the feeling that although mankind has an infinite capacity for evil, there are some people who have an infinite capacity to do what is good...Did you know that of the very many skylights at the United States Holocaust Memorial Museum, no two are the same size? That is because each person's story is unique. That is how I feel, and why I continue to listen" (S.G.).

* * *

This was a small, exploratory study, meant to elicit the impacts on the interviewer -- both positive and negative -- of listening to Holocaust survivor narratives in a non-clinical research setting. As such, it is a study with limited generalizability. Further studies could replicate the data collection on a larger and more representative sample of interviewers. Such a sample could help establish meaningful sub-categories based on age, gender, or religious or ethnic affiliation, and a quantitative data analysis could then be conducted. For example, the majority of these respondents were female and Jewish -- there was only one man, and only one non-Jew. It would be useful to get a larger sample from these two groups, and perhaps explore what role, if any, gender and group identity play in the impact of Holocaust narratives on the interviewer. It might also be useful to actually interview the interviewers; instead of eliciting their written responses, explore their responses more fully within the context of a qualitative research interview. Despite these limitations, however, this study is an important first step in understanding the impact, and in particular, the *positive* impact, of interviewing survivors of the Holocaust.

* * *

Speaking of a different group of survivors, Gerber notes: "The Cambodian survivors' stories evoke not only pain and horror in the hearer, but also a compassion that links the speaker to the listener in a bond that is powerful and also inclusive... Out of the pain of all the senseless violence, death, and isolation of their life stories, the survivors themselves can sometimes feel heard, and those of us who are privileged to sit with them can sometimes hear their cry. A cry that on being heard seems to lift the two of us beyond the constraints of our individual selves to humanity in general. In this cry and hearing a more hopeful vision of our self and our species seems to emerge" (Gerber, 1996, pp. 304-305).

Although this study was conducted before the terrible events of 9/11, its relevance in the wake of those terrorist attacks is apparent. In a post-Holocaust world -- and sadly and more currently, in a post- 9/11 world -- stories of survival continue to compel and inspire. It appears from this study that we owe a tremendous debt to the survivors we've had the privilege to interview. Knowing them has helped us appreciate what we have, reprioritize our concerns, deepen our compassion for others, force us to examine our own lives, relationships, belief systems, and prejudices. It appears we have all been changed -- in some profound way -- by listening to the narratives of Holocaust survivors. Is this "vicarious traumatization" or "compassion fatigue"?

Perhaps it would be more appropriate to refer to it as transformation.

REFERENCES

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Auerhahn, N.C. & Laub, D. (1993). Psychotherapy with Holocaust survivors. *Psychotherapy* 30(3): 434-51.

Baranowsky, A.B. (2002). The silencing response in clinical practice: On the road to dialogue. In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 155-170). New York: Brunner-Routledge.

Bass-Wichelhaus, H., 1994. The interviewer as witness: Countertransference, reactions, and techniques. In J.S. Kestenberg and E. Fogelman (Eds.), *Children under the Nazi reign: Psychological perspective on the interview process* (pp. 175-188). Westport, CT: Praeger.

Bustos, E. (1990). Dealing with the unbearable: Reactions of therapist and therapeutic institutions to victims of torture. In P. Suedfeld (Ed.), *Psychology and Torture* (pp. 143-163). New York: Hemisphere Publications.

Catherall, D. (1995). Preventing institutional secondary traumatic stress disorder. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 232-248). New York: Brunner/Mazel.

Charney, A.E. & Pearlman, L.A. (1998). The ecstasy and the agony: The impact of disaster and trauma work on the self of the clinician. In P. Kleespies (Ed.), *Emergency psychological services: The evaluation and management of life-threatening behavior* (pp. 418-435). New York: The Guilford Press.

Danieli, Y. (1980). Counter-transference in the treatment and study of Nazi holocaust survivors and their children. *Victimology* 5, 355-367.

Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimization: A lesson from holocaust survivors and their children. In C.R. Figley (Ed.), *Trauma and its wake* (pp. 295-313). New York: Brunner/Mazel.

Figley, C.R. (1985). *Trauma and its wake* (Vol. 1). New York: Brunner/Mazel.

Figley, C.R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

- Figley, C.R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Follette, V.M., Polusny, M.M. & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and the impact of providing services to child sexual abuse survivors. *Professional psychology, 25* (3), 275-282.
- Gampel, Y. & Mazor, A. (1996). The effects of interviews on child survivors and on the interviewers in Israel. In J. Kestenberg & E. Fogelman (Eds.), *Children under the Nazi reign: Psychological perspective on the interview process* (pp. 161-174). Westport: Praeger.
- Gerber, L. (1996). We must hear each other's cry: Lessons from Pol Pot survivors. In C.B. Strozier & M. Flynn (Eds.), *Genocide, war, and human survival*. Rowman & Littlefield Publishers, Inc.
- Glaser, B.G. & Strauss, A.L. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Greenspan, H. (1998). *On listening to Holocaust survivors: Recounting and life history*. Westport, CT: Praeger.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Laub, D. (1995). Truth and testimony: The process and the struggle. In C. Caruth, (Ed.), *Trauma: Explorations in memory* (pp. 61-75). Baltimore: The Johns Hopkins University Press.
- Lifton, R.J. (1967). *Death in life*. New York: Touchstone Books.
- Lifton, R.J. (1980). The concept of the survivor. In J.E. Dimsdale, (Ed.), *Survivors, victims, and perpetrators: Essays on the Nazi Holocaust* (pp. 113-126). Washington: Hemisphere Publishing Corporation.
- McCammon, S.L. & Allison, E.J. (1995). Debriefing and treating emergency workers. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 115-130). New York: Brunner/Mazel.
- McCann, L., & Pearlman, L.A. (1990a). *Psychological trauma and the adult survivor: Theory, therapy, and transformation*. New York: Brunner/Mazel.
- McCann, L. & Pearlman, L.A. (1990b). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress 3*(1),

131-147.

Meyers, T.W. & Cornille, T.A. (2002). The trauma of working with traumatized children. In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 39-56). New York: Brunner-Routledge.

Munroe, J.F., et al. (1995). Preventing compassion fatigue: A team treatment model. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 209-231). New York: Brunner/Mazel.

Neumann, D.A. & Gamble, S.J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy* 32 (2), 341-347.

Padgett, D.K. (1998). *Qualitative methods in social work research*. Thousand Oaks: Sage.

Pearlman, L.A. (1995). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B.H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (pp. 51-64). Lutherville, MD: Sidran Press.

Pearlman, L.A. & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: W.W. Norton.

Pennebaker, J.W. (1990). *Opening up: The healing powers of confiding in others*. New York: William Morrow.

Pennebaker, J.W. & Barger, S.D. (1989). Disclosure of traumas and health among Holocaust survivors. *Psychosomatic medicine* 51, 577-589.

Schauben, L.J. & Frazier, P.A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of women quarterly* 19, 49-64.

Shortt, J.W. & Pennebaker, J.W. (1992). Talking vs. hearing about Holocaust experiences. *Basic and applied social psychology* 13, 165-179.

Stamm, B.H. (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd Ed.). Lutherville, MD: Sidran Press.

Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C.R. Figley, (Ed.). *Treating compassion fatigue* (pp. 17-38). New York: Brunner-Routledge.

Weiss, R.S. (1994). *Learning from strangers*. New York: The Free Press.

Yassen, J. (1995). Preventing secondary traumatic stress disorder. In C.R. Figley, (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the*

traumatized (pp. 178-208). New York: Brunner/Mazel.