

The Aging of Holocaust Survivors: Myth and Reality Concerning Suicide*

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Abstract

The association between the Holocaust experience and suicide has rarely been studied systematically. The dearth of data in this area of old-age psychiatry does not necessarily imply that Holocaust survivors are immune from suicide. Recent work on the aging of survivors seems to suggest that as a group they are at high risk for self-harm. Published reports on suicide and the Holocaust identified by means of a MEDLINE literature search were reviewed. A similar search was performed on the Internet using the Google search engine. Thirteen studies were uncovered, 9 of which addressed the association of suicide and the Holocaust experience and 4 focused on suicide in the concentration camps during the genocide. Eleven of the 15 studies explicitly reported on the association of suicide, suicidal ideation or death by suicide with the Holocaust experience, or reported findings suggesting such an association. The Internet search yielded three sites clearly describing increased suicide rates in the concentration camps. An increased rate of suicidal ideation and suicide attempts among the elderly who were exposed to the Holocaust experience is confirmed. There is a need for further study, intervention and resource allocation among the growing numbers of elderly persons who suffered traumatic events in earlier phases of their lives. This is especially critical for Holocaust survivors.

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“...revolt gives life its value”
The Myth of Sisyphus, Albert Camus

The first report to directly address the issue of suicide among Holocaust survivors and actually to emphasize the suicides that took place in the concentration camps was published only after 30 years had passed since the end of World War II. Surprisingly, this work was published in a little known Polish language journal [1] and was followed over the next three decades by only ten additional studies in the scientific literature. The dearth of data does not necessarily imply that Holocaust survivors are immune from suicide. Recent work on the aging of survivors seems to suggest that as a group they are at high risk for self-harm.

We need to understand the evolution of the conceptualization of suicide and the Holocaust in a historical, medical and

psychological sense. The myth that Holocaust survivors will never choose death as they “...cling to life to spite the Nazi genocide...” has been taught in Israeli schools and was embraced readily by mental health professionals. The association between the Holocaust experience and suicide has rarely been studied systematically. Healthcare professionals were often taught that suicide was rare within the concentration camps and in the aftermath of the war, and that survivors had assumed an attitude of “endurance,” thus negating the possibility of suicide. There are very few studies that documented or refuted these beliefs [2]. The roots of this myth of “endurance” can be traced to a unique publication in 1947. The newly created society for mental hygiene in Palestine convened in Jerusalem and the lectures presented were compiled and edited to appear in a book entitled *Problems of Mental Hygiene in the Jewish Community in Palestine* [3]. One of the lectures presented to the participants focused on “The Mental Status of the New Immigrants. The abstract of this lecture is brought here verbatim [4]:

The psychological development of the new immigrant requires special treatment; he suffers from many complexes: he thinks of himself as a wanderer, as being misunderstood, and he has difficulties in adjusting his attitudes towards work. The Yishuv** must learn how to deal with him; it is forbidden to open his wounds. Deserving rest, the new immigrant also needs surcease from the various irritations that oppress his soul. Rather than a merely formal approach, the new immigrant should receive individualized attention. Finally, it is incumbent upon us to integrate the local population and the new immigrant into one unit.

A review of all available publications citing an association between the Holocaust and suicide, in order to formulate a conceptual framework on the risk of suicide among survivors, is presented.

We undertook a MEDLINE literature search from 1966 to 2006 using terms related to suicide (e.g., “suicide” or “suicidality”), holocaust (e.g., “holocaust,” “genocide,” “Nazi persecution”), and survivors (e.g., “survivors,” “inmates”) in the title, abstract, or MeSH heading. This search identified 13 studies. Nine of these

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** Yishuv is the name given to the local Jewish population of Palestine prior to the establishment of the State of Israel. It literally means: the “settlement.”

studies addressed the association of suicide and the Holocaust experience and four focused on suicide in the concentration camps during the genocide. The studies describing suicide in the concentration camps are beyond the scope of the present evaluation [1,5-7].

A review of the abstracts for the included studies indicated that 11 of the 15 explicitly reported on the association between suicide, suicidal ideation or death by suicide and the Holocaust experience, or reported findings that suggested that such an association may exist. Although some of these attempted to limit the claim that was being made [8], or added qualifications to the claim [9], only one study suggested that the Holocaust experience was unlikely to be related to such an adverse psychiatric outcome [10]. In addition, a similar search was performed on the Internet using the Google search engine.

Findings

The studies addressing the association between the Holocaust experience and suicidality after the Holocaust range from a single case report [8] (Kogan, 1992) to larger scale studies as follows (in chronological order):

- Clarke et al. (2004) [11] studied a sample of 530 Jewish patients who were admitted to a geriatric psychiatry day hospital program between the mid-1980s and 2000. Severity of depression and exposure to the Holocaust were independently associated with suicidal ideation.
- Barak et al. (2005) [2] retrospectively assessed 374 Holocaust survivors over a 5 year period. Ninety Holocaust survivors (24%) had attempted suicide, versus 8.2% of matched elderly comparisons with no Holocaust exposure.
- Clarke et al. in a later study (2006) [12] investigated 275 Jewish individuals aged 50 and older undergoing outpatient treatment for depression. Holocaust survivors who were in work camps, ghettos, or in hiding and Holocaust survivors who were in concentration camps were more likely to suffer post-traumatic stress disorder compared to other survivors and controls. The odds of suicidal ideation compared to controls were also at least threefold higher.

Searching the internet using the Google search engine yielded the following websites in which the issue of suicide and the Holocaust is discussed:

- At the University of South Florida (fcit.usf.edu) site: "... at each of the five extermination camps, the Nazis created orchestras of prisoner-musicians, forcing them to play while their fellow prisoners marched to the gas chambers. The suicide rate was higher than that of most other camp workers, except for those working on the death details, whose purpose was the removal of bodies of massacred Jews, who had a higher rate of suicide. Many musicians had been forced to watch helplessly as their friends and families were destroyed."
- At the online encyclopedia (Wikipedia.org) site: "... another group, whose deaths are related to the Holocaust but not always counted in the totals, comprise the thousands who

committed suicide than face what they feared would be untold suffering ending in death. In 2006, the European Union financed a project to research these victims; despite religious prohibitions against suicide, it is estimated that in Berlin alone, 1,600 Jews killed themselves between 1938 and 1945."

- a) At the site of the United States Holocaust Memorial Museum (ushmm.org): "... most prisoners at Auschwitz survived only a few weeks or months. Those who were too ill or too weak to work were condemned to death in the gas chambers. Some committed suicide by throwing themselves against the electric wires. Others resembled walking corpses, broken in body and spirit. Yet other inmates were determined to stay alive."

Discussion

In the late 1990s several research groups evaluated and published their views on the aging of Holocaust survivors. Notably, "A review of the late-life effects of prior psychological trauma" was undertaken by Sadavoy [13]. Data were predominantly derived from studies of aging Holocaust survivors and combat veterans from World War II, the Korean War, and Vietnam. The author concluded that survivor syndromes persist into old age, but patterns of expression vary and that Holocaust survivors appear to have adapted well to instrumental aspects of life. However, the experience of individual survivors is distinctly different. Seritan and colleagues [14] recently presented a case of brief psychodynamic psychotherapy with a Holocaust survivor suffering from major depression and post-traumatic stress disorder. In their introduction they wrote [14]:

...more than 60 years after the end of World War II, it remains difficult to fathom the experiences of Holocaust victims. Atrocities and dehumanizing conditions, loss of bodily integrity and lives, families broken apart, destruction, and death were common occurrences. Survivors were few, enclosing within their hearts endless pain and suffering. Their experiences altered their view of the world, themselves, and others.

The present study brings to light two interrelated themes that have been neglected in work with Holocaust survivors: attitudes towards death by suicide in the concentration camps, and today, as the survivors cope with the difficulties of aging. Regarding suicide in the camps, it is acknowledged by several researchers that death by suicide was not rare, with one of the leading authorities in the field even arguing that the rates of suicide in the camps was the highest ever recorded in human history, in the range of 25,000 per 100,000 per year [7]. But what about the recourse to suicide among living aging survivors? Surprisingly little is written about this issue. Our literature search yielded three articles covering data regarding only 1179 survivors. Suicidal ideation and suicide attempts among aging survivors were found by both research groups, from Canada and Israel, to be increased.

This lends validity to the findings since socio-cultural variables differing between survivors who came to Israel versus those who immigrated to North America do not seem to mitigate this risk.

Our current comprehension of the long-term effects of the Holocaust, trauma, and coping with ongoing stress is unsatisfactory. Despite considerable progress, basic questions remain with regard to how we understand post-traumatic coping behaviors of Holocaust survivors. Most gerontologic theories relevant to our understanding of aging of trauma victims rest upon underlying principles of multi-level integration, the primacy of Aristotelian logic, cognitive integration, harmony, consistency, as well as on definitions of conflict and criteria for adjustment and well-being. However, such underlying principles often do not agree with the coping process regarding human-inflicted adversity, trauma, and existential incompatibilities of modern life. In fact, such underlying concepts may also present obstacles to psychotherapeutic interventions, grief work, life reviews and narrative constructions, all extremely significant among Holocaust survivors. A novel concept is that of Aintegration that is defined as a person's ability to feel well without necessarily having integrated all the various human bio-psycho-social levels, or certain entities within each level (e.g., cognition, values or affect), into an overriding whole. It maintains that people, especially adults and elderly, can also live with inconsistencies and unresolved issues, experience inconsistency, relativism, asynchronization, discontinuity, paradox, ambivalence, ambiguity, absurdity and still remain in a state of well-being and mental health. Aintegration significantly correlated with self-rated health, world views, survivors' Holocaust-related activities, mental health and depression, further emphasizing utility of this concept [15].

As many of the survivors we interviewed following attempted suicide talked of longing to be reintegrated with their loved ones lost in the holocaust it is incumbent upon us to try and understand the barriers to aintegration amongst these survivors. In addition, the comparison of the genesis of reminiscences and nostalgic phenomena may offer additional parameters for the understanding of symptom formation in the elderly Holocaust survivors. [16]

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Capsule

Plague in the lungs

Plague is not just transmitted by fleas; hypervirulent pneumonic plague can be transmitted directly among people by coughing. Lathem and colleagues show that a specific virulence factor from *Yersinia pestis*, plasminogen activator, is injected into host cells and promotes proliferation of the bacteria and massive lung inflammation. It is possible that this bacterial protease

converts host plasminogen into plasmin, thereby releasing trapped bacteria from fibrin clots. Thus, inhibiting plasminogen activator during therapy might slow disease progression and allow antibiotics time to take effect.

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