Wartime Experiences and Late Life Coping

Share this:

-
-
-   22
-
-
-
-

In Their Own Words: Survivor Wartime and Late Life Coping Styles

By Nancy Isserman, Bea Hollander-Goldfein and S. Nechama Horwitz

The coping literature is quite extensive with hundreds of published articles examining coping strategies. More specifically, the field of Holocaust studies has also examined coping. Most studies have looked at coping using quantitative instruments. Some combine quantitative and qualitative approaches using coping categories derived from coping scales to analyze oral history interviews (Suedfeld, P., Krell, R., Wiebe, R., & Steele, D., 1996).

From 275 in-depth qualitative interviews, the Transcending Trauma Project (TTP) looked at the survivors' words about their war experiences and then compared them to their descriptions of coping in their later lives. The narratives gave us rich descriptions of how they endured the war, which painted a picture of how survivors coped beyond the words they used to label their experience. In addition, the comparison between the war years and later life showed that the mechanisms that the survivors used during the war for the most part continued to function as they aged. Finally, possible explanations for the relationships among the coping styles are presented.

Methodology

The data for this study of coping styles comes from the Transcending Trauma Project (TTP) research, conducted under the auspices of the Council for Relationships, Philadelphia. TTP examined the lives of 95 Holocaust survivors and their families to discern how they coped, adapted, and rebuilt their lives after the war. The research team investigated the quality of family dynamics, the impact of the war, meaning making, resilience, beliefs and attitudes, and

communication among three generations of survivor families. TTP relied on grounded theory methodology to collect and analyze its data. Grounded theory research emphasizes the continuous interplay between analysis and data collection, moving from inductive to deductive and then back to inductive analysis of the data until a theory fitting the data is created (Strauss & Corbin, 1998).

To understand a problem, grounded theory encourages ways of simplifying and managing data without destroying its complexity and context, while at the same time constructing a theoretical framework that builds upon the participants' experiences and reflects the reality of the phenomena under study (Morse & Richards, 2002). TTP used a semi-structured interview format to gather life histories, which included information about coping styles in the prewar, war and postwar periods of the survivors' lives. Respondents were encouraged to describe the context of their personal experiences and their relationships with others rather than just report on the historical facts of their war experiences. Thoughts, feelings and behaviors were elicited through questioning that not only probed for the respondents' internal experience but also contextualized their experience within their significant relationships. 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. Once we identified the terms or coping styles as described by the survivors in their interviews – called in vivo codes as they were generated from the words of the interviewees – we then compared our terms to the categories used in statistically based quantitative studies on coping.

To better understand the narratives in the interviews, the TTP team developed a process to analyze the survivor interviews individually, within their family structures and across families, coding the interviews for more than 50 psychosocial categories relating to prewar, war and postwar years. When all the interviews in a family had been examined, the themes articulated by the analysis team not only reflected the findings for the individual but also created a psychosocial profile of the family. The analysis transcripts served a threefold purpose: to document the analysis process; to serve as the foundation for the next stage of analysis; and to provide transparency of the analysis process (Padgett, 1998). Key passages from the transcript of the analysis were then identified, to create synopses that summarized the themes that were agreed upon by the analysis team.

The Synopsis, a profile of the interview, was created to address the challenge of managing both the large quantity of information generated by the large sample and the lengthy in-depth interviews by reducing the lengthy analysis to a more manageable 10- to 15-page summary document that recorded thematic findings and key quotes based on the analysis process of each interview. Each synopsis of a survivor contained a category that identified the coping styles identified by survivors and those observed by the analysis team.

In these Characteristics of Coping paragraphs that describe the coping styles of the survivors, 192 phrases were used. The TTP research team found several terms that were redundant or described the same style in only slightly different wording from another term. The redundant or similar terms were merged together, resulting in 95 different coping phrases or terms. Other researchers have also observed that survivors utilized multiple coping strategies during the war (Kahana, Harel, & Kahana, 2005).

The TTP team members then categorized the 95 different terms representing coping mechanisms into larger more inclusive categories, based on common meanings, yielding 10 groups in all. This process paralleled the Q Sort technique commonly used in quantitative analysis (Block, 2008). Once the categories of coping styles were developed, the team framed the following questions:

- What were the coping styles most frequently used by the survivors during the war years?
- What coping styles were least used?
- What patterns were revealed through the grouping of coping mechanisms?
- What coping styles did survivors also rely upon as older adults?

Results

Creating and Defining the Coping Categories

The modified Q Sort process led to 10 large inclusive categories of coping styles during the war years. These categories are listed here in order of most to least frequently used: Active/Adaptive Coping; Family Connection; Positive Beliefs of Self; Beliefs; Social Connection/Relational Skills; Focused Endurance; Defense Mechanisms; Prewar Influences and Experiences; External Attributes; and Temperament and Personality Characteristics. As noted earlier, these coping styles were either identified through the words of the survivors in their interview narratives or were derived through the analysis of the survivors' narratives by the TTP research team. Each of the 10 categories is defined here in tables by either the phrases the survivors used or by phrases the researchers added to reflect the survivors' descriptions. In addition, we discuss what the literature on coping has written about these terms. We also found, as others have (Lazarus and Folkman, 1984; Kahana, Harel, & Kahana, 2005), that these coping styles did not change for the most part as the survivors aged.

Table 1: Active, Adaptive Coping

Category	Descriptors
Active, Adaptive Coping	- takes initiative / motivated - acts quickly - takes risks / chutzpah / spunky - resourceful / creative / need and ability to write / learned to be useful and productive - fits in (chameleon, ability to assimilate) / adaptable / flexible / shows leadership/ goal oriented - activist / fighter - decision-maker - planner / foresight to leave Europe in time - problem solver / puts things in perspective / pragmatic / did what had to be done / practical / silent - modulate emotions / faces difficulties head on / ability to separate from family

	- anger - observant - work - ambitious

The literature on coping is replete with descriptors of active coping. In numerous studies using the Ways of Coping Inventory, researchers included active coping terms similar to ours and placed them in one grouping called problem-focused coping (Lazarus & Folkman, 1984; Carver et al., 1989; Suedfeld et al.; 1997). While some of the descriptors above, such as the term planning, are identified in definitions of problem focused coping, others came from our interviews.

Examples of active coping styles were numerous throughout the TTP interviews; it was the most frequent coping style survivors used. The following story exemplifies many of the components of Active, Adaptive Coping – for example, "takes initiative, problem solver, shows leadership."

Once, I saved the whole house. I was standing on the attic, and watching through the roof what's going on, and I saw coming in trucks into the city. So I understood immediately what's going on. I went down and woke up all the people. It took half an hour. The last person went into the bunker, and the shooting began. They killed a lot of people that night, but they didn't find anyone in our house. We were underground.

Another survivor illustrated how her quick thinking saved her family when the Germans searched her house. Then she characterized her actions as taking matters into her own hands, demonstrating initiative and showing leadership.

This is the way I was thinking. The *Sefer Torah* [the Bible's Five Books of Moses] was hanging in the closet… They searched all the house… And I walked in and I took the Sefer Torah, and it was winter, very cold. In the winter we used to go to a toilet outside, and when you made, everything froze… A moment when they didn't see, I took the Sefer Torah, I went out and I opened the lid… The [feces were] frozen. And the Sefer Torah was always wrapped. I closed it and came in fast… At that moment, I knew when they're going to see the Sefer Torah they're going to burn it instantly. It's not even a question. And they could do harm to the whole family because we have a Torah… And it was an instinct in me…[that] they were going to search in the cupboard… And I don't believe it myself now, when I'm talking about all of these things, that I went through this… But when I had to, I took matters in my own hands.

Narratives of active coping styles in later years were also frequent. Two examples follow.

I keep active. I work around the house. Around in the garden. It keeps me busy. When I retired… I sometimes go out to help hungry people, to serve meals… Wherever they need me. I tried to do my best… Housework. I like to work…it keeps me busy. At least now.

Oy, am I a fighter! …Nobody will ever take anything away from me…nobody does me wrong. And I don't care who it is, but I stand up for my rights. And I have fought for many little things, but I won with all of them. Because I don't give up.

Table 2: Family Connection

Category	Description
Family Connection	- parental models for good coping - devotion to family / dutiful - message from family - selflessness toward siblings - parents protected them - strong relationship with parents - importance of family staying together - strong family bonds / includes spouse during the war - strong parental role models during the war - loving security provided by family of origin - went through war with family

Research on coping collapses the linkages between Social Connection/Relational Skills and Family Connection into one discussion. Skinner et al. (2007) defines social relationships and context to include attachment, social support, parenting, family processes, peer relationships, teaching, and parent-child relationships. A supportive family environment includes parental warmth, cohesiveness, closeness, and order and organization (Compas, 1987). It was clear after analyzing the TTP narratives that Family Connection and Social Connection/Relational Skills belonged in different categories and represented different kinds of relationship connections. Most survivors did not report both Social Connection and Family Connection in their interview; typically they mentioned one or the other. Given the important role family played in helping survivors cope during the war, not only through their physical presence and actions but also through their messages to their children, we thought it appropriate to separate the social connection or more impersonal connections from the influence of the closer familial connections on coping styles.

One survivor of Auschwitz with four sisters reported that she took great risks in order to save her sisters. She would save her soup and bread for them. "I always wanted to give my sisters a little more, not so much for myself, but for my sisters." She also told a story about trying to save her sister in Auschwitz.

Mengele selected out…the youngest [sister], and put her in a room… She knew what her fate was going to be…she was jumping up to that window…saying… "Sisters, don't leave me." And when I saw my fourth sister crying so much… I ran after [Mengele]… "Please, let my sister live, we are five sisters." And he… said, "she is too weak and you can all five of you…stay here but she cannot go anyplace…" That meant going to the crematorium with her. There was no problem for him to send a few more people to the crematorium but he wouldn't let her go…so we had no choice. We had to leave her there… They lined us up in front of the train station…five in a

line… We five sisters always got together and being that she wasn't there they gave us a fifth person… As we were standing there all of a sudden I see [my sister] running like wild… looking desperately for us. What happened is one of the girls that was there like three, four years…saw me…and my sisters crying so much she…took [her] out…and shetold her where to run… We took her back in our line. And of course the woman that was our fifth didn't want to go out… she was afraid. But we told her, "Listen, she is our fifth and you have to go someplace else…" And I pinched [the sister's] cheeks…and…told her, "Stand on your tip-toes and don't look at him when he comes. Don't, look away." … That's how it happened.

One interviewee who survived in hiding with her parents commented on the importance of being with her parents.

Our food had run out. My parents said to me that they were going to pin a note on my coat and they were going to send me out in the street, and the note would say, "Whoever finds this child, please raise her and take care of her because we," meaning my parents, "are going to lay down on the train tracks and die by our own hand." They didn't want to be killed by the Nazis. And they certainly didn't want me to die… I looked at them and…said…"If you were going to give me away, why did you ever give birth to me," because at age 7 I really couldn't imagine being dead. That wasn't real at all, but I could imagine being without my parents, and that I didn't want, so whatever was going to happen, as long as I was with them, it felt OK.

Family Connection played an important role in the lives of survivors postwar as well. Two survivors described their reliance on family to help them cope. One stated that, "The greatest two daughters I had, and they were always my jewels, and that's what kept me a lot of the time going." The second told us that, "What helped me? Knowing that I had at least one brother here. And he was willing to bring our mother over. That was a big satisfaction."

Table 3: Positive Beliefs of Self

Category	Descriptors
Positive Beliefs of Self	- self-efficacy / self-sufficiency / agency - courage / quiet strength - self-confident - self-respect - integrity - strong self-esteem / I can do anything - self-reliant / autonomy - responsible - street smarts / opportunist / how to work the system / common sense

Positive Beliefs of Self, in Table 3, comprises the third coping category, a new category defined through the analysis of the interviews. While some of these descriptors have been categorized differently by other researchers, for example self-efficacy as part of active coping (Stone et al., 1988; Olsson et al., 2003; Bonanno, 2004; Paton, Smith & Violanti, 2000; deRoon-Cassni,

Mancini, Rusch, & Bonanno, 2010) and self-esteem as part of Temperament and Personality Traits by some (Olsson et al., 2003; Garmezy, 1983; Garmezy, 1991) and with active coping by others (Carver, Pozo, Harris, Noriega, Scheier & Robinson, 1993; Stone et al., 1988, Stone, Kennedy-Moore, Newman, Greenberg, & Neale, 1992; Carver et al., 1989), most of these terms were not mentioned in the literature on coping. We placed them in their own category because in the interviews both the previously researched and the new terms were articulated as beliefs that survivors held about themselves.

Regarding the work assigned to him in the camps, one survivor demonstrated his belief in his own self-efficacy by stating, "And I always said to myself, I can do it… That was my attitude… My mother…she didn't learn that much…but she said, you can do it. You can do it."

Survivors continued to use Positive Beliefs of Self as they aged. A survivor remarked,

I think I'm strong…when it comes to certain situations, sickness, or God forbid, tragedies, or anything, something like this, I can handle it… And I'm never a depressed person… I don't know what it means to be depressed. I wake up in the morning, I have something to do, and I will sit down. Whatever crisis will come, if we're going to be strong, we're going to overcome it… I always think this way: You have to be strong. You will overcome. If you fall apart, you're not good for yourself, and you're not good for the family.

Table 4: Beliefs

Category	Descriptors
Beliefs	Faith • belief in God / faith in God • prayer • rituals • Jewish identity • link in chain • expresses emotions in prayer and song General Beliefs • optimism • value of life • work ethic • trust • strong value system • hopefulness • altruism / philanthropic

We defined beliefs to include not only general beliefs such as optimism, work ethic, and trust but also faith, as noted in Table 4. Many researchers who have studied coping linked it to beliefs, personal values, and worldview (Compas, 1987; Janoff-Bulman, 1989; Coyne & Gottlieb, 1996; Park & Folkman, 1997; Folkman, 1997; Goldenberg, 2012). Religious faith was part of the original Ways of Coping Inventory and included in the definition of emotion based coping (Folkman & Lazarus, 1984; Stone et al., 1988; Carver et al., 1993). Others, in discussing resilience, a topic beyond the scope of this study, connect resilience and coping styles to beliefs, both general and religious (Seybold & Hill, 2001; Bonano, Field, Kovacevic, & Kaufman, 2002; Bryant & Guthrie, 2007; Walsh, 2007; Greene, 2010).

Several survivors noted that they relied on beliefs or faith to help them cope. One child survivor stated in characterizing herself to the interviewer, "Always a very hopeful person. There is not a drop of pessimism in me. In the worst of times… I have always found a silver lining behind every cloud."

A further example of optimism was "I was brought up to believe that everything will turn out all right."

Another survivor told the interviewer, "I will only say that God was with me and helped me…many times."

Survivors continued to depend on beliefs and faith to help them as they aged. One survivor noted, "I was a believer… I'm a very strong believer… I could be compared to the most faithful people in the world. I'm such a believer. If not for the belief, I wouldn't be able to survive."

Table 5: Social Connection / Relational Skills

Category	Descriptors
Social Connection / Relational Skills	- empathic - sociable - ability to accept help or accepts help / helped by others / learned from others / seeks social support - ability to create and hold on to relationships - people skills - ability to re-establish relationships - engages people - loyal - connected with adults

Social Connection and Relational Skills in Table 5 are discussed in the coping literature especially in regards to research on children (Compas, 1987). Skinner and colleagues (2007) noted that attachment, social support, and peer relationships are all linked to coping in children. Others developed models that consider communal context as influencing coping styles; an example is when the behavior of one person is changed because it could cause distress to another

person in that situation (Folkman & Moskowitz, 2004). A supportive individual or organization might also provide a social support system to help an individual cope (Compas, 1987). Help-seeking behavior is another form of using the environment to foster coping in response to stressor events (Coyne & Racioppo, 2000). The specific descriptors in the table above are the phrases used by the survivors in their interviews. Although many of them are not replicated in the exact language in research findings in the field, we can assume that many of the scholars mentioned previously would agree that the larger category of Social Connection/Relational Skills reflects a set of coping styles that were relevant to the survivors during the war.

A survivor's story illustrates how social connection helped her cope during the war.

I am in a hospital… I saw a girl and she looked very familiar to me… I say to her, are you from Pruzhany and she says yeah. And she said to me, you are from Pruzhany too. I know you… She said that she was in a camp… They took [the group of girls] out to other camps to work them hard and get rid of them…until they fell and they brought them dead to the crematoriums and they threw the dead and the half-alive and the alive [down from the truck] and that's how she came there to the crematorium and she realized that she was still alive… And then she came in to Birkenau and she told me. I said, you mean to tell me that you came out from there… and then we stayed together. We tried to help each other.

Social Connection continued to be important to survivors. One survivor explained that,

When I'm depressed, I'm going out. I'm going out between people and I'm not depressed. Of course, sometimes a person feels bad. So I stay a little bit in the house by myself, I think about this, about that, and I say to myself, "Abie, this is not the way of life. Go out and make a smile on your face, and that's it." And that's what I'm doing… This is my nature, I'm doing this. If you are going to sit home and cry about what happened to you, nobody is going to give you an answer. So what are you going to accomplish? Nothing. You killed yourself.

Table 6: Focused Endurance

Category	Descriptors
Focused Endurance	- will to survive - fortitude (strength of mind) - self-control / ability to reason & control self in frightening situations - disciplined / directed - determined / tenacious / perseverance / didn't give up - driven

Focused Endurance, our sixth category of coping styles in Table 6, is another new category derived from the words of the survivors. These coping styles are not found in the literature on coping, which has focused in the past mainly on illness, everyday stressors or one-time cataclysmic events. They are found in the TTP interviews because the strategy of focused endurance is most relied on in circumstances of extended stress. It seems to us that the terms that

comprise the focused endurance category are important means for coping with the threat to life and the loss of all means of safety during wartime. The survivors identified the terms within this category as part of their coping arsenal during the war years (Goldenberg, 2012).

One survivor stated in his self-description:

I had a lot of confidence, a lot of ambition… I was very, very tough and fair… See, you couldn't tell me what cannot be done, how long it's supposed to take, because I knew all the answers… I never said I cannot do it. Let me do my way. Let me do it this way. And it worked out… I had so much ambition that I never said I cannot do it. That saved my life. I never said I can't. I said, "Sure, why not?"

Another survivor explained in the interview how discipline helped her cope. She remarked that at the moment of liberation when food was plentiful she did not overeat.

But see, isn't it a miracle… I was afraid. We were eating food, and they gave you food as much as you wanted. And I ate just enough until I figured I don't need any more. I didn't stretch my stomach and overeat. The people who overate, they got sick…lucky for me that, I figured, I'm alone and I have nobody to take care of myself. I have to take care of myself. Not to eat, that's a big discipline.

She went on to explain that she had a lot of determination to survive.

And I had the very strong feeling that I want to survive. I want to see my parents… And you know something? What went through my head? Back as a child of 15, 16 then? I want to get married. I want to bring a new generation. I want to show that there's still some Jews… My son used to tell me, when you take something, like a bird, and throw it in the water, it starts swimming. It doesn't know how to swim, but it started. It wants to survive. That's how I just wanted to survive.

And Focused Endurance helped survivors cope as they moved through their postwar lives. Another survivor said,

No matter how angry I got…no matter how…I was hurt, I would always stop and think it over, and say to myself, "My G-d, you've gone through so much in life. What is a little thing like this? …Can't you rise above all this and forget it, and do you think that any one of your relatives that perished, or friends, would have not changed places with you, and want to endure such small things? How can you possibly make a fuss over minor things that happen in life, even in a day when half a dozen things might go wrong, and you feel, ach, you're at the end of your rope."

Table 7: Defense Mechanisms

Category	Descriptors
Defense Mechanisms	• dissociation • compartmentalization (ability to block feelings and still act)

	- repression of traumatic memories (suppression) - minimization / telescoping - numbing (shutting down emotions) / emotionally constricted - denial - avoidance (distancing / active avoidance of negative stimuli) - humor - sarcastic humor - tough exterior (bravado, compensate for insecurities by presenting self as stronger than one is) - sublimation (definition is taking negative impulse directed toward positive behavior in present) - intellectualization

Defense Mechanisms, Table 7, are often mentioned in the literature in regard to ineffective coping outcomes (Cramer, 1998, 2000). We did not focus on coping outcomes in terms of their success or lack of success. Yet it is clear from the interviews that in the terrible circumstances of the Holocaust, defense mechanisms could be an effective way of dealing with difficult and life-threatening situations. Numbing, compartmentalization, even dissociation could be important strategies in protecting the survivors from the horrors they experienced during the war. Defense mechanisms continued to play a role in coping in the later years as well. During the war one survivor used compartmentalization in thinking about the likelihood of seeing her parents after the war.

It never…occurred to me that they wouldn't survive. You…were always hopeful. Even when…I heard later on how the cities were bombed in Germany, I always felt that somehow they're going to make it. It never occurred to me there would be…nobody. I don't think anybody could have imagined what would happen in these concentration camps…it never entered my mind at any point…that I wouldn't see them…It was just one of those things you didn't want to talk about or even think about it. It was something you…leave till the war is over… We were all very naive and, don't forget, you were so caught up in your everyday experiences.

Another survivor relied on the defense mechanism of denial. He told his interviewer,

Everybody reacts differently to moments of stress, but my reaction is very simple… I close up and ignore it, and therefore I really have no recollection. [I remember] very little. Little fleeting snaps about the food and such like things. No. I don't think so [won't talk about the experience in Bergen-Belsen].

Two postwar examples of denial follow. A survivor explained in his interview, "I had to, more or less, try to forget what went on… That's what my wife always said, 'Forget that. Forget that.' It is not easy to forget."

A second survivor said,

You cannot dwell on it too long… I'm like Teflon. I don't take it inside too hard. It's a self-protective thing, because if it would help then I would cry, but it doesn't help. It reaches the saturation point in your feelings. Tragedies cannot affect you anymore because I saw so many of them in such a terrible way.

Table 8: Prewar Experiences / Influences

Category	Descriptors
Prewar Experiences / Influences	Pre-war stress inoculation • poverty • lack of food • early loss of mother • early orphanage experience • parentified • knows more than one language (prewar skills) Strong parental role models for coping Birth order • only child • oldest • youngest • middle

Prewar Experiences and Influences, described in Table 8, is another category that arose out of the TTP findings and is based on the survivors' experiences. These experiences and influences would, we expect, also be found among survivors of other wars and genocides. The Antonovsky Life Crisis Inventory (1974) supports this assumption by including major life stressors such as severe threats to life such as wartime depravations and insufficient food, loss of parent or other family member in childhood or wartime. However, the survivors did not mention these experiences and influences as helping them cope in their later years. This category was one of two styles specific to the war years and not found in the later years.

The following recounting demonstrates how survivors utilized prewar stress inoculation styles (Meichenbaum, 2009) during the war. One survivor partly attributed his survival in the camps to the fact that he was poor as a child and used to not eating much.

I come from a poor family where once in a week we had a piece of chicken, and the whole week we had only soup. Potato soup or the *andere* [other] soup. But this helped me in the concentration camp enormously… Very often as a kid, you went hungry to bed…and we had not much food in house… When I ate dinner, I was still hungry… And in the concentration camp, I could live from this piece of bread that they gave us, and the water soup again. And other people

died, because they were not used to the food in the concentration camp… I was used to it, that we eat this little piece, what we got in concentration camp. I don't want to say that I was satisfied, but I could live from this little bit.

Table 9: External Attributes

Category	Descriptors
External Attributes	• non-Jewish appearance / hide Jewish identity • health • youth • attractiveness • developmental age

External Attributes, defined in Table 9, is the second category of coping styles found only in the war years. Although this category applies specifically to the Holocaust and genocide more generally, some researchers have noted that youth and developmental age might play a part in coping styles in other circumstances (Skinner et al., 2007). The other descriptors, however, arise from the specific circumstances of experiencing situations of persecution because of the survivor's ethnic or religious identity. An example of a survivor identifying her youth as a coping strategy follows, "I think the only thing that helped me is that I was very young, and I bounced back, and this is…the only thing that helped me… I was not even 20."

Another survivor noted his non-Jewish appearance helped him.

Jewish, maybe looked *mit* [with] big noses, you know. I didn't look like this. I was blonde. With hair, blonde hair. OK, I had no blue eyes. But I didn't look like the Jewish type. That was a *vorteil* [an advantage] for me. When I didn't look Jewish, it was better for me.

Table 10: Temperament and Personality Characteristics

Category	Descriptors
Temperament and Personality Characteristics	• engaging • dynamic / charismatic • energetic • anxious • intelligent • curious • stubborn • strong personality

The last category of coping styles described in Table 10 is Temperament and Personality Characteristics. At the most general level, temperament refers to inborn physiological differences in patterns of responding to environmental stimulation and influencing behavior. Our definition

of the category contains terms that are not traditionally cited in the literature. While some researchers have suggested that these characteristics do not belong in a discussion of coping (Lazarus & Folkman, 1984), others have concluded that temperament plays a role in coping and in eliciting positive responses from others (Garmezy, 1983; Werner & Smith, 1992; Olsson, Bond, Burns, Vella-Brodrick, Sawyer, 2003). Derryberry and colleagues (2003) stated that "temperamental systems can be viewed as coping mechanisms" (p. 1050), some of which "constitute motivational systems that have evolved to detect and respond to stimuli that are crucial to the survival of our species" (p. 1052). Skinner et al. (2007) noted that temperament shapes coping processes by contributing to individual differences in responding to the environment, in responding to different stressors or threats and in shaping other people's reactions. She and others (Derryberry, Reed, & Pilkenton-Taylor, 2003) suggested that studies that use new conceptualizations of coping have the potential to contribute to the knowledge of how temperament contributes to coping styles. Temperament factors might also influence coping by restricting the range of coping responses of an individual or by affecting the types of situations perceived as stressful (Compas, 1987).

Intelligent is one such descriptor that comes from the survivor stories. The survivor stated in her interview that she started running into the woods, and when she heard dogs,

In one minute I was on top of the tree. But I looked down and I saw two dogs running exactly to this tree. You know, they sniff the steps. And I did something very smart. And my mother must have told me what to do. I never did anything that smart since or before. I took off both boots, both shoes, and threw them in different directions. And one dog ran after one shoe, and the other ran after the other, and the SS men ran after the dogs, and I suppose they saw the five dead boys. They thought they have everybody, and they left.

We found that survivors also relied upon temperament and/or personality characteristics as older adults as well. One survivor summed up his reliance upon this strategy,

But I guess I'm lucky. I'm the kind of person who can cope with things… I have that kind of a constitution, if you want to call it that… That's how I'm made. That's how my father was… My mental attitude [is]…I don't let things, especially now, I don't let things bother me. I don't like to let things bother me. Life is very short. I've found that out many, many years ago. And… I don't want to be bothered by certain things. I have maybe another five, 10 years to live, and I don't want to live them being bothered or worried.

Frequencies of Coping Styles

Although our analysis relied upon qualitative and grounded methodologies we also wanted to know which coping styles were more frequently used and which ones less frequently used. To do this we counted the number of times that a particular descriptor was applied to any of the narratives and found that many of the descriptors appeared in multiple stories.

In examining the coping characteristics in the aggregate over the entire database of survivor interviews, all of the descriptors were used a total of 691 times. We plotted the 691 descriptors by survivor and by category of coping styles. We counted the number of times each descriptor

was used in each category across the sample to see which of the 10 coping categories were used more frequently by the survivors and which were used less frequently. This gave us a picture not only of each survivor's use of coping styles but also of how each survivor's coping styles compared to the others in the sample. These numbers are reflected in the table that follows.

Table 11 also shows which categories of war coping styles arose from the interviews and were not previously discussed in the literature. In addition, the table shows which categories were defined differently than the traditional coping literature. These variations, both the new categories and the ones that are defined differently, are in bold. Our observation that there are coping styles not addressed in the coping literature points to the importance of qualitative research in order to understand the scope of the human experience, which has been missed by previously published literature. Even those coping terms that have been identified and researched are not always defined in ways that match the internal experiences of survivors. Therefore, it is important that the empirical study of coping should rely upon the qualitative study of coping and how survivors actually coped with the trauma of the war years.

Table 11: Frequencies of coping styles used by survivors

Categories of War Coping Styles in Order of Number of Times Used in the Interview	Number of Times Found in the Interview Stories Reflecting Coping Styles	Percentage of Times Found in the Interview Stories Reflecting Coping Styles	Coping Styles Studied in Previous Research
Active coping	136	19.7%	Yes
Family Connection	118	17%	This is not a separate category but it is combined with social connections in the literature.
Positive Beliefs of Self	100	14.5%	New category — some descriptors found in the literature, and some not (some like self-esteem are in the literature, found in Temperament)
Beliefs / Faith	84	12.2%	Yes
Social Connection	59	8.6%	Yes
Focused Endurance	57	8.2%	New category from TTP
Defense Mechanisms	43	6.2%	Yes
Pre-war experiences	36	5.2%	Mostly TTP, but Skinner suggested it
External Attributes	34	4.9%	Skinner notes youth; otherwise descriptors not mentioned as it mostly relates to the specifics of the Holocaust
Temperament and Personality Characteristics	24	3.5%	Some researchers say yes, but some say it shouldn't be included in coping mechanisms

Most Frequently Used Coping Styles

Survivors relied most often on the active coping styles during the war years. Almost 20% of the descriptors reflected the use of active coping styles. Family Connection was the second most frequently used category. Survivors depended on family members to help them cope during the war years almost as much as they used active coping styles. Seventeen percent of the descriptors fell into this category. After active coping and family connection, the survivors identified "positive beliefs of self" as the third most frequently relied-on coping styles category, with 14% of the terms employed in the survivor narratives. Examining the 95 survivors who used these

terms at least one time to describe their war-time coping styles, we found that 60 survivors relied on active coping styles; 68 survivors used family connection; and 57 identified positive beliefs of self as a critical coping strategy.

Least Frequently Used Coping Styles

Temperament and Personality Characteristics represented only 3½ percent of the descriptors contained within the characteristics of coping styles. The six remaining categories of coping styles were only employed between 4 and 9 percent of the time in the survivor stories. This is less than half of the time that the styles of active coping, family connection and positive beliefs of self were mentioned by the survivors.

Another way of examining the characteristics of coping styles was to examine how many survivors did not rely on a particular coping strategy. For example, 73 out of 95 survivors, or 77 percent, did not employ coping styles from the temperament and personality category. It would seem that survivors do not describe coping in terms of temperament and personality traits – which means that survivors, on the whole, did not see traits as the basis for their coping. This raises an important question about personality traits and what role they play in coping. There are certainly positive traits which help someone cope and negative traits which can make coping more difficult – but they are not coping styles in and of themselves. This is an interesting observation, since the resilience literature is replete with personality characteristics as the basis of post-trauma adaptation. Another strategy not relied on very often, as mentioned earlier, was the external attributes category. Sixty-five survivors never referred to this strategy in their stories. This is to be expected, since the role of external attributes such was only relevant for those survivors who had external attributes that could have helped them during the war.

Relationships among the 10 Coping Styles

After examining which coping styles survivors relied on most often during the war years the question arises: Are there any patterns or relationships among the 10 coping styles? The use of the chi-square test helped reveal existing relationships. Because our sample was a convenience sample we used the chi-square, which is a non-parametric test. The chi-square tests for significant connections or correlations by comparing the cross tabulations that we observed when comparing the styles to what we would have expected to observe had there been no connection between the styles. Among the 100 possible pairings that could have been significant only eight were significant at the $p<.05$ level. These eight relationships are listed in Table 12. They are Active Coping and Positive Beliefs of Self; Active Coping and Social Connection; Positive Beliefs of Self and Social Connection; Active Coping and Focused Endurance; Active Coping and Beliefs; Positive Beliefs of Self and Family Connection; Social Connection and Temperament/Personality Characteristics; and Social Connection and External Attributes. The meaning of these connections is explored below.

Table 12: Significant relationships among the ten coping categories

Relationships Among the 10 Coping Categories	Chi-square value	df	Asymptomatic Significance
Active Coping and Positive Beliefs of Self	86.085	30	.000

Active Coping and Social Connections	50.934	18	.000
Positive Beliefs of Self and Social Connections	45.311	15	.000
Active Coping and Focused Endurance	44.846	18	.000
Active Coping and Beliefs	42.904	25	.010
Positive Beliefs of Self and Family	39.701	20	.005
Temperament / Personality Characteristics and Social Connections	16.519	6	.011
External Attributes and Social Connections	15.055	6	.020

Discussion

The words of survivors as stated in the narratives of their traumatic war experiences contained new ways to describe coping styles. Using a qualitative methodology allowed us to unpack coping categories and redefine them according to the words of the survivors. Real encounters with traumatic events are not similar to experiencing controlled experiments or surveys, upon which quantitative studies have relied. Personal characteristics, individual histories, and experiences influence the adoption of specific coping styles (Coyne & Gottlieb, 1996). A goal of qualitative research is to learn from the interviewees how they experience the problem to be investigated and the meanings they put on it, to learn about the issue from the perspective of the people who have firsthand knowledge (Morse & Richards, 2002; Polkinghorne, 2007). Thus, examining the words of the survivors in semi-structured interviews reveal styles of coping not included in the scales like the Ways of Coping Inventory (Gottlieb & Gignac, 1996) because the actual experience of extreme trauma goes way beyond the tasks that are typically researched in the coping literature.

Many argue that semi-structured interviews have several advantages in research on coping (Coyne & Downey, 1991; Monroe & Roberts, 1990; Moskowitz & Wrubel, 2000, 2005; Moskowitz, Hult, Bussolari & Acree, 2009). As Folkman and Moskowitz (2004) noted, narrative approaches "provide an interesting alternative to checklist approaches. A great deal can be learned by asking people to provide narratives about stressful events, including what happened, the emotions they experienced, and what they thought and did as the situation unfolded. Narrative approaches are helpful in understanding what the person is coping with, which is especially important when the stressful event is not a specific event named by the investigator" (p. 750). In the context of understanding coping styles, Moskowitz and Wrubel (2000) suggest that qualitative studies are appropriate when studying the process of coping with a specific event such as the Holocaust.

One study by Suedfeld and colleagues (1996) also examined interviews of Holocaust survivors to gain a better understanding of the coping styles that they used during the war. However, TTP's use of in vivo codes differs from those used by Suedfeld et al. who analyzed the interviews using terms coined by Lazarus and Folkman and others employing quantitative methods. They also looked at the impact of environment and age on coping (Suedfeld et al., 1996). Despite these differences, Suedfeld also found in his study that survivors relied upon a variety of different strategies to cope both during the war and after. He also noted the importance of considering the coping skills of the survivors when discussing postwar adaptation. By utilizing an existing framework to assess coping styles of survivors, the work of Suedfeld, et al. is also bound to pre-existing notions of coping that did not take into account how survivors framed their own understanding of how they coped. Our use of grounded research resulted in the identification of

five new or modified coping categories: Positive Beliefs of Self, Family Connection, Focused Endurance, Prewar Experiences, and External Attributes.

The Family Connection category, as mentioned earlier, was separated from the Social Connection category. The survivors made a distinction between family members and people in general. In those interviews with survivors who mentioned family connection, they did not also mention social connection and vice versa. Positive Beliefs of Self consisted of descriptors such as self-efficacy, self-respect, self-reliant, and self-confident, not identified by previous studies on coping. Focused Endurance, another new category, grew out of the survivors' use of descriptors such as will to survive, self-control, disciplined, determined, tenacious and perseverance. Prewar Experiences/influences, while mostly a new category and directly related to the specifics of the survivors' lives, might derive support from the work of Skinner et al. (2007). They noted that coping responses are suited to specific demands and shaped by the resources and contexts in which they unfold. Attachment, social support, family relationships are among the resources that shape experiences of dealing with stress. The context is affected by how people mobilize and direct their behavior, emotion, and outlook under stressful conditions. Finally, External Attributes, including not looking Jewish, health, and developmental age, were specific coping styles that arose from the unique experiences of the Holocaust.

As presented above, eight significant relationships were uncovered among the 10 categories through the use of the chi-square test. The chi-square statistic does not reveal whether the relationships were positive or negative, but we have relied on previous research and our qualitative findings (Hollander-Goldfein et al., 2012) to hypothesize that the relationships were, in fact, positive. The survivors who relied on positive beliefs of self to cope evidenced more reliance on active coping. Based on previous research and our qualitative findings, we might speculate that the inner strength gained from the positive beliefs of self that the survivors held facilitated active coping when the opportunities arose. Conversely, active coping reinforced for the survivors positive beliefs in themselves. The same potential connection might be drawn from the relationships observed between Active Coping and Social Connections; Positive Beliefs of Self and Social Connections; Focused Endurance and Active Coping; Beliefs and Active Coping; Positive Beliefs of Self and Family; Temperament and Social Connections; and External Attributes and Social Connections.

In trying to understand these connections, the question of the impact of the family on individual coping styles needs to be considered. TTP researchers found that the quality of family relationships in the family of origin influenced political and religious beliefs, attachment, the impact of the trauma, and resilience in the adult survivor. The TTP findings concluded that a crucial part of understanding how survivors functioned during and after the Holocaust is based upon the quality of family dynamics in the families of origin. Based on our previous findings on the impact of the family-of-origin dynamics, we suggest that the prewar family relationships might also have influenced the coping styles that the survivors used. Survivors were not blank slates when the war first affected them. They carried into the war individual strengths or deficits, values, beliefs, and the legacy of their relationships with their prewar caregivers. Our earlier work demonstrated that positive family-of-origin relationships lead to children who, as adults, hold positive beliefs and attitudes about themselves. Conversely, negative family-of-origin relationships often result in adult children who described significant problems in coping in their

adult lives (Hollander-Goldfein et al., 2012). The prewar family relationships which influenced other behaviors in the adult survivor might also have influenced reliance upon specific coping styles. Attachment theorists have noted that available and supportive family-of-origin caregivers give rise to secure children who develop secure adult personalities (Ricks, 1985; Allen, 2005). These relationship patterns, developed in the child's family of origin, impact the adult behavior (Hollander-Goldfein et al., 2012; Main, Kaplan, and Cassidy, 1985). Thus, children who received positive messages about themselves from their primary caregivers might more readily hold positive beliefs of self or might more readily access the focused endurance qualities to cope. The existence of secure and positive prewar family relationships might have promoted the survivors' capabilities to reach out to others – Family Connection or Social Connection – during the war years. Specifically, we found that Family Connection and Positive Beliefs of Self have a significant relationship with each other. This connection would seem to support the TTP researchers' observation on family relationships influencing coping styles. In short, the relationship between Family and Positive Beliefs may, in part, reflect the impact of family-of-origin dynamics.

Conclusion

What we have shown in this study is that the use of qualitative grounded theory research to learn about coping in the specific is appropriate and useful. The narratives contained language that described what the survivors experienced emotionally and cognitively when using different coping styles. Analyzing the stories within the interviews led the researchers to redefine key coping styles and to create new categories. When we examined the 10 coping categories that survivors relied upon, we found that out of the possible 100 pairings that could have been significant, eight actually were. Our previous research findings gave us some understanding of these relationships, but more research is needed to fully discern why these eight pairs are linked and to understand how patterns of family dynamics influence coping styles. In this study we also did not examine use of coping categories in relationship to survivor demographics or the nature of the war experience; both are limitations of this study. However, we have found that research based on qualitative semi-structured life histories using the lived experience of the individual survivor of the Holocaust gives rise to a more expanded view of coping styles than has been previously discussed.

References

Allen, J. G. (2005). Coping with trauma: Hope through understanding. Washington, DC: American Psychiatric.

Antonovsky, A. (1974). Conceptual and methodological problems in the study of resistance resources and stressful life events. In B. Dohrenwend & B. Dohrenwend (Eds.). *Stressful life events: Their nature and effects.* New York: Wiley. 245-258.

Bonanno, G.A., Field, N.P., Kovacevic, A., & Kaltman, S. (2002). Self-enhancement as a buffer against extreme adversity: Civil war in Bosnia and traumatic loss in the United States. *Personality and Social Psychology Bulletin*, 28, 184–196.

Bonanno, G.A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist,* 59, 20–28.

Bryant, R. A. & Guthrie, R. M. (2007). Maladaptive self-appraisals before trauma exposure predict posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology,* 75, 812–815.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology,* 56, 267–283.

Carver, C. S., Pozo, C., Harris, S. D., Noriega, V., Scheier, M. F., & Robinson, D. S. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology*, 65, 375−390.

Compas, B. (1987). Coping with stress during childhood and adolescence. *Psychological Bulletin,* 3, 393-403.

Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology. *Annual Review of Psychology,* 42, 401-425.

Coyne, J. C. & Gottlieb, B. H. (1996). The mismeasure of coping by checklist. J*ournal of Personality,* 64, 959–991.

Coyne, J. C. & Racioppo, M. W. (2000). Never the twain shall meet? Closing the gap between coping

research and clinical intervention research. *American Psychologist*, 55/6, 655-664.

Cramer, P. (1998). Coping and defense mechanisms: What's the difference? *Journal of Personality, 66,* 895-918,

Cramer, P. (2000). Defense mechanisms in psychology today: Further processes for adaptation. *American Psychologist*, 55/6, 637-646.

Derryberry, D., Reed, M. A., & Pilkenton–Taylor, C. (2003). Temperament and coping: Advantages of an individual differences perspective. *Development and Psychopathology,* 15, 1049–1066.

deRoon-Cassini, T.A., Mancini, A.D., Rusch, M.D., & Bonanno, G. A. (2010). Psychopathology and resilience following traumatic injury: a latent growth mixture model analysis. *Rehabilitation Psychology*, 55, 1–11.

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social Science and Medicine*, 45, 1207-1221.

Garmezy, N. (1983). Stressors in childhood. In N. Garmezy & M. Rutter (Eds.). *Stress, coping and development in children* (pp. 43–84). New York: McGraw Hill cited in Compas, B. (1987). Coping with stress during childhood and adolescence. *Psychological Bulletin,* 3, 398.

Garmezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34,* 416–430 cited in Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: a concept analysis. *Journal of Adolescence*, 26, 5.

Goldenberg, J. (2012) "The Biggest Star Is Your Mother": Prewar coping strategies of 18 adolescent survivors. In Goldfein, B., Isserman, N. & Goldenberg, J. (2012). *Transcending trauma: Survival, resilience, and clinical implications in survivor families*. New York. Routledge.

Gottlieb, B. H. & Gignac, M. (1996). Content and domain specificity of coping among family caregivers of persons with dementia. *Journal of Aging Studies*, 10/2, 137-155.

Greene, R. R. (2010). Holocaust survivors: Resilience revisited. *Journal of Human Behavior in the Social Environment*, 20/4, 411-422.

Hollander-Goldfein, B., Isserman, N. & Goldenberg, J. (2012). *Transcending trauma: Survival, resilience, and clinical implications in survivor families*. New York. Routledge.

Honey, A. & Halse, C. (2006). The specifics of coping: Parents of daughters with Anorexia Nervosa. *Qualitative Health Research*, 16: 611-629.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition and Stress,* 7:113-136.

Kahana, B., Harel, Z., & Kahana, E. (2005). *Holocaust survivors and immigrants: Late life adaptations*. New York: Springer.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping.* New York: Springer.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. Monographs of the Society for Research in Child Development, 50, 66–104.

Monroe, S. M., & Roberts, J. E. (1990). Conceptualizing and measuring life stress: Problems, principles, procedures, progress. *Stress Medicine,* 6, 209-216 cited in Coyne, J. C. & Gottlieb, B. H. (1996). The mismeasure of coping by checklist. J*ournal of Personality,* 64, 985.

Morse, J. M., & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage.

Moskowitz, J., & Wrubel, J. (2000). *Apples and oranges: Using qualitative and quantitative approaches to coping assessment*. Paper presented at the annual meeting of the American Psychological Association, Miami, Florida.

Moskowitz, J., & Wrubel, J. (2005). Coping with HIV as a chronic illness: A longitudinal analysis of illness appraisals. *Psychology and Health*, 20/4, 509–531.

Moskowitz, J., Hult, J. R., Bussolari, C. & Acree, M. (2009). What works in coping with HIV? A meta-analysis with implications for coping with serious illness. *Psychological Bulletin,* 135/ 1, 121–141.

Olsson,C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: a concept analysis. *Journal of Adolescence*, 26, 1–11.

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

Park, C. L. & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, 1, 115-144.

Paton, D., Smith, L. & Violanti, J. (2000). Disaster response: Risk, vulnerability and resilience. *Disaster Prevention and Management*, 9 / 3, 173-179.

Polkinghorne, D. (2007). Validity issues in narrative research. *Qualitative Inquiry*, *13*, 471–486.

Ricks, M. H. (1985). The social transmission of parental behavior: Attachment across generations. Monographs of the Society for Research in Child Development, 50, 211–227.

Seybold, K. S., & Hill, P. C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science.* 10/1, 21-24 cited in Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 759.

Skinner, E. A., Edge, K., Altman, J. & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129/2, 216-269.

Skinner, E. A. & Zimmer-Gembeck, M. A. (2007). The development of coping. *Annual Review of Psychology*, 58,119–144.

Stone, A. A., Helder, L. & Schneider, M. S. (1988). Coping with stressful events: Coping dimensions and issues in L. H. Cohen (Ed.), *Life Events and Psychological Functioning: Theoretical and Methodological Issues*, 182-210, Sage: Newbury Park, CA.

Stone, A. A., Kennedy-Moore, E., Newman, M. G., Greenberg, M. & Neale, J. M. (1992). Conceptual and methodological issues in current coping assessments in B. Carpenter (Ed.), *Personal coping: theory, research, and application*, 15-29, Praeger Publishers: Westport, CT.

Strauss, A. & Corbin, J. (1998). *Basics of qualitative research*. Thousand Oaks. Sage.

Suedfeld, P., Krell, R., Wiebe, R. & Steel, G. (1997). Coping strategies in the narratives of Holocaust survivors. *Anxiety, Stress, and Coping*. 10, 153-179.

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46, 207–227.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood.* Ithaca.