## A Thesis Presented to The Faculty of Alfred University

Effects of Trauma on Holocaust Survivor Mental Health

Natalie I. Skwarek

In Partial Fulfillment of
The Requirements for
The Alfred University Honors Program
May, 2011

Under the Supervision of

Chair: Danielle D. Gagne

Committee Members: Dr. Robert Reginio and Dr. Nancy F. Furlong

## Effects of Trauma on Holocaust Survivor Mental Health

Brought up in a household of Polish immigrants, the subject of the Holocaust has been discussed extensively and continually throughout my lifetime. The earliest recollections I have of hearing the word *Holocaust* is as a little girl, sitting on my grandfather's lap as he would emphasize the word repeatedly, sharing with me the bleak realities of residing in Poland as a teenage boy during World War II. I would listen as he reminisced about the darkest days of his life, and soon became all too aware that this word, and everything that it represents, would come to deeply impact my perceptions of the world and humanity. Interestingly, my perceptions of the Holocaust have also been molded by my grandmother's refusal to talk about it, as her memories of the event are too painful for her to share with anybody, even those who are closest to her.

My grandparents, in their two dissimilar ways, have taught me the importance of remembering not only this event, but also the capacity of humans to inflict suffering and to sustain it with strength. Indeed, I have never forgotten my grandparents' trials and tribulations during this infamous period of history, nor have I forgotten about the millions of victims who did not survive Hitler's vicious pursuit of Jewish and minority destruction.

I have researched extensively about Hitler's master plan to eliminate all Jews, and I have been to concentration camps such as Stutthof and Majdanek in my annual trips to Poland, as well as to Auschwitz to commemorate the 65<sup>th</sup> anniversary of the Holocaust. I have spoken about how these trips have impacted my life and world views to anyone who will listen, but I have only recently realized that this is not enough, as my promise to remember the victims of the Holocaust has been only half kept: While I have primarily remembered those who have perished at the hands of the Nazis, I seem to have neglected survivors, who are victims of the Holocaust in their

own right. This realization has facilitated my interest in exploring the victimization of survivors, whose mental health has been gravely compromised as a result of countless horrors encountered throughout the duration of the Holocaust. This paper is my tribute, not only to my grandparents, but to this specific group of people who deserve the same remembrance and respect as those who did not survive the turmoil of the Final Solution.

Though the echoes of the Holocaust appear more distant with the passage of time, the number "six million" continues to scream out to those who remember the stain it has left on the world, even 65 years later. Six million Jews, who were exterminated during the Final Solution, have never had a chance to tell their stories of courage, sorrow, hope, and despair because Hitler's regime took their futures and voices away from them. Today, their stories are shared through the preservation of memorial sites and artifacts left behind, and their voices are heard primarily as a collective cry to never forget an event which once threatened the survival of an entire race.

While it seems that the number six million will forever be ingrained in our minds as an infamous symbol of human oppression, this number in no way signifies the full extent of human suffering. Rather, it suggests that we should focus our attention on respecting the dead instead of listening to the testimony of those fortunate enough to survive the reign of the Third Reich. Due to the immeasurable extent of human suffering during the Holocaust, it is not enough to simply label it with a single number. While six million often stands out as a concrete sum of victims who died during the Holocaust, the fact is that this is not even a close approximation. While it is true that Jews were the primary target of annihilation, countless other minority groups were also targeted and affected drastically. These "undesirable" groups included political activists, intellectuals, gypsies, homosexuals, children, the elderly and the mentally and physically

handicapped. The number of fatalities, when taking all of the minority groups into consideration, is estimated at an additional five million (Schwartz, 1997).

Unfortunately, these casualties have, throughout history, been referred to only as "the others." Furthermore, there is an unfathomable number of victims who have been widely underrepresented: those who, despite the grim realities and obstacles facing them, managed to escape the grip of a cruel and merciless aggressor. While lucky in many ways, these victims have been haunted by a past that has not let them forget the horrors that they once encountered. In order to recognize those who have experienced persecution under Nazi rule first-hand, but who cannot be counted as one of the six million Jews who died under it, the effects of trauma on the mental health of survivors, both of Jewish and non-Jewish descent, will be discussed in depth. Because the term Holocaust encompasses the mass murder only of the Jewish people, those mentioned who are non-Jewish will be referred to as survivors of German occupation, and of a National War.

The goal will be to showcase and analyze a type of victimization widely overlooked in the years following World War II, which has only in recent years become a topic of major investigation in the field of psychology. Within this paper, trauma and mental health will be operationally defined in general terms, and then connected to the lives of Holocaust and National War survivors in particular. Once these two subjects are defined, specific components of each will be identified for the purpose of creating a more focused spectrum for analysis. This will be followed by a discussion of how various pathological and psychiatric traumas experienced during the Holocaust have since affected mental health and coping strategies of survivors, who have adjusted to their pasts in a number of ways. Through the use of research statistics, literary testimonies, biographies and personal interviews with Holocaust and National War survivors, I

will present the idea that the effects of trauma on survivor mental health have varied significantly from one individual to another: While trauma has undoubtedly hindered optimal mental well-being in some survivors, it has also inspired resilience, innovative thinking, and positive life attitudes in others.

Juxtaposition of my grandparents and four famous survivors will serve as a primary tool in demonstrating this belief. I will use the interviews with my own grandparents, who have agreed to share their reflections of their experiences for the purpose of this project, to present the divergent effects of trauma during German occupation on members of my own family. I will then generalize my analysis through introducing several exemplary Holocaust and National War figures who, while making a visible contribution on a global scale, either experienced a flourishing mental health in the aftermath of World War II, or eventually died by suicide. These extreme examples of survivors will represent not only the diversity of the mental health spectrum, but that of humanity, which is shaped both by frailty and varying degrees of personal stamina.

Anne Frank once wrote, "Everyone has inside of him a piece of good news. The good news is that you don't know how great you can be, how much you can love, what you can accomplish, and what your potential is." Wise beyond her years, Anne believed that all people, no matter how plagued by internal and external chaos they are, should be viewed as human beings of potential. She would not have wanted the scapegoats of the Holocaust to be remembered as misfortunate casualties susceptible to mental illnesses, but as figures who possess fortitude and promise, no matter how bleak their circumstances.

Her viewpoint of humanity, very similar to my own, will be asserted through the contrasting viewpoints of survivors, which will not only portray the negative effects of trauma on their mental health, but the beneficial effects that are often overlooked, yet equally as important. Through the use of these individual voices, I hope to paint a picture of survivors that does not only evoke pity or remorse in the reader, but awe and admiration.

To fully understand the effects of trauma on the mental health of Holocaust and German occupation survivors, it is necessary to grasp the concept of trauma first. Trauma occurs to an individual in one of two ways: pathologically or psychiatrically, and some individuals experience both pathological and psychiatric trauma. While pathological trauma is a physical wound or shock produced by an injury, psychiatric trauma is more complex in that it depends wholly on a person's perception of a shocking event (Giller, 2010). Consequently, two people may experience the same traumatic event, yet react in two entirely different ways. While the reasons for the varying reactions are debated as either being due to nature or nurture, psychologists tend to use an integrative approach that is demonstrated through the diathesis-stress model.

The diathesis component of this model suggests that while each individual possesses inherited traits which predispose one to display an abnormal condition or behavior, these traits alone do not guarantee its occurrence. Rather, it is the stress of environmental influences that triggers the development of the abnormal condition. As a result, each individual's reaction to an event is dependent on the interaction of heredity and environment (American Psychological Association, 2011). The diathesis-stress model helps explain the state of one's mental health, as well as address the risk factors that can contribute to the presence of mental illnesses.

Mental health is not simply the absence of mental disorders or disabilities, but "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal

stresses of life, can work productively and is able to make a contribution to his or her community" (World Health Organization, 2011). An integrative approach towards mental health is favored, as it is determined by biological, psychological and social factors. Therefore, this component of health is a highly complex area of study, as individuals vary greatly not only in their biological differences, but also in the experiences that shape them. A unique aspect of Holocaust survivors, however, is that while none of their experiences are identical, their similarities are great: they deal, in one way or another, with seemingly hopeless circumstances brought upon by a dictator in search of power, and in quest of crushing the human spirit. Therefore, this cohort has been affected with two mental illnesses most prevalent as a result of experiencing trauma: depression and Post Traumatic Stress Disorder (PTSD). "Survivor Syndrome," or guilt felt for having survived the Holocaust while others did not, is one of the primary symptoms of PTSD (Williams-Keeler, McCarrey, Baranowsky, Young, & Johnson-Douglas, 1998).

Survivor Syndrome has deeply affected the mentality of Jewish and non-Jewish survivors in the aftermath of World War II. Once classified as a disorder in itself, it is now considered a key component of PTSD, which became listed as an official disorder by the Diagnostic Statistical Manual of Disorders (DSM) in 1980. Post traumatic stress disorder and depression have plagued the lives of Holocaust survivors more than any other mental illnesses currently recognized by the DSM; these two conditions will be the focal points of examination, as will suicide, which is three times more likely to be attempted by Holocaust survivors than by other trauma populations (Traubmann, 2005). Their presence in the lives of trauma victims will be assessed in terms of the symptoms that classify them. While a portion of the featured survivors will undoubtedly meet the criteria for diagnosis, others will not. The presentation of these

extreme cases will emphasize that the effects of trauma on survivor mental health are diverse, just as they are on other trauma populations.

According to the Diagnostic and Statistical Manual, 4<sup>th</sup> ed., (Jongsma Jr., Peterson, & Bruce, 2006), PTSD is a type of anxiety disorder in which exposure to a traumatic event, such as war, a natural disaster, terrorism or the loss of a loved one, results in a person experiencing extreme fear, helplessness, or horror. A person who has PTSD often has uncontrollable recollections of the event, and actively avoids stimuli which are a symbol or reminder of it.

Anxiety, nightmares or flashbacks of the traumatic event, intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, sweating), memory loss, emotional detachment, irritability and hypervigilence are this disorder's most prevalent symptoms.

Depression, which involves loss of interest in daily activities, lack of energy, decreased concentration, irritability, aches and pains, chronic sadness, and thoughts of suicide, is often intertwined with post traumatic stress disorder and makes normal functioning a difficult task (Hall, 2008). An intermingling of both of these disorders is typical for individuals who have survived different traumas, as many of their symptoms coincide with one another and cause one to feel both anxious and detached from his/her surroundings.

The prevalence of these illnesses, as well as their effect on the quality of life of various survivors, will be examined primarily through personal interviews, testimonies and autobiographical accounts. Statistics will be used for general informational purposes rather than as a primary means of analysis. This is because while Holocaust survivors may be numbers to the rest of the world, to me they are family and friends who have individual stories and reactions to the trauma that they once endured. The limitation of statistics and the abundance of personal

perspectives will serve to personalize, rather than categorize, the mental health of Holocaust trauma victims.

For the personal interview portion of this project, three Poles who were alive and residing in Poland during World War II were interviewed. My grandfather, Władisław Piątkowski, and my grandmother, Krystyna Piątkowska, were each asked a series of six questions. The questions were presented as follows: (1) How was your life affected as a Pole in Nazi-occupied Poland? (2) What are some of the most traumatic events you experienced during this time period? (3) What kept you pushing forward? (4) How were you affected emotionally after the war? Did you experience depression and/or post-traumatic stress disorder and if so, when and for how long? (5) How did you cope? (6) When you look back on these times, how do you reflect on them now as opposed to when the war first ended? (For question four, depression and posttraumatic stress disorder were operationally defined and described to both of my grandparents.) I have translated their answers from Polish into English.

My grandfather, who volunteered to be interviewed first, spoke eagerly of his reflections on the Holocaust era. In response to the first question, he stated that while he is not Jewish, his life, as well as the lives of all Poles, was deeply affected by German decrees during the duration of World War II and Holocaust. The rights that are often taken for granted today, such as right to defend oneself in court against persecution, the right to go to school, the right to openly seek medical attention, and the right to hold intellectual positions in the workforce, the right to own a radio, were stripped from all Poles under German occupation. The right to integrate with Jews and other undesirables was also strictly forbidden. The penalty for such an action was a severe

beating or even death. Because Poles, just as Jews, were viewed as "sub-humans," Germans had the right to murder them with impunity.

In addition, basic living conditions were severely compromised throughout Hitler's occupation of Poland. Strict food rations were enforced, so that a large percentage of Polish livestock would feed German militia rather than Polish citizens; each Polish family was legally able to slaughter only one pig per year to feed on. The lack of nourishment for Poles, combined with poor sanitary conditions and extreme poverty, often resulted in the spread of fatal diseases.

My grandfather stated that for him, the most devastating consequences of German occupation were being unable to obtain an education past the sixth grade, and living in constant fear that poor conditions would slowly wipe away his family. He desperately wanted to advance in his studies, but was instead forced to perform manual labor on a farm run by German overseers.

When asked about what memories of the Holocaust are most traumatic for him, my grandfather answered, "There are three events during the Holocaust that stick out in my mind to this day. The first two deal with my father, who was almost killed twice by one German overseer. The third has to do with my personal contact with the Nazis." During the first event, my great-grandfather, whose job it was to take care of four horses owned by Germans, walked into the stable one morning to find one of the horses dead. When the German overseer was notified, he took out a whip and beat my great-grandfather repeatedly over the head while my grandfather peeked through the window. As a result of the beating, my great-grandfather's hearing and speech were permanently impaired.

The second event involved my great-grandfather's cat, who snuck into a German rabbit pen and ate one of the rabbits. The German overseer, catching the cat in the act, shot at it but the cat escaped. Knowing that the cat belonged to my great-grandfather, he ordered him to find and bring the cat on a leash to him. My great-grandfather obeyed and brought the cat to the overseer. He then told him that he must shoot the cat, or he would be shot himself. To spare his own life, he shot his beloved pet and carried him back home to bury. While my grandfather did not watch his father shoot the pet, he buried it with him in silence.

The third event that remains vivid in my grandfather's memory occurred in 1944, when the Germans forced him to build trenches along the Russian front 30 miles away from home for four months, along with 500 other men aged 15 to 60. One day, a worker tried to escape, only to be caught by a German officer and brought back to the worksite. He was ordered to strip naked and all of the workers were aligned into rows. One worker, who stood next to my grandfather, was picked out from the front row and ordered to beat the naked man with a whip. The man did so, but because the German officer was not satisfied that the beating was tough enough, he snatched the whip away and beat both of the men with great force. All of the workers were warned that the next one who tried to escape would be killed. Luckily no one tried to escape after that. Once my grandfather's duties were over in late November, he was forced to walk home in his work uniform and wooden clogs. His feet aching, he took off his clogs and walked home on the frozen ground bare foot. He became so sick from the walk home that he almost died from sickness the next day.

"Despite everything, I never lost hope that the Nazis would one day be defeated. I knew that the world could not stand by forever and watch the unjust destruction of humanity. I truly

believed that it was only a matter of time until good triumphed over evil, and I never let myself let go of that belief. My dreams also kept me pushing forward. I wanted more than anything to complete my education and to make something of myself in a career of my choice. Along with this, I wanted to start my own family and to carve my own path. I promised myself that if I survived the war, I would not let its tragedies defeat me. Rather, I used them to inspire my personal growth and positive attitude towards life."

When the war ended, his optimism towards the future was great, though he knew it would involve a new communist government. As education and job opportunities opened up, my grandfather joined the military and eventually obtained a Masters degree in World War II history. He then met and married my grandmother, and they started a family shortly after. He did not experience depression or PTSD as a result of the traumas he encountered. Instead, he recalls that his mental health was shaped in a positive way as he felt empowered by struggles he overcame. My grandfather established himself in the high ranks of the marines and led an active lifestyle outside of his career as a devoted family man, and a man with an undeniable thirst for knowledge and adventure.

His positive outlook on life and humanity has only increased with age, and he continues to live an active and fulfilling lifestyle. He stated, "While the distance between me and the dark times I lived through grows with each passing year, my gratitude for having survived these times never grows smaller. Rather, it gets bigger and bigger! If I had never experienced the distinct and continuous traumas that I did, I doubt that I would have such a tremendous appreciation for life. Even though I am almost 85 years old, there are many days when I feel as though I am 25, and

that the world and all of its potential is in my hands. What a wonderful feeling (Piątkowski, 2011)."

My grandmother was the second person to be interviewed. Her recollections are brief, as she was hesitant to even speak about her experiences during the Holocaust for this project. Born in December 1932 in Patok, Poland, my grandmother was only six years old when the war began. She still remembers getting ready for her first day of first grade when the radio announced that Germany had declared war on Poland, and that all schools would be cancelled until further notice. She, like my grandfather, was unable to further her education for the next five years. Despite this bleak reality, there would be many more to come that would make a lack of an education seem the least of her worries.

The most traumatic event in my grandmother's life occurred when she was eight years old. Due to poor sanitary conditions and a lack of medical doctors to help treat illnesses, disease spread throughout my grandmother's village rapidly. The youngest and the most vulnerable, she became the first person in her family to catch the flu. Because the doctors who had once treated patients in her village had been sent to concentration camps, my grandmother was fully cared for by her parents. Unfortunately, her mother and father caught the flu and they both died from it weeks later. "My memory of the time period surrounding their death remains almost completely blocked in my conscious memory. The only time I am brought back to their deaths is when I look at a photo taken of me standing in front of their caskets on the day of their funeral. I still blame myself for their death. If I had never gotten sick, the likelihood that my parents would have caught the flu would have been lower. It's so difficult for me to forgive myself for what happened to them."

The second most traumatic event occurred when she was nine. When news spread that the Nazis would be raiding Patok homes in search of partisans, many villagers grew afraid that they would end up in concentration camps. Fearing the same fate, my grandmother and her oldest sister ran to hide in the woods. As they ran through the field to get to the woods, they were confronted by a Nazi soldier standing guard nearby. Looking up at the soldier holding a pistol in his hand, they dropped to the ground on their knees and put their hands up, begging him to spare their lives. My grandmother bowed her head and stared at the soldier's feet, believing that his steel-toed boots would be the last thing she ever saw. Finally, he motioned for them to stand up and let them go.

When asked what kept her pushing forward, she stated, "Fate. I felt so out of control in what was happening to me and my family that my hope and optimism for a better future slowly vanished. I wanted to believe that I had the power to direct my own life, but I felt as though I were a leaf floating on a wave of water, able only to travel where the current took me. This leads me to faith. I believe that God was the current that I was floating on. I attribute my survival mainly to him." Her strong faith in God has been solidified throughout the years following the war and communism. She has not missed a day of prayer or a Sunday of church in over 40 years and remains a devout Catholic. "Faith has kept and continues to keep me sane in the most hopeless of times," she concluded.

My grandmother asserted that immediately following the war, she felt both a sense of joy and resentment as she reflected upon the past five years of her life. She felt optimistic that the aggressor had been crushed, yet regret that her entire childhood had been a series of painful experiences that she could not forget. "A depression set over me that was impossible to ignore,

and bad dreams of the war haunted me in my sleep for years to come. I would wake up drenched in sweat and full of anxiety. My mentality towards people after the war had changed drastically. I viewed others outside of my family as outsiders and I did not trust them. I wanted to believe that people are good, but the Germans had permanently tainted my view of humanity.

My perception of others has not changed to this day, and I continue to have great difficulty opening up to people outside of my family, no matter how friendly they appear. On the contrary, my family is everything to me. I may be suspicious of the outside world, but I am completely trusting of those closest to me and I would do anything for them. Even so, I often can't help but feel lonely and pessimistic. These feelings sometimes overshadow my efforts to show my family how much they mean to me. It is difficult, but I am working to overcome this negative mentality that has hardened throughout the years. Every day, your grandfather sees positive changes in me and praises me for my efforts to live a happy and fulfilling life. He tells me that there is much to be grateful for, and I know he is right."

When reflecting on the war, my grandmother remarked that she wished it never happened, because it permanently flawed her perception of herself and world. "I have felt so much sadness and guilt as a result of the traumas I have endured, and I regret that these feelings have prevailed above all others even decades after the defeat of the Nazis. I cannot bring myself to have an overall positive impression of humanity. I am critical of it. I am extremely guarded around others and have little desire to establish friendships with people who are potentially untrustworthy. However, I have found that I am slowly becoming more open with loved ones as time passes. My nightmares and memory loss pertaining to the most traumatic events I experienced have also gradually subsided. I am thankful for the years that have separated me

from the war; they have shown me that time is the greatest healer of psychological pain. I finally feel as though I am able to lead a more fulfilling lifestyle. I only wish I could have begun to do it sooner (Piątkowska, 2011)."

Through the divergent views and attitudes of my grandparents, one is able to observe that the effects of trauma on survivor mental health are widely varied, even within the scopes of a single family. While their stories of perceived trauma are unique, they parallel each other, as they play on two basic human emotions: fear and helplessness. Their similar socio-economic situations of poverty, a lack of food and medical resources, coupled with a continual unease of losing loved ones and potentially their own lives, would seem to predict similar detrimental mental effects. Instead, the traumatic experiences that each of them faced shaped their mental health in different ways.

My grandmother, who attributed her survival solely to a higher power rather than to personal will, felt powerless in her rapidly deterioration homeland. My grandfather, having faith in himself and using his survival instincts, always had a sense of control over his life and future. My grandparents displayed opposing perceptions of control or responsibility for their life and actions, and therefore possessed a disparate locus of control. A locus of control is divided into two extremes: An internal locus of control, in which one attributes his life and destiny to his own doing, and an external locus of control, in which a person believes that forces in the external world are ultimately responsible for their successes or failures (Trevino & Nelson, 2011).

My grandfather, who displayed an internal locus of control, was highly resilient in overcoming adversity. My grandmother, who exhibited an external locus of control, was permanently scarred by the hardships she faced. Her external locus of control restricted the credit

she gave herself for surviving difficult circumstances, and was likely the cause of her perceived helplessness during her most traumatic experiences. This emotion, a criterion which must be present during a trauma in order to be diagnosed with PTSD, made my grandmother more susceptible to post traumatic stress disorder than my grandfather, who, despite his fears, maintained a sense of autonomy and optimism about his life and future.

As a result of their contrasting perceptions of themselves and the world during the Holocaust, my grandparents adopted two divergent lifestyles in its aftermath; one based largely on idealistic activism, and the other on cynical passivity. Furthermore, my grandmother, who displayed the latter, became tormented by a past that snuck up in her dreams and in the course of every day living. As a consequence, she lived within the emotionally numb and detached confines of her own mind, making normal daily living difficult, and at times impossible, for her. This symptom, along with memory loss pertaining to the death of her parents, anxiety, nightmares, flashbacks, hypervigilence, chronic sadness, and a lack of energy, strongly points to the presence of long-term post traumatic stress disorder and depression.

On the contrary, my grandfather did not exhibit any of the symptoms that would meet the diagnostic criteria for either of these conditions. While it is evident that he often experiences flashbacks, it is the way he copes with them that is different from individuals suffering from PTSD; rather than repressing or dwelling on his painful memories, he speaks about them to family and friends, releasing thoughts and emotions associated with his past traumas. In this way, he avoids internalizing negative cognitions and refuses to let them become part of his psyche. His words are a form of emotional catharsis which allows him to cope with his past and to move forward.

There is also a great difference in my grandparents' physical coping strategies that coincides with their mental well-being. My grandfather, who takes two hour fast-paced walks along his neighborhood or the Baltic Sea every morning, uses his capabilities to lead an active lifestyle into old age. He also stimulates his mind by continually reading, completing puzzles, watching the news and teaching history to his grandchildren. If he has limitations that inevitably arise with growing older, he does not focus on them; rather, he focuses on the things he is still able to do and uses compensatory strategies for those he cannot. His everyday behaviors are indicators of my grandfather's engagement in the aging process and of him optimism about life and people.

However, my grandmother seems to be so plagued by survivor guilt that she does not feel capable to lead a carefree and fulfilling life. Her generalization that people are bad keeps her not only from trusting them, but from taking chances to interact with others who may add to her happiness. Her hesitancy to take part in the outside world, let alone to leave her home to run errands, isolates my grandmother and confirms her belief that everyone outside of her family is an "outsider." Her cynicism of people following the war, along with her avoidance of them, may cause her to feel not only persistent irritation and paranoia, but loneliness and hopelessness. She is an ideal example of an individual who is so scarred by her past, that she exhibits severe and chronic symptoms of both PTSD and depression.

The differences in my grandparents' mental health can potentially be attributed to a number of factors. The diathesis-stress model is very likely one of them. My grandmother, once described by her older sister as a sensitive child, could have been predisposed to possess extreme sensitivity to trauma. The presence of PTSD and depression could have been avoided all together

given an optimal environment; however, she grew up in a world far from perfect, and the traumas she experienced could have caused abnormalities in her mental health to arise and progress as her personality and perceptions solidified into adulthood. Perhaps my grandfather, despite growing up in a similar world, was not predisposed to feel the same degree of sensitivity to trauma and therefore did not react to it similarly.

My grandmother's age at the time of her perceived traumas may also have been a trigger. A recent study has found that the younger a child was during traumatic events of the Holocaust, the greater damage he/she suffered after liberation, and even 50 years later. The same study concluded that children who were aged 11- 14 at the end of the war were more likely to develop anxiety disorders than any other adolescent age group. My grandmother, 13 years old in 1945, fell into this category. Her young age, coupled with the memories she repressed of her parents' death in the aftermath of the event, could have significantly contributed to her nightmares, flashbacks, and emotional detachment in the years following the war (Cohen, Brom, & Dasberg, 2001).

Gender, similarly to age, has played a large role in the prevalence of post-war anxiety disorders in Holocaust survivors. While a few studies have claimed that gender differences do not impact postwar reactions in children, a vast majority of studies have concluded the opposite; females across a span of cultures tend to report higher levels of stress in the aftermath of negative events than males. As a result, they are more likely to develop anxiety disorders, such as PTSD, as a result of the perceived traumas they have endured. Perceptions of family support often determine whether post-traumatic stress turns into post traumatic stress disorder. My grandmother, who dearly missed and lacked the familial support her parents once provided her,

grew highly susceptible to chronic mental illnesses such as PTSD and depression (Kimhi, Eshel, Zysberg, & Hantman, 2009).

The differences so apparent in the mental well-being of my own family members can be extended not only to the masses who endured similar circumstances, but to the most well-known Holocaust survivors of the 20<sup>th</sup> century. These individuals, whose reflections of the Holocaust through mediums such as art, film, and literature have captivated millions, represent both the most resilient and broken victims of society. While they have all recollected and shared their pasts as a tribute of remembrance, they have not all healed from their recollections; the pain of remembering has caused some to grow, and others to crumble.

For the purpose of demonstrating that such extremes exist, four prominent case studies will be paralleled and juxtaposed to one another. Primo Levi, Tadeusz Borowski, Roman Polanski and Otto Frank, all of whom were targets of Jewish persecution and extermination during World War II, will be the primary subjects of comparison. A parallel will then be drawn between my grandparents and the four survivors in terms of their locus of control. An analysis of the internal vs. external locus of control for the two groups will provide insight into why survivors experience divergent effects on their mental health. The biographies and testimonies of Levi, Borowski, Frank, and Polanski will help to create a means of comparison.

In many ways, Roman Polanski and Otto Frank were different from each another.

Polanski was a young and vulnerable boy during the Holocaust; Frank was an established father and businessman. Polanski was a Pole who experienced first-hand the deterioration of his parents' homeland; Frank was a German who escaped his homeland to avoid witnessing its downfall. They were unalike, yet one cannot help but notice the striking similarities that exist

between them. Both of these individuals, despite their different life stages and countries of origin, were connected by the tyranny of Nazi rule that threatened their survival constantly. Forced into hiding, Polanski and Frank faced loss and the prospect of death many times, yet they maintained a will to survive. In the aftermath of the war, they displayed a resilience that allowed them not only to move forward, but to make a lasting in change the world.

Otto Frank was born in Frankfurt, Germany in 1889. Prior to the Holocaust, Frank defended Germany in World War I as an army officer, and worked in a bank until its collapse in the early 1930s. He was married to a woman named Edith Hollander, and had two daughters, Margot, in 1926, and Anne, in 1929. As Nazism became a prevailing force in Germany and anti-Semitic attacks on Jewish individuals and communities became common, Otto decided to relocate and moved his family to the Netherlands in 1933. He was optimistic that the move would provide an opportunity for a fresh start.

In Amsterdam, he created a company called Opekta, which sold spices for the manufacturing of jam. When Hitler invaded Holland in 1940, he made his business look "Aryan" by officially handing his business over to non-Jewish workers, while maintaining control behind the scenes. Hoping to escape the impending doom of European Jews, Otto attempted to obtain visas for his family to Cuba or the United States in 1938 and 1941. He was only able to obtain a single visa for himself to Cuba in December 1941. Ten days later, when Nazi Germany and Fascist Italy declared war on the United States, the visa was canceled.

In July 1942, the Frank family went into hiding in the secret annex of the Prinsengracht building, along with four other people. They hid in solitary confinement for two years, until they were betrayed by an anonymous informant in August 1944. The Franks and their friends were

arrested by an SS officer, imprisoned in Amsterdam, sent to Westerbork, and finally to Auschwitz. In September, Otto was sent to the men's barracks, and was liberated by Soviet troops in January 1945. He traveled back to the Netherlands over the next six months to retrace his loved ones, only to find that he was the sole survivor of his entire family; his wife had died in Auschwitz- Birkenau, and both of his daughters died of typhus fever in Bergen-Belson.

Miep Gies, who hid the Franks and discovered Anne's diary after the family's arrest, handed the diary over to Otto in the summer of 1945. The sorrow of his loss prevented him from reading her diary for some time, but he eventually read and translated it for his relatives in Switzerland. He believed that Anne's words reflected the mass persecution Jewish people suffered under the tight grip of the Nazis, and this belief urged him to publish her diary. One year later, it was published by Amsterdam's Contact Publishing. In 1947, the success of the first Dutch edition of Anne's work, titled "The Back House," led to an English translation as well as a theatrical and cinematic adaptation (Schloss, 1999).

In 1953, Otto married a former neighbor in Amsterdam and fellow Auschwitz survivor, Elfriede Geiringer. Soon after, he and Elfriede moved to Switzerland, where his relatives resided. In 1957, he found out that the building his family hid in faced a demolition order. In response, he established the Anne Frank Foundation with the intention of saving it. (He later extended the purpose of the foundation to fight against prejudice, discrimination, and hatred of different races and religions.) With the aid of public donations, the foundation was able to purchase and restore the building. In 1960, it was opened to the public as a museum, and can still be visited today (Anne Frank Organization, 2011).

Roman Polanski was born in 1933 in Paris, France. At three years old, he moved to Krakow, Poland with his Polish parents, where he lived during the outbreak of World War II. Soon after Poland's invasion, German forces took over Krakow and, in an attempt to isolate and exploit its Jewish population, established a Jewish ghetto in the Podgórze district. Walled off from the "Aryan" side of the city, the Ghetto crammed 15,000 Jewish residents into an area fit for 3,000. Polanski and his parents were forced to live in the Ghetto, where he witnessed regular deportations of Jews to surrounding concentration camps, including that of his own parents. His father survived the Mauthausen-Gusen concentration camp, but his mother died in Auschwitz.

In 1943, he escaped the Krakow Ghetto and lived with several Roman Catholic families under the name of Roman Wilk. Though he was of Jewish decent, he acted outwardly as a Catholic in the hopes of survival. He attended church regularly and recited Catholic prayers until he knew them perfectly. However, he was never baptized, and this once caused him to be questioned by a priest about his true identity. He continued to live with various Catholic families and to wander the Polish country side until he was reunited with his father at the end of World War II.

As a teenager, Polanski developed acting skills by participating in radio dramas and films. In 1954, he was accepted into the Polish National Film Academy in Lodz, where he created short films and documentaries. After graduating, Polanski was featured in a number of Polish films. In 1962, he directed his first feature-length film, *Knife in the Water*, which received international recognition and an Academy Award nomination for Best Foreign Film. The film's success encouraged Polanski to advance his career as a director, and in 1968 he moved to

Hollywood. There, he directed a number of additional films and fell in love with Sharon Tate, who was murdered by Charles Manson's cult a year later.

In 1977, Polanski was indicted on six counts of having sexual relations with a 13 year old girl. He pled guilty to one charge, and although five more pended against him, he fled from the United States and settled in Paris, France. He continued to direct a number of films in the following decades. However, it was not until 2002 that he directed his first film pertaining directly to the Holocaust. *The Pianist*, which showcased the life of Polish Jewish musician Wladyslaw Szpilman during World War II, paralleled his own struggle to survive the Krakow Ghetto. For this film, he won a Best Director Oscar, but was not permitted to attend the award ceremony due to his criminal indictment. In 2010, he was imprisoned in Switzerland for his crimes, and was recently released by the Swiss government. He is still alive today. (AE Television Network).

Primo Levi and Tadeusz Borowski often evoke bitter-sweet feelings among those who are familiar with their stories, as their autobiographies are both inspirational and tragic; they exemplify two individuals whose words of insight had the power to heal them, but instead led to their eventual suicide. It seems that their reflections, filled with bleak memories of life in concentration camps, did not act as a form of catharsis, but as a confirmation that the world, filled with evil, corruption and pain, was not worth living in. Passages throughout their literary works illustrate such a shared perception, widely tainted by an oppression and cruelty that they, and so many others in the same position, were powerless to stop. To know their stories is important, but to understand their perceptions of them is vital, for they help to explain their road to self-destruction.

Primo Levi was an Italian- Jewish writer and chemist born in Turin, Italy, in 1913. He was best known for his touching autobiographical accounts and reflections on survival in Nazi concentration camps. After graduating summa cum laude in chemistry, he attempted to take part in a resistance movement against the Nazi and Italian Fascist government. Levi was discovered, captured and sent to Auschwitz in February 1944, where he worked as a slave laborer in a synthetic rubber factory. Liberated 11 months later, he returned to Turin to manage a factory producing paints, enamels and synthetic resin for the next 30 years. He also authored a number of books along the way; his first, "Survival in Auschwitz," was published in 1947. In addition to these roles. Levi was a human rights activist. He visited over 130 schools to speak about his experiences in Auschwitz, and while he faced widespread Holocaust denial, he spread his message about the importance of remembering and learning from the past. Levi did not experience severe detriments to his mental health until 1963, when he developed a severe and chronic depression. Despite this setback, he continued to work and to write until 1987, when he unexpectedly died in a suspected suicide\* by falling from the interior landing of his third floor apartment. He was 74 years old.

Known in Italian as "If This is a Man," his first work was not only a memoir of recollections, but a critical analysis of the human condition, in all of its extremes. In his book, he states that people fall into one of two oppositional categories that are often blurred—the good and the bad, the wise and the foolish, the unlucky and the fortunate—and above all, "the drowned and the saved." Levi uses examples of four "saved" men, including himself, to illustrate the complex and paradoxical nature of these two seemingly distinct categories. While he wishes that he could be objective about which group he falls into, ethics complicate his ability to do so; He recognizes that as one who survived, he is one of the lucky ones, the saved. However, he

cannot help but wonder what it means to be saved when one must use egoistic, survival of the fittest tactics to do so. He is remorseful that those most deserving of salvation withered away within the confines of the camp, and regretful that the saved went on to live in a corrupt and defective world, while the drowned were spared from being part of it.

This is not to say that Levi does not possess great empathy for the oppressed prisoners among him; he is simply disgusted by the animalistic tendencies they had been reduced to. From the beginning of his arrival in Auschwitz, he observes that when one has lost everything, he has lost his dignity and himself. He must fend for his own interest of survival, thereby ignoring, and at times adding to, the suffering around him. He cannot be blamed for his disposition, however, because within every human being resides a primitive instinct to stay alive. It is cruel, yet natural; it is necessary for the survival of mankind, as it is for all species. Once this instinct has been extinguished, a man is no longer fit for survival and must face the outcome of his personal defeat. As a scientist, Levi seems to understand Darwinism's vital role in human nature; as a witness of the fast deterioration of just and honest people, he is not proud of it.

As a victim and witness of the Holocaust, it is not surprising that one of Levi's prevailing themes throughout his book relates to the death of the human spirit. Through his chronological portrayal of life in Auschwitz, Levi presents himself as a man not only suffering from a gradual physical death, but one that is largely mental, as well. His gradual downfall, and that of his fellow inmates, makes it easy to see that a deprivation of one's basic rights has the power not only to exterminate the body, but the very soul that fuels its existence. The breakdown of Levi's own psyche, as well as that of his fellow prisoners, can be attributed not only to a constant denial of resources, but to a forced imposition of deliberate malice and degradation.

From the first day of his arrival in Auschwitz, Levi briefly describes his weakness brought on by a terrible thirst and a lack of cool air. He is visibly drained, yet inside his worries extend far beyond his physical deprivations. Glimpsing into his future, he becomes all too aware that everything he possesses and cherishes about his life is about to be snatched away from him. Within minutes, his world of illusion is shattered as he realizes, with much disdain, that he has reached the bottom. Levi writes:

It is not possible to sink lower than this; no human condition is lower than this, nor could it conceivably be so. Nothing belongs to us anymore; they have taken away our clothes, our shoes, even our hair; if we speak, they will not listen to us, and if they listen, they will not understand. They will even take away our name: and if we want to keep it, we will have to find it in ourselves the strength to do so, to manage somehow so that behind the name something of us, of us as we were, still remains. (p. 22)

Throughout the progression of the passage, Levi expresses the many layers of loss that are unavoidable consequences of being held captive in Auschwitz. He begins with the most materialistic possession of clothes, and ends with the most personal possession of one's name, to emphasize the sequential progression of physical and mental deterioration. The placement also signifies a slow yet steady depersonalization that is solidified with the loss of one's name.

In one of his most compelling excerpts, Levi acknowledges that it is precisely the collective loss of identity that makes it so easy for Holocaust victims to be represented by a single image. He digs into his own memory in an attempt to remember distinct qualities of the fallen, but is able only to picture an "emancipated man, with head dropped and shoulders curved, on whose face and in whose eyes not a trace of thought is to be seen" (p. 82). In this passage,

Levi recognizes that in order to be a free man in the face of death, the idea that one holds any power over his own destiny must be given up; through accepting that luck is a fundamental determinant of one's survival, one can be rid of all expectations and numbly live to see another day.

Tadeusz Borowski was a Polish poet and writer born in 1922. In Nazi-occupied Poland, Borowski was an underground intellectual; when secondary and college education was forbidden to all Poles, he obtained his high school diploma and became a student of Warsaw University. Despite the risk of being caught, Borowski attended courses in private apartments to advance his knowledge and foster his passion for Polish literature. Throughout the war, he produced numerous poetry publications which were distributed illegally. He could have avoided the brutality of living in a concentration camp had it not been for the unfortunate twist of fate for his fiancée, Maria. While he was never part of a resistance movement himself, Maria was, and she fell into a trap set by the Gestapo in her friend's apartment in late 1942. Searching for her, Borowski was captured in the same apartment, sent to prison, and finally deported to Auschwitz.

Borowski and Maria ended up in the same camp, and survived due to an unexpected change in concentration camp policy; three weeks prior to their arrival, Aryans were pardoned from being sent to the gas chamber. Only Jews continued to be exterminated systematically. Borowski maintained contact with Maria throughout his imprisonment in Auschwitz. As the Russian front closed in and the war came to an end, Borowski was evacuated to a camp in the heart of Germany, Dachau, where he was liberated in May 1945.

Upon liberation, he was transferred to a displaced person's camp, and left it in a desperate search for Maria. He found out that she had survived and was living in Sweden. In

1946, she moved back to Poland and the two married shortly after. In 1948, Borowski worked in the Press Section at the Polish Military Mission in Berlin for a year. Less than fifteen months after his return from Berlin, and less than a week after the birth of his daughter, Borowski committed suicide by breathing in the gas of his gas oven. He was 28 years old (Borowski, 1959).

Borowski is best known for his compilation of short stories, "This Way for the Gas, Ladies and Gentlemen," which were published in Poland after World War II. Originally titled "Farewell to Maria," his fictional stories were inspired by his life in Auchwitz. The stories are connected by prevailing themes, as well as "Tadek," the main character and narrator. Tadek is a survivalist with a hardened exterior; he tells his story from an emotionally detached point of view. Even as he unloads dead corpses from the daily transport of Jews heading straight for the crematoria, he remains indifferent and comfortable amidst the evil that surrounds him. Tadek initially appears insensitive, but it quickly becomes evident that emotional disengagement is used as a defense mechanism to justify immense human suffering.

Borowski's short stories through the eyes of Tadek are not only an autobiographical description of his own imprisonment in a concentration camp, but a cynical critique of the human condition. Much like Levi, Borowski struggles to make a distinction between good and evil, as prisoners in Auschwitz are forced to lie, cheat, and steal to survive. The people they once were, and the occupations they once held, no longer matter. They must abandon their personal identities and morals to stop themselves from dwelling on the past, and to live only in the moment. They are no longer human beings, but animals that must fend for their own interest of survival, even if it means snatching bread from a fellow prisoner. In Auschwitz, the concept of

morality is shattered, and the thin line that separates the camp's perpetrators from its victims is destroyed.

It isn't until a much later chapter, "Auschwitz, Our Home (A Letter)," that Borowski's personal perspective shines through his fictional character's thoughts and actions. The letters that Tadek writes to his fiancée reflect an intimate and emotional insight that is largely absent through the first half of the book. While the letters portray anecdotal reflections on life in Auschwitz, they also depict Borowski's private negative view of himself and the world. His growing pessimism and lack of hope is revealed in one of Tadek's written segments to Maria:

Why is it that nobody cries out, nobody spits in their faces, nobody jumps at their throats? We doff our caps to the S.S. men returning from the little wood; if our name is called we obediently go with them to die, and—we do nothing. We starve, we are drenched by rain, we are torn from our families. What is this mystery? This strange power of one man over another? This insane passivity that cannot be overcome? Our only strength is our great number—the gas chambers cannot accommodate all of us. (p. 112)

In this correspondence, Tadek's seemingly indestructible exterior is penetrated by an anguish that resides deep within him; for the first time, he reveals a vulnerability and frustration that has long been suppressed. He no longer presents himself as a primitive survivalist, but as a compassionate individual whose emotions are driven by ethics. All of a sudden, Tadek seems to insist that a distinction between good and evil does exist. However, it is meaningless when the good are too weak, and too afraid, to triumph over evil, or when the world is an idle bystander that takes no measures to stop it. Tadek's passage to his fiancée suggests a helplessness that has slowly but surely taken over him, and a gloom that has come to dictate his life.

## **Conclusions**

When looking into the lives of these four individuals, it is necessary to question what factors led to their personal defeat or perseverance. It is difficult to pinpoint what led Borowski and Levi to die by suicide, and what kept Frank and Polanski from doing so, but well-researched reports have attempted to do just that. A study conducted by anthropologist Jack Porter (1999) found that:

German and Austrian Jews had higher rates of suicide than Polish, Russian, or Hungarian Jews. Leaders higher than followers. Intellectuals and doctors higher than farmers and tailors. Men higher than women. The old higher than the young. Single and divorced higher than married. The deeply secular higher than the deeply religious. (p. 52)

His research suggests that Levi and Borowski were doomed to suicide in more ways than one. Not only were they male intellectuals, but also leaders who were once used to a large sphere of influence. At the beginning of the Holocaust, they were powerful figures; by the end of it, they were helpless men trying to rediscover their personal identities. Frank and Polanski, however, had buffer zones which may have protected them from suicide. Neither of them was a renowned intellectual at the time of the Holocaust, nor was either a recognized societal leader; they were both average people trying to keep their families together. Most importantly, they were people who took active measures to ensure their survival, while Levi and Borowski lived day to day attributing their survival primarily to luck.

Much like my grandfather, Polanski and Otto displayed an internal locus of control that gave them a sense of their own power during Hitler's reign. They were motivated to survive by

the idea that despite the bleak realities of war, persistence and patience would ultimately ensure their survival. Furthermore, it would eventually allow them the freedom to shape their futures and to follow their dreams. For my grandfather, it was his longing to obtain an education and to one day become a father that gave him the courage to push forward. For Frank, it may have been the dream of growing old enough to see his children get married and have children of their own. (After he found out that both of his daughters had perished, Ann's message of hope most probably fueled his desire to live with optimism and direction.) For Polanski, it may have been his love of film that drove him to overcome his hardships. Whatever their vision for the future, they all believed in themselves to make it become a reality. An internal locus of control provided them with the tools necessary not only to survive World War II, but to adopt an optimistic outlook and a healthy mentality in its aftermath. In addition, a family buffer protected them against suicide and facilitated their personal growth and psychological stamina.

My grandmother, Levi and Borowski, all of whom were pronounced pessimists after Germany's downfall, were driven by an external locus of control during its domination. My grandmother, a little girl at the time of invasion, was truly powerless living in Nazi Poland; she had no education or developed skills to promote her survival, and was solely dependent on her parents for emotional and financial support. Her parents' death shattered the illusion that people have any control over their own lives. It no longer mattered to her that a person was good or active in trying to survive; it was luck, or the will of God, that determined one's destiny. Levi and Borowski, considerably more powerful and influential than my grandmother before the war, were stripped of their personal possessions, names, and the belief that good people triumph in the face of evil. By looking at the world as a cruel, senseless, and essentially meaningless place, they gave up the notion that personal will had any influence over one's future. Rather, luck, mixed

with a selfish survival of the fittest tactics, separated the drowned from the saved. These outlooks inevitably contributed to detrimental effects on my grandmother's, as well as Levi and Borowski's, mental health.

When studying the Holocaust, it is tempting to over-generalize its survivors as unfortunate individuals too troubled by the atrocities of the past to move into the future. It is harder, however, to look at this large cohort on an individual basis, and to draw conclusions that stray away from being overly-simplistic and reductionist. A holistic approach allows for one to incorporate the various complex aspects that work together to explain human motivations and actions. This is why statistics, while effectively presenting the frequency of particular events and their correlations to human behavior, should not be used as a sole means of analysis; correlation does not imply causation. Therefore, it is presumptuous to assume that all people who experience trauma are destined to suffer from debilitating mental illnesses, and to let their painful memories dictate and overshadow all other aspects of their lives. Consequently, personal interviews and biographical accounts of various survivors have been used as a primary means of analysis; through the presentation of these contrasting figures, I have strived to create a spectrum of mental health that is highly personalized, and, as a result, diversified.

I have chosen such an approach because it wasn't until the start of this project that I came to realize my own view of survivor mental health was highly generalized. Despite all of the individual testimonies I read in the past, I tended to lump Holocaust victims into a single group which I often could not help but pity. It shocked me that humanity could be so frail and delicate, and that those who lived to tell their stories could be so paralyzed by the invisible scars of their pasts. I took into account the bleak statistics regarding the presence of PTSD and depression

within this population, and concluded that Holocaust survivors are doomed to be remembered as victims for the rest of their lives. I did not fully recognize that perhaps these individuals would want not only to be remembered as victims, but as characters of strength and inspiration for future generations. Anne Frank would have wished for such a legacy if she had survived, and many of those who did survive deserve the same legacy.

Hence, the people I have written about portray Holocaust victims not as numbers, but as individuals who encompass a large range of both human strengths and weaknesses. Furthermore, they serve to fill in the mental health spectrum, and the many complex dimensions which promote its diversity. I do not discount that the examples I have used are extreme, and that a large number of people in the middle of these outliers exist and are equally as important; I simply hope to depict an image of survivors that is mixed—even contradictory—to show that no two trauma victims, no two people, are exactly alike. Thus, no one person's reaction to trauma perfectly duplicates another's. Instead, it falls on a broad continuum of human experience that is unable to be defined or constricted by quantitative research.

I have also chosen people who have been familiar to me growing up. Each of their stories has, throughout the years, expanded my breadth of understanding about what it means to be a Holocaust and National War survivor; their stories have touched and inspired me never to forget the turmoil and sorrow that the Final Solution brought to millions of innocent victims. As the horrors of the Holocaust grow more distant with the passage of time, the voices of these survivors, and the voices of many others, remain strong in my mind. They continually encourage me to educate others about the past, and to fight ignorance and intolerance through my own words of conviction. I am privileged to use their stories as a medium of my own self-expression,

as they are largely responsible for my strength in times of adversity, and for my voice when others are too afraid to speak.

## References

- AE Television Network. (2011). Roman Polanski biography. Retrieved April 10, 2011, from <a href="https://www.biography.com">www.biography.com</a>
- American Psychological Association. *Glossary of psychological terms*. Retrieved March 4, 2011, from <a href="http://www.apa.org">http://www.apa.org</a>
- Anne Frank Organization. Otto Frank. Retrieved April 10, 2011, from annefrank.org
- Borowski, T. (1959). This way for the gas, ladies and gentlemen. New York: Penguin Books.
- Cohen, M., Brom, D., & Dasberg, H. (2001). Child survivors of the Holocaust: Symptoms and coping after 50 years. *The Israel Journal of Psychiatry and Related Sciences*, 38(1), 7-8.

  Retrieved March 12, 2011, from ProQuest Psychology Journals.
- Giller, E. (2010). What is psychological trauma? Retrieved March 12, 2011, from www.sidran.org
- Hall, M. (2008). PTSD and depression. Retrieved March 12, 2011, from http://ptsd.about.com
- Jongsma Jr., A., Peterson, M., & Bruce, T. (2006). The complete adult psychotherapy treatment planner. New Jersey: John Wiley &Sons, Inc.
- Kimhi, S., Eshel, Y., Zysberg, L. & Hantman, S. (2009). Getting a life: Gender differences in postwar recovery. *Sex Roles*, *61*, (7-8), 554-565. Retrieved March 12, 2011, from ProQuest Psychology Journals.

- Langer, L. (2001). Holocaust testimonies: The ruins of memory. New Haven and London: Yale University Press.
- Levi, P. (1958). Survival in Auschwitz: The Nazi assault on humanity. New York: Macmillan Publishing Company.
- Piątkowska, K. (2011, January 4). Telephone interview.
- Piątkowski, W. (2011, January 4). Telephone interview.
- Porter, J. (1999). Holocaust suicides. In H.J. Cargas, *Problems unique to the Holocaust* (pp. 51-66). Kentucky: The University Press of Kentucky.
- Schloss, E. (1999). After the war: The travails of Otto Frank. Retrieved April 10, 2011, from www.time.com
- Schwartz, T. (1997). *Non-Jewish victims of the Holocaust*. Retrieved March 3, 2011, from <a href="https://www.holocaustforgotten.com">www.holocaustforgotten.com</a>
- Traubmann, T. (2005). Study: Holocaust survivors 3 times more likely to attempt suicide.

  Retrieved April 28, 2011, from <a href="https://www.haaretz.com">www.haaretz.com</a>
- Trevino, L., Nelson, K. (2011). Locus of control. In *Managing Business Ethics* (pp. 84). New Jersey: John Wiley & Sons, Inc.
- Williams-Keeler, L., McCarrey, M., Baranowsky, A., Young, M., & Johnson-Douglas, S. (1998).

  PTSD transmission: a review of secondary traumatization in Holocaust survivor families.

Canadian Psychology, 39 (4), 247. Retrieved March 12, 2011, from ProQuest Psychology Journals.

World Health Organization. *Mental health: strengthening our response*. Retrieved March 3, 2011, from <a href="http://www.who.int">http://www.who.int</a>