

Time Does Not Heal All Wounds: Quality of Life and Psychological Distress of People Who Survived the Holocaust as Children 55 Years Later

Marianne Amir^{1,2,3} and Rachel Lev-Wiesel²

The present study assessed posttraumatic stress disorder (PTSD) symptoms, psychological distress, and subjective quality of life (QoL) in a group of 43 child Holocaust survivors and a community sample of 44 persons who had not personally experienced the Holocaust. The participants were administered the PTSD-Scale, the SCL-90, and the WHOQOL-Bref. Results showed that the child survivors had higher PTSD symptom scores, higher depression, anxiety, somatization, and anger-hostility scores; and lower physical, psychological, and social QoL than did the comparison group. The findings suggest that the psychological consequences of being a child during the Holocaust can be long lasting.

KEY WORDS: Holocaust child survivors; PTSD; quality of life.

It is only in the last 15 years that survivors that were children during the Holocaust have been recognized as a distinct group different from adult survivors (Krell, 1985). According to Krell (1985) a child Holocaust survivor is a person who was 16 or under when the World War II (WW II) ended. Today he/she is between 60 and 74 years of age. The objective of this study was to inquire into the psychological well-being of this group more than 55 years later.

There are no exact statistics concerning the number of Jewish children who survived the WW II. After the war, approximately 50,000 settled in Israel, and others immigrated to Canada, the United States, Belgium, and France. The memories of child survivors are often filled with painful scenes of being separated from their parents, becoming orphaned, being abandoned, feeling cold,

starving, experiencing violence, and being physically unable to move for long periods of time (e.g., Krell, 1993; Moskovitz & Krell, 1990).

Regardless of the fact that the majority of child survivors live normal and creative lives (Krell, 1993), a number of studies have suggested that most child survivors still suffer from a wide range of psychological distress symptoms (Breiner, 1996; Mazor & Mendelson, 1998; Moskovitz & Krell, 1990; Robinson, Rapaport-Bar-Sever, & Rapaport, 1994; Tauber & Van-Der-Hal, 1997). It has been emphasized that the most outstanding psychological effects of persecution are the loss of identity and feelings of being worthwhile (Bunk & Eggers, 1993), accompanied by a lifelong sense of bereavement (Mazor & Mendelsohn, 1998).

Recent studies (Amir & Lev-Wiesel, 2001; Lev-Wiesel & Amir, 2000) have shown that certain groups within the child Holocaust survivors have more psychological distress than others. For instance, child survivors that were in foster families were found to have a lower quality of life (QoL) and more psychiatric symptoms than child survivors who had hid in the woods and/or were in concentration camps (Lev-Wiesel & Amir, 2000). Moreover, a

¹Department of Behavioral Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

²Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

³To whom correspondence should be addressed at Department of Behavioral Sciences, Ben-Gurion University of the Negev, 84105 Beer-Sheva, Israel; e-mail: mamir@bgumail.bgu.ac.il.

group of child survivors who had lost their original identity (name and knowledge of biological parents) had a lower QoL than a comparison group of child survivors who knew their original identity (Amir & Lev-Wiesel, 2001). However, none of these studies systematically compared the child survivors to community samples in order to determine the relative psychological state of this unique group as compared to persons who have not experienced the Holocaust. Furthermore, most studies focusing on child survivors relate to distress variables only and not to positive outcome measures such as QoL.

The aim of this study was to examine the present state of a group of child Holocaust survivors as these approach aging with regard to posttraumatic symptoms, psychological distress, and QoL. The child survivors were compared with a community-based sample that had been in countries that were not in war during the years 1940–45 and who were equivalent on the distribution of gender, marital status, education, and age. The data were collected in the year 2001. We hypothesized that the survivors would show more intensive posttraumatic symptoms, more psychological distress, and lower QoL than other adults from the same socioeconomic group who did not personally experience the Holocaust.

Method

Participants

The participants were 87 persons, 43 child survivors (23 women and 20 men; Mean age = 64.86, $SD = 3.75$; 83% married; 51% had some education beyond high school), and 44 persons (24 women and 20 men, Mean age = 65.68, $SD = 3.68$, 81% married; 48% had some education beyond high school) that were in Israel during WW II or in countries not involved in the war. The only other condition was that they had been exposed to at least one traumatic event (see below under Traumatic Event Scale). Twenty-nine (66%) of the comparison group was born in Israel, while the remaining 15 persons had immigrated to Israel. The child survivors were recruited from among the members of two child Holocaust survivors' organizations in Israel and were born after 1929 in areas occupied by the Nazis during WW II. Thirty-three percent survived in hiding, 22% in death camps for a year or longer, 30% had been in Catholic institutions, and the remaining 15% had been with foster families. Of the 43 survivors, at least one parent of 20 survivors survived the Holocaust. Chi-square analyses for the differences in the distributions of the scores for survivor and comparison groups showed to be nonsignificant for gender, $\chi^2(1) = 0.01$, *ns*, marital

status $\chi^2(1) = 0.06$, *ns*, and education, $\chi^2(1) = 0.10$, *ns*, as well as the *t* tests for the groups mean differences in age, $t(85) < 1$, *ns*. Five child Holocaust survivors who were approached refused to participate.

Instruments

Demographic Data Questionnaire

In this questionnaire, information was obtained regarding identity, sex, age, education, marital status and where the person had been during the years 1940–45.

PTSD Scale

The 17-item PTSD inventory used in the study was a self-report scale adapted from Horowitz, Wilner, Kaltreider, and Alvarez (1980). This instrument has been used extensively in Israel (e.g., Amir & Sol, 1999). The PTSD scale is based on *DSM-III-R* criteria (American Psychiatric Association, 1987) for the diagnosis of PTSD. The PTSD scale measures the intensity of the three primary symptom groups: intrusion, avoidance, and arousal. Each symptom is assessed according to frequency: (1) *does not appear at all*, (3) *sometimes appears*, (5) *appears often*, and (7) *appears very often*. Following Solomon, Ginzburg, Neria, and Ohry (1995), in this study the respondent was given one mean score of the 17 items presenting the intensity of posttraumatic symptoms. Cronbach's α in this study was .89. In completing the PTSD scale, the survivor was asked to specifically relate to Holocaust experiences (even if he/she had experienced additional traumatic life events). Leshem (1999) found for 69 Yom Kippur War veterans a mean (*M*) of 2.42 and standard deviation (*SD*) of 1.15 for the mean score of the 17 items. A higher score indicates more PTSD symptoms.

Traumatic Event Scale

The comparison group was given a list of traumatic life events (sudden death of a close person, active participation in war in battle units, injury in terror action, training accidents in the army, natural disaster, fire, motor vehicle accident, sexual assault, and other), and only if they answered in the affirmative to at least one event were they included in the study and were consequently given the PTSD scale. This list of traumatic events has been used in earlier studies in Israel (Amir & Sol, 1999).

SCL-90

To measure psychological distress we used the SCL-90 (Derogatis, 1977), which is a self-report measure that assesses the occurrence of psychiatric symptoms during the preceding 2 weeks. In this study, we related to four subscales most relevant to the research question: depression, anxiety, somatization, and anger–hostility. Each symptom is scored on a 5-point scale from 0 (*never occurs*) to 4 (*occurs a lot*). The Hebrew version has been used extensively in PTSD research in Israel (e.g., Lev-Wiesel & Amir, 2000). Cronbach's α in the present study for the scales of depression, anxiety, somatization, and anger–hostility were .92, .90, .87, and .80, respectively. The American norms for the SCL-90 (Derogatis, 1977) in a nonclinical sample are as follows: $M = 0.36$ ($SD = 0.44$), $M = 0.30$ ($SD = 0.37$), $M = 0.36$ ($SD = 0.42$), and $M = 0.30$ ($SD = 0.40$) for depression, anxiety, somatization, and anger–hostility, respectively. A higher score indicates more distress.

WHOQOL-Bref

To assess QoL we used a generic instrument, the WHOQOL-Bref (The WHOQOL Group, 1998). This instrument was developed simultaneously by 15 academic centers worldwide under the auspices of the World Health Organization and has been used frequently in Israel (e.g., Lev-Wiesel & Amir, 2000). It consists of 26 items divided into four broad domains: physical health (I), psychological health (II), social relations (III), and environment (IV). The respondent rates each item on a scale that has five levels ranging from *very satisfied* (5) to *not at all satisfied* (1). The range of scores in each domain is from 5 to 20. Cronbach's α in the present study was .81, .76, .79, and .82 for domains I, II, III, and IV, respectively.

In the above mentioned study with Yom Kippur veterans (Leshem, 1999) the following means and *SDs* were obtained: $M = 14.22$ ($SD = 2.33$), $M = 15.36$ ($SD = 2.23$), $M = 15.12$ ($SD = 3.08$), and $M = 14.38$ ($SD = 2.4$) for the physical, psychological, social, and environmental domains, respectively. A higher score indicates a better QoL.

Results

The comparison group reported exposure to a total of 90 traumatic events. Eighteen (41%) participants reported that they had experienced one traumatic event, 13 (30%) reported two events, 8 (18%) reported three events, and the remaining 5 (11%) four or more events. Twenty-one (48%) participants had been exposed to sudden death of a close person, 17 (39%) had been in battle units in one of the wars of Israel, 16 (36%) persons had been exposed to a motor vehicle accident, 4 (9%) persons had been exposed to training accidents in the army, 6 (14%) had been exposed to terror incidents, 6 (14%) had been exposed to sexual assault, and 20 (45%) persons had been exposed to other trauma, such as fire, violence, accidents in the home, and hiking accidents (no other trauma category had more than three persons endorsing it).

Means, *SD*, and univariate *F* values for the two groups on the study variables are shown in Table 1. Also, the table shows effect sizes for the group differences. Effect sizes were obtained by dividing the difference between the two means by the pooled *SD*. Meaningful effect sizes have been defined as 0.2 for small effects, 0.5 for moderate effects, and 0.8 or greater for large effects (Cohen, 1988).

As can be seen the ANOVA for the PTSD scale revealed a significant difference between the two groups, $F(1, 86) = 90.95$, $p < .001$. The MANOVA for the WHOQOL-Bref yielded a significant main effect of

Table 1. Means and Standard Deviations (in Parenthesis) for the Psychological Variables Among Child Holocaust Survivors and the Comparison Group ($N = 87$)

	Child survivors ($n = 43$)	Comparison Group ($n = 44$)	t (86)	Effect size
PTSD symptoms	4.77 (0.36)	3.08 (1.11)	9.54**	2.31
SCL-90				
Depression	0.85 (0.74)	0.51 (0.57)	2.36*	0.52
Anxiety	0.67 (0.52)	0.38 (0.41)	2.79**	0.62
Somatization	0.78 (0.71)	0.41 (0.39)	2.93**	0.67
Anger–hostility	0.61 (0.53)	0.32 (0.33)	2.91**	0.67
Quality of life				
Domain I—Physical	14.31 (3.69)	16.04 (2.50)	2.54*	0.56
Domain II—Psychological	13.86 (2.39)	15.86 (1.99)	4.20**	0.91
Domain III—Social	14.35 (2.67)	15.74 (3.09)	2.21*	0.48
Domain IV—Environmental	14.73 (2.04)	14.84 (2.73)		0.04

* $p < .05$. ** $p < .01$.

group, Rao's $R(4, 83) = 4.36$, $p < .01$. In three of the four domains, the comparison group scored significantly higher than the survivor group (physical, psychological, and social). The environment domain was not different in the two groups.

The MANOVA for the SCL-90 subscales revealed a significant main effect of group, Rao's $R(4, 83) = 3.60$, $p < .001$. The univariate analyses indicated that the survivors had significantly higher scores on all four measures than the comparison group.

Regarding effect sizes the results showed moderate effect sizes for all significant differences, with the exception of the social domain in which the effect size was small, and PTSD symptoms which showed an especially large effect size.

Discussion

The present findings suggest that the Holocaust experience for a child might be a lifelong narrative. As the child survivors enter retirement age some do not live as full a life as their counterparts that were not exposed to the same atrocities some 55 years ago. This was reflected in the findings of higher posttraumatic symptoms, higher scores on depression, anxiety, somatization, and anger-hostility. Moreover, the survivor's QoL in the physical, psychological, and social relations domain were all lower. As expected, the environment domain, reflecting income, satisfaction with home environment, etc., was not different, indicating that our sampling from the same socio-economic group was successful.

The present findings support earlier findings showing that being a child survivor is indeed a vulnerable position in late adulthood. Robinson, Rapaport-Bar-Sever, and Rapaport (1994) studied 103 child survivors about 50 years after the war and found that most survivors still suffer from psychological distress symptoms and that their suffering from these symptoms is even more severe than immediately after the war. Other recent studies found a range of psychological distress symptoms among survivors in general, such as poorer self-rated health in women and higher prevalence of PTSD among men (Landau & Litwin, 2000).

It seems that both child survivors and adult survivors have psychological sequela from the extreme stress encountered in the earlier stages of life. As survivors age, most of the current population in scientific studies will meet the criteria for child survivors, so possibly the distinction between adult and child survivor is of diminishing relevance.

The study was limited in that, although the comparison of the groups was successful with regard to demo-

graphic variables, possible other differences exist such as their material, social, and psychological situation immediately following the Holocaust. Moreover, it is possible that the survivors in the present study belong to a more distressed group as they were all members of child Holocaust survivors' organizations.

Acknowledgments

We thank Netta Rom and Merav Peterburg for their excellent and dedicated work in collecting and analyzing the data for the present research.

References

- American Psychiatric Association. (1987). *Diagnostic and statistical manual of psychiatric disorders* (3rd ed., Rev.). Washington, DC: Author.
- Amir, M., & Lev-Wiesel, R. (2001). Does every person have a name? Psychological distress and personal resources among child Holocaust survivors. *Journal of Traumatic Stress, 14*, 859–869.
- Amir, M., & Sol, O. (1999). Psychological impact and prevalence of traumatic events in a student sample in Israel: The effect of multiple traumatic events and physical injury. *Journal of Traumatic Stress, 12*, 139–154.
- Breiner, S. J. (1996). Children in and outside the concentration camp. *Journal of Psychohistory, 23*, 415–426.
- Bunk, D., & Eggers, C. (1993). Importance of psychodynamic reference factors in psychopathogenesis in persons persecuted by the Nazi regime in childhood. *Fortschritte der Neurologie Psychiatrie, 61*, 38–45.
- Cohen, J. (1988). *Statistical power analyses for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Derogatis, L. R. (1977). *The SCL-90 Manual F: Scoring, administration and procedures of the SCL-90*. Baltimore: John Hopkins University, School of Medicine, Clinical Psychometrics Unit.
- Horowitz, M. J., Wilner, N., Kaltreider, N., & Alvarez, W. (1980). Signs and symptoms of posttraumatic stress disorder. *Archives of General Psychiatry, 37*, 85–92.
- Krell, R. (1985). Child survivors of the Holocaust—40 years later. *Child Psychiatry, 24*, 377–412.
- Krell, R. (1993). Child survivors of the Holocaust: Strategies of adaptation. *Canadian Journal of Psychiatry, 38*, 384–389.
- Landau, R., & Litwin, H. (2000). The effects of extreme early stress in very old age. *Journal of Traumatic Stress, 13*, 473–487.
- Leshem, M. (1999). *The long-term effect of participation in the Israeli wars in a nonclinical male sample*. Unpublished M.A. thesis, Ben-Gurion University of the Negev, Beer-Sheva, Israel.
- Lev-Wiesel, R., & Amir, M. (2000). Posttraumatic stress disorder symptoms, psychological distress, personal resources and quality of life in four groups of Holocaust child survivors. *Family Process, 39*, 445–459.
- Mazor, A., & Mendelsohn, Y. (1998). Spouse bereavement processes of Holocaust child survivors: Can one differentiate a black frame from a black background? *Contemporary Family Therapy: An International Journal, 20*, 79–91.
- Moskovitz, S., & Krell, R. (1990). Child survivors of the Holocaust: Psychological adaptations to survival. *Israel Journal of Psychiatry and Related Sciences, 27*, 81–91.
- Robinson, S., Rapaport-Bar-Sever, M., & Rapaport, J. (1994). The present state of people who survived the Holocaust as children. *Acta Psychiatrica Scandinavica, 89*, 242–245.

Solomon, Z., Ginzburg, K., Neria, Y., & Ohry, A. (1995). Coping with war captivity: The role of sensation seeking. *European Journal of Personality, 9*, 57–70.

Tauber, Y., & Van-Der-Hal, E. (1997). Transformation of perception of trauma by child survivors of the Holocaust in group

therapy. *Journal of Contemporary Psychotherapy, 27*, 157–171.

The WHOQOL Group. (1998). The World Health Organization Qol assessment (WHOQOL): Development and general psychometric properties. *Social Science and Medicine, 46*, 1569–1585.