

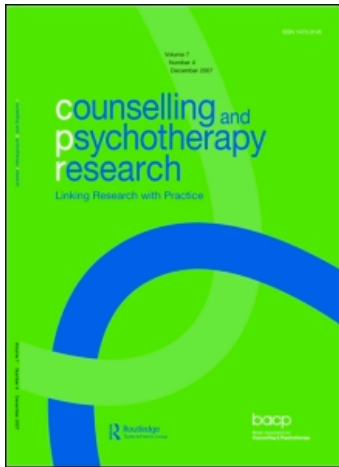
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'I had no family, but I made family'. Immediate post-war coping strategies of adolescent survivors of the Holocaust

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RESEARCH ARTICLE

'I had no family, but I made family'. Immediate post-war coping strategies of adolescent survivors of the Holocaust

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Abstract

Increasingly, mental health professionals are confronted with survivors of ethnic conflict and genocide, many of whom were adolescents when they experienced such extreme, prolonged trauma. Holocaust survivor interviews provide an important window into the process of post-traumatic coping and adaptation by adolescent survivors of genocide. The immediate post-genocide years have been a particularly neglected field of inquiry among trauma researchers. This study of the immediate coping strategies used by adolescent survivors of the Holocaust is part of a larger secondary analysis of the long-term coping and adaptation of 18 adolescent survivors – 14 women and four men – who were between the ages of 12 and 18 at the start of World War II. It found that the major coping strategies used in the immediate post-war period were social support, community with other survivors, revenge and the pursuit of justice. These findings have important implications for the treatment of survivors of ethnic conflict seeking asylum in countries in the West.

Keywords: *Holocaust survivors, post-traumatic coping, adaptation, adolescent survivors of genocide*

Introduction

The world unfortunately appears to have learned little from the lessons of the Nazi Holocaust, the systematic targeting for persecution and murder of approximately six million European Jewish men and women, including one million infants and children, and millions of others, including the Roma ('Gypsies'), political dissidents, clergy, homosexuals and the mentally ill and the disabled (Charny, 1999, Dawidowicz, 1975; Hilberg, 1967; Yahil, 1990). Other genocides have followed, including those in Cambodia, Bosnia, Rwanda and Darfur, as well as ethnic conflicts throughout many of the nations of Africa, Asia and South America. Increasingly, mental health professionals may encounter clients who have fled from these and other countries of origin to the West (Wilson & Drozdek, 2004). Many have lost their loved ones or witnessed their brutal murders. They have lived for long periods of time under the threat of imminent death. Dislocated from their countries of birth, they have had to re-establish themselves in a foreign country, learn a new language and acclimate to a new culture. Often the journey from their war-torn country was traumatic, as well, as they escaped secretly over borders, enduring rape, and risking capture, further torture and death (Bernier, 1992).

Because survivors of genocide have been deliberately targeted by other groups, the traumatic events

experienced by them are seen by many trauma theorists and researchers as inherently different – both in their manifestation and in their impact – than other types of trauma (Ayalon, 2005; Horowitz, 1992; Lifton, 1967; Rosner & Powell, 2006).

Since the late 1950s Holocaust survivors have been the subjects of numerous psychological studies of the impact of extreme stress and trauma (Kahana, Kahana, Harel, & Rosner, 1988; Krell & Sherman, 1997). Their interviews can teach us how to help our current clients more effectively as they try to re-establish themselves in the West, rebuild family and community, mourn their losses, and cope with their traumatic memories (Ayalon, 2005). However, there is a paucity of research to date on adolescents' responses to prolonged traumatic experiences (Becker et al., 2003), despite the fact that many war and genocide survivors were adolescents when the atrocities occurred (Pynoos, Steinberg, & Goenjian, 1996; Schaal & Elbert, 2006).

What do survivors themselves recognise as the strategies they have developed to cope with the effects of genocide? If we better understood the coping strategies survivors have relied on, particularly in the immediate post-war period, we could provide appropriate interventions and help put social policies in place that could mitigate the negative effects of these horrific wars, as well as help foster more positive, long-term adaptations.

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Research on post-traumatic adaptation needs to be more clearly grounded in the survivors' – not the researchers' – own understandings of the process of their recovery – or failure to recover – from extreme trauma. There is, in fact, very little research on how people who have survived traumatic events define *for themselves* their coping strategies and post-traumatic adaptation (Carney, 2004; Suedfeld, 2001; Ungar, 2004).

This study focused on survivors' interpretations of their immediate post-genocide coping strategies. The primary research question was: What do survivors who were adolescents during the war indicate were their immediate coping strategies after the Holocaust?

Methods

This study is a secondary analysis of immediate post-war coping strategies as described by 18 Jewish survivors who were adolescents during the war, and was drawn from a larger, non-clinical sample of interviews of Holocaust survivors from the Transcending Trauma Project (TTP) database. The TTP is a qualitative research study of survivors, their spouses, children and grandchildren ($N=275$; survivor interviews $N=95$) that seeks to understand long-term post-traumatic coping and resilience through semi-structured interviews on pre-war life and relationships, war trauma and coping and post-war coping and adaptation.

I have been a member of the TTP research team since 1992. This article is based on my dissertation research on the long-term impacts and coping strategies of adolescent Holocaust survivors (Goldenberg, 2008), and represents a shorter version of a chapter from my dissertation focused on immediate post-war coping strategies.

Reflexivity has come to be understood as a means to achieve greater transparency in qualitative research (Altheide & Johnson, 1994; Finlay, 2002; Hall & Callery, 2001). In pursuit of validity, and the transparency and trustworthiness of my research findings, it is important to address here, if only briefly. I am Jewish, and so the Holocaust is a topic of some emotional investment on my part. However, researchers often explore various research topics because they are passionate about them; otherwise they would not be compelling enough to either draw us in, or sustain our interest through the often painstaking research process.

In addition, as a clinical social worker I have worked with survivors of intense ethnic conflicts in Liberia and Zimbabwe, and this parallel between my research work and my clinical work has been compelling as well as integrative. Interviewing survivors of a genocide that took place more than half a century ago while working clinically with survivors of more recent ethnic conflicts has informed both my major research question for this study – the immediate post-genocide coping strategies of adolescent survivors – as well as

helped me understand how we can be more effective in our work with such survivors in the present day.

There are 14 women and four men in the sample. A modified grounded theory approach (Glaser & Strauss, 1967) was taken, facilitated by NUD*IST 4 qualitative software.

Results

The survivors of this sample were between the ages of 14 and 24 at the end of the war. Most had lost everything – their families, their lovers, their friends, their homes, their Jewish communities. They had no time to absorb the enormity of those losses because they were still in very real danger. Their path towards a new life was blocked by overwhelming structural exigencies, the most critical one being the continued vicious and rampant anti-Semitism – particularly in Poland – and the generally precarious and chaotic post-war environment (Charny, 1999).

In addition, freedom was not easy for many of the survivors to comprehend. They had been abused, starved and dehumanised for so long they could not believe they were alive, let alone free. After years of struggling to survive, often on their own, what were they to do now?

How can you feel hopeful when you don't know where to go? You don't know *for what* to go. We were just (pause) not human. (Rachel. Emphasis hers!)

I was so ... broken down after we were liberated, more than being in the concentration camps ... I suffered emotional. I missed my oldest sister with her little boy, whom I loved (crying, pause). I missed my friend, this was my first love in my youth ... when we were liberated (crying) I said, "Where should I go? Why should I live?" (Judith)

However, many survivors were able to express gratitude for being alive and free.

[We were] maybe more enthusiastic than before the war, because to go through such pains and hunger and all kinds of troubles for those years – all of a sudden you became a human being again and you have everything you need. (Judah)

Just not to breathe the German air was great! (Laughs) We lived in a group home that the Jewish Agency provided. We had no clothes ... but our needs were so limited. We were just glad to be free and breathe, and no one tell you [what to do]. (Golda)

We know from trauma theory that safety needs to be established first in order for a trauma survivor to recover – before reconstruction, remembrance and mourning and reconnection with others. Without a sense of safety, none of these other tasks of recovery

can take place (Bloom, 1997; Herman, 1992). Yet for the majority of these survivors, safety was not forthcoming. Many of them were on their own – confused and traumatised, starved, sick and weak. The immediate post-liberation period was a dark one, as adolescents (some of them now young adults) struggled to survive, while gradually beginning to comprehend the enormity of the losses they had suffered. Somehow they had to find their way ‘home’, driven by the grim motivation to discover who among their once-large families might still be alive. In order to do this, they had to navigate a still lethal landscape.

Aside from the very real and ever-present risk of rape, or of injury or death as a conscript in the army, survivors were not safe among the general populace. During the first year after liberation, there were almost 1000 victims of anti-Semitic violence in Poland (Lavsky, 2002). Returning home to find news of family members, many Jews were killed in *pogroms* [Russian: attack, disturbance]. Finding family was the first priority of these adolescent and young adult survivors. Almost all of them expressed feeling an overwhelming urgency to do so.

It was very dangerous. Even after the war ... Polish people were killing Jewish people ... You had to hide your identities still ... I was so scared all the time that I would not circumcise my sons ... I was afraid that something's going to happen ... I went to visit Lublin where I was born and there was a pogrom that same day! (Deborah)

Almost all of these accounts contain comments about the anti-Semitism survivors experienced on their way home, as they came to the realisation that not only did their family members no longer exist, but they had no future left in their hometowns.

When we drove by our town, I remember the Poles threw stones, so we had to close the doors in the train ... They're anti-Semites, you know. There was no future in Poland for Jews. (Faigie)

Rachel was with nine other women, one of whom was her pregnant aunt, when local members of the Polish National Army pulled them out of the house where they were staying and shot them. Rachel recognised one of those militiamen as someone with whom she had gone to school. Only she and one other woman, who was hiding inside the house, survived. Rachel describes this experience as the most traumatic event of her life, worse even than the concentration camps.

They started killing Jews in Zelechow ... They took us out. We were nine ... women ... And they took us out, and they shoot us ... My aunt was pregnant already, and she probably had pain, and she asked them to finish her. And they did. They put a few more bullets in her body. She was standing

near ... I was, how you call it, fainting, I was acting on the situation, and I was thinking about my son. And I throw myself on the ... ground and they probably thought that I am dead. (Rachel)

Some survivors were reunited with family members; most were not.

When I came out of the concentration camp with my four sisters ... I wanted to know if anyone was left from my family. My mother was taken to the crematorium and my little brother. So my sisters and I ... went to see my father. But when I came to the hospital ... I did not recognize him. A 200 pound man, he didn't weigh more than 80 pounds. He was a skeleton, skin and bones. His skin was peeling. He was close to death. But he recognized us ... I can't tell you the emotional pain that we all felt and how we cried when we saw my father lying. We didn't know whether he is going to survive, but we had lived to see him, and that was the greatest feeling. (Her father eventually recovered.) (Penina)

Penina was lucky; she had parents and siblings who survived the war, and they found each other fairly quickly. But for many, there was the uncertainty of whether or not relatives – including parents – still lived. Were they orphans or not? For some, that uncertainty was lifelong, and without closure.

Women were particularly vulnerable after the war. Rape was rampant, particularly by the liberators of Eastern Europe, the Russian Army.

We were just afraid. And then the way they would treat us, you know? ... Especially the young girls, they [the Russian soldiers] were trying to get them. (Helena)

Samuel witnessed gang rapes while in the Russian Army after the war.

Look, when you are in the army in a time like this, the soldiers can do anything. Not that I did, but they did. [Interviewer: Women were raped.] Yes. Not only this, but on one woman you could have a line like one hundred soldiers, you know, a line. I saw it. I wasn't involved, but I saw it. (Samuel)

Some young girls were all alone, and their loneliness is palpable in these statements.

I was by myself at that point. I lived in a room ... I was fourteen, almost fifteen ... There was a house, one of those Jewish homes. And one of my second cousins survived in the forest with me, but she went to another city and I was left there alone by myself. (Ruth)

For a young kid to be running around? It was terrible ... I didn't have anybody. (Leah)

Survivors who had no one began to gather together with other survivors, friends they made either during the war or afterwards. Sometimes they reunited with people they knew before the war. They formed group homes themselves, or lived in group homes set up by the Jewish Agency. These transitional holding environments seemed to be critical to the early stages of recovery.

Judah, Rivka and Ruth clearly articulate these group living arrangements as an attempt to re-create family.

After such a test what we went through, everybody was happy to be alive, even though that life had not too much meaning without families. But we had so many friends who were in the same situation, and we somehow lived together and got close. Very seldom that somebody had a family – a father, a mother, or brothers. They were all single survivors, or maybe two brothers from one family survived, or something like that. Then this is how we got back on the track of living. (Judah)

What happens when you have no family, you form families. And a lot of people started eating together. It's not a normal life but it's the best you can [do], like communes, you know. (Ruth)

I had no family, but I made family. (Rivka)

Survivors needed to be among their own people for support in the early recovery period. But this did not necessarily help the grieving process.

I knew by that time I had nobody left. I'm alone, except for my cousins. We tried to keep busy. But because I had nobody, I became very hard. I didn't leave my emotions, that I should cry to someone. Because they all lost [family]. I wasn't the only one. They all were in the same situation. So we tried not to [grieve], you know. But separately in my heart I did. (Rivka)

It is hard to ascertain from Rivka's account whether her decision to grieve 'separately in her heart' rather than share her emotions with other survivors who were also grieving came from within, or from observing how others around her were behaving. Perhaps it was a little of both. 'So we tried not to [grieve]', seems to imply an unspoken group norm.

Golda was hurt by the seeming indifference of the survivors around her. Although, 'everyone was in the same situation', the other survivors were not interested in hearing about her grief – only in their own.

It was like a shock ... When the men came home from the ... Vietnam War, the Gulf War, they spend time de-programming them ... which was wonderful. They received all the attention, and trying to let them talk, get it over. I was so particularly hurt – badly. Nobody cared. Nobody wanted to hear what you experienced. Everybody

was just searching for their own family, wanting to survive, and trying to put their own pieces together. (Golda)

The immediate and most compelling post-survival task for these adolescents was to find family members, and to recreate family when none existed. Grief had to be placed on the back burner. This is a theme that is often repeated in these interviews. It was difficult for them to allow themselves to grieve because of the urgent business of living. In addition, there was a societal 'conspiracy of silence' (Danieli, 1985) that colluded in silencing them, shutting down their telling of the trauma for many years (Hass, 1995).

Displaced Persons (DP) camps, like group homes, can perhaps be viewed as holding environments, transitional living where many survivors began their process of recovery among their own people and the social support that provided. Many ended up in DP camps, which were run by the United Nations Relief Agency (UNRA) in Germany (Lavsky, 2002). Group homes on a large scale, survivors lived there for as little as a few months, others for as long as six years – while waiting for permission to emigrate. They met their future spouses there, married there; some had their first children there. Being among their own people and being able to speak their own language were important components towards healing (Hass, 1995). They could worship if they chose to worship, work if they chose to work, educate themselves and their children, start Yiddish theater and other cultural groups, and simply 'breathe the air', as they gradually adjusted to freedom.

We had a swimming pool, we had a hospital, and it was a little more peaceful standard of life. No business yet ... And I have to admit that being there between those people was a little help for recuperation for me. We were not so wild to grab everything right away. We had time to appreciate what we get. And we worked. (Rachel)

Rachel reports that the survivors in her DP camp did not talk about their experiences during the war.

We were trying to forget ... But I don't think anybody ever talked about it. So we were sitting at the swimming pool in the hot days, with other women who had children, whose children were just born. And we were just talking about the children, I remember, but nothing about private experiences ... I never remember talking about the past, or about families, or what happened, or what we were going to do. Just lived by the day.

With so many strangers which substituted in a way ... you have people to talk to and a way to kill the lonely feelings ... Everybody was friends ... And tried to keep us as relaxed as possible.

Was spending time in a DP camp after the war more conducive to recovery than living in other situations? Some survivors emigrated to their new countries more immediately (i.e. within a year after liberation), and were then burdened with the added stressors of learning a new language, living among strangers and finding work to support their families. But those who transitioned through the DP camps had more time to recover, regain their health, make new friends, begin relationships and start families, without the pressure of survival and making a living. This is a hypothesis that warrants further study, and in fact, there is still very little written about the role of the DP camps in survivors' recovery from trauma (Lavsky, 2002).

Recreating family and living in group homes were coping strategies survivors used to deal with their massive losses. Another strategy was the use of anger against injustice and even acts of revenge. Many survivors in this sample seemed not to be afraid to fight back against injustice after the war, and this no doubt helped them cope. They express their feelings of anger, which can be an expression of their grief and loss.

We came back to normal life ... Although even then in Poland, I was stopped three, four times a day. "Let's see your documents." And I told them off ... I was not afraid ... You saw my Jewish face? That makes me guilty of something?" Then I wasn't afraid to speak up. (Berel)

Leah's anger was a catalyst for a change in refugee conditions.

There were sixty [survivors] in this big hospital in Vienna. And they were all sleeping together, couples with children, with sheets hung up ... It turned my stomach. I went to the Merkaz [Hebrew: central office], and I said: "Look. Our children are gone. They all died. They all got killed. Here we have a few kids who came from Romania, and they are trying to travel to Israel, and this is the facilities we give them? Why can't we have a place to put the children, to take care of them until the parents arrange to go? Because it is not a way to be, everyone together." I didn't want these kids to have the same experience I had. (Leah)

The agency and anger expressed by survivors after the war were channeled in both productive and non-productive ways. Anger was taken to an extreme in acts of revenge by two of the four men in the sample. The chaotic circumstances of liberation, while being in the uniform of a Russian soldier, created the 'perfect storm' for revenge. They committed assaults, including murder, while under cover of the Russian Army. Neither of the men expressed regret, and both said these acts helped them cope with their grief over the loss of family members and friends.

Jonathan found a woman after the war that had hurt him in the concentration camp.

'Get out, you goddamn Jew.' ... She was sitting over there like in a chaise lounge ... I took one of those irons that you clean in the fireplace and I started to beat up on her till blood was coming out of her mouth and out of her ears. Personally I think that she was done for it. This was one of the few things that I took just personal vengeance. That's how come maybe I don't carry so much poison with me because I cleaned it out for myself ... I really had a chance to get it out of my system ... I coped with [my anger]; I found myself a few guys ... And we decided to go look for troubles ... You don't go kill people but I just generally did get into fights ... So you see situations like this ... I called this ... venting my misery. I had to get it out somehow ... So this was the way I coped with it. (Jonathan)

There is an apparent lack of remorse in Jonathan's stories. He saw his actions as the pursuit of justice for crimes that would have gone unpunished. Further – and a particularly intriguing finding for this study – Jonathan asserts that his acts of revenge after the war helped him cope.

And when we captured Germans (while in the Secret Police) I always introduced myself to them. And when I caught them, and I felt that as a way for me to do things that I could do it without getting caught, or finding a good excuse to do something and do it. This was my pleasure. Like to kill them, shoot them ... And when you take a chance, of course you take a chance. So when I introduced myself to them, I always told them, 'Do you know who I am? I am in the ... Jewish SS'. There is no such thing as the Jewish SS. I just wanted them to know I'm a Jew. And when I told them who I am ... this was enough for them. They knew they are dead. They knew they are finished ... It is for my satisfaction. (Samuel)

Like Jonathan, Samuel describes his acts of revenge as a coping mechanism.

You know some people when they feel upset, or when they feel under a huge cloud, what do they first do? They'll take a cigarette like dope, right, or they'll take a drink, you know, to cool themselves. My cooling was to get a few, and I did. As a matter of fact, the last one I shot, I was free to shoot him because nobody knew ... Believe me, I'm not a gangster. I'm not a murderer. But this was my biggest pleasure and my biggest relief. (Samuel)

Samuel is clear that he has no regrets, and that his actions were the result of loyalty to murdered family.

What I did is just because of my brother. And this kind of made me feel relieved because I know he

suffered before he died. I know that ... I don't regret anything that I did. (Samuel)

I would hypothesise that such acts were only temporary salves on their wounds. They may have been effective as short-term coping strategies, but there is little evidence to suggest these men are at peace with themselves in the long-term as a result of their actions. However, the interviewers did not pursue the questioning further. Because the present analysis is a secondary analysis, I was therefore unable to pursue this line of research, since I did not have access to the actual respondents.

There is a tendency to view revenge as a sign of being unbalanced (Fischer, 2006; Jacoby, 1983). Survivors of trauma are supposed to 'forgive', and the assumption is that in the process of forgiving, they may eventually 'forget', or at least the traumatic memory will fade in significance. Their anger will be resolved, as well; many therapies focused on anger management stress forgiveness (Fischer, 2006). Thus 'turning the other cheek', is viewed more frequently in trauma therapy as being an essential stage on the way to recovery and post-traumatic growth (Enright & Fitzgibbons, 2002).

Other trauma theorists and clinicians disagree, stating that forgiveness of the perpetrator is unlikely, because it 'remains out of reach for most ordinary human beings' (Herman, 1992, p. 190). It can also be potentially detrimental, as it might support survivors' already low feelings of self-worth, and may in fact disempower the survivor while having the effect of empowering the perpetrator (Bass & Davis, 1988; McCullough & Worthington, 1994).

The survivors in this sample did not talk about forgiving the Germans. If we are to take Samuel's and Jonathan's words at face value, they believe their acts were ways for them to cope immediately after the war with their rage at the losses they suffered. Whether or not these acts can be seen as *effective* coping strategies for Samuel and Jonathan is an intriguing question, one that calls for further study.

Women's talk of revenge in this sample involved 'organizing' (i.e. stealing) a bicycle after the war, or taking strawberries from a table inside a German house. One woman describes the revenge she took on Kristallnacht, when she threw a stone at a Nazi youth who was attacking her synagogue. She expresses remorse to this day for the 'blood on her hands'.

Survivors also wanted justice to be served – by others, rather than by themselves. They were disappointed that so many Nazis and their collaborators escaped from punishment after the war. Judah's comment is typical:

We were very, very disappointed, and we still are disappointed that the German population went out with no sufferings, and they recovered so fast. And I can only blame the Americans for it. If it would

have been left up to the Russians, they would have taught them a big lesson. (Judah)

Helena attended the Nuremberg trials and expresses satisfaction at watching Nazi perpetrators tried and convicted.

It was a wonderful experience. So what? You know, you were happy when they were tried ... I felt it was very good that they had these trials ... Ilse Koch for instance. What did they try her for, for life? They couldn't kill her after a while, because she got herself pregnant. After a while she was released. Even the Germans wouldn't have anything to do with her. Because she did all these horrible things. You know about her? Lampshades. She made lampshades out of [Jewish skin]. (Helena)

In sum, survivors coped in the often still-lethal environment of the immediate post-war years by seeking social support among other survivors in group living situations, 'making family' when they had no family, venting their anger, including acts of revenge, and seeking justice.

In addition, all of the survivors left Europe as soon as they were able. They were adamant about their desire to leave 'blood-soaked' Europe as soon as possible. They had to wait for permission to emigrate; quotas were quickly filled, and some had to wait years to leave.

In the town of Lodz there was the beginning of some kind of life. But for myself ... I couldn't find myself. I couldn't see myself to live on the ruins of my youth, of my life. So I asked my sister that we should leave and try to get to Palestine ... And this is a place for us to be, to feel, and to be among Jews ... Because the sufferings what was in me, I really felt that I should be among my people. (Judith)

[We] just wanted to get out of Germany. Even to breathe that air was too painful. Didn't feel comfortable. Didn't want to stay there – didn't even want to sleep. That's how anxious we were to leave Germany. (Golda)

Generally, the survivors were full of hope regarding their new lives. Those who were married were eager to start in a new land; the rest, with the exception of Ruth who was all alone, had some surviving family members with whom they would emigrate. Many of the survivors' first choice was Israel, but this was not always possible.

We wanted to go anywhere, just to get away from Germany. And when [my wife] became pregnant I said, uh-oh. Now I am a father of a child not yet born, and to go to Palestine was already too dangerous. I'm not responsible only for myself; I

am now responsible for a wife and child. So then we registered for America. (Berel)

I wish we had gone to Israel. But we couldn't. I did not want to go illegal in any way, and also, I didn't want to go into another war. We would have gone on the Exodus, you know. But my husband had sisters here . . . we went to America. (Hannah)

Some of the survivors adjusted quite quickly to the new life in America and Canada.

I was young. I didn't mind going. I was happy. And when I came to America I felt very good. I felt free. It's a free country. I felt wonderful here. (Helena)

It was tough, but it was paradise, you know? Nobody was trying to kill you. You always had something to wear. Something to eat. I mean, it's a haven. (Ruth)

Others did not fare as well, and had little support.

It was strange in the beginning, it was very strange. We were used to a strange land because we lived in Germany after the war for a few years . . . We never knew anything else but that little village where we used to live and confined in those problems all the time. All of a sudden the whole world opened up to us . . . America is also a world by itself and we didn't know how to start and what to do and where to get any help or any advice. We had to do it all on our own. (Judah)

Discussion

Liberation brought a period of continued uncertainty, danger, physical attacks and the gradual realisation of the extent of their losses for the survivors. What were the main coping strategies adolescent survivors used in the immediate post-war years?

In search of safety and social support, survivors re-created families as they lived in group settings – either in group homes they established themselves, or in DP camps established by government agencies. They coped with their losses by being together, 'making family' when they had none. The creation and retention of social support appeared to be their primary coping strategy as they sought out and attached to fellow survivors. After the Holocaust, they wrapped themselves in a 'trauma membrane' (Green et al., 1991), a protective wall of spouses, friends and (in some cases) surviving family that helped them to cope with their traumatic memories.

However, it was apparently not easy for them to talk about their experiences in the immediate post-war period. The stifling of expressions of grief seemed to be a group norm that was later amplified by a larger societal conspiracy of silence about the Holocaust. This early recovery period seemed not to be

conducive for the telling of the trauma. Survivors were busy trying to find family members and start families of their own. They were not always eager to share their grief or tell their stories.

Revenge in its various forms also played an important role immediately after the war. Two of the four men in the sample are clear in their conviction that the murder of Germans and other perpetrators was a relief for them – that it actually served as a conduit for their pain and rage at the murder of their family members. Whether or not revenge is actually an *effective* coping strategy – either in the short or the long-term – is a topic for future research, and one that is little discussed. Certainly the desire for justice was expressed by many survivors, as was the expression of vicarious revenge and satisfaction, for example, in the war crimes trials.

What I term the 'community of sameness' that survivors sought after the war – their group identity as *survivors* – seems to have been their major source of strength (Helmreich, 1992). 'You have to think of everything in plurals', Rachel tells us. There is less shame in being *one of a group* of targeted individuals rather than the *only* targeted individual. Jews were targeted as a group for extermination; after the war, survivors re-grouped as a way to heal. Most married other survivors, and all of them had survivors as their closest friends in the immediate post-war period and beyond. 'Americans are lovely people, but they can't possibly understand', Shaina tells us. There was a tacit understanding – even on a non-verbal level – between survivors that simply could not be found among other groups (Helmreich, 1992; Kahana, Harel, & Kahana, 2005).

The immediate post-war period has been neglected in the literature to date (Gross, 2006; Lavsky, 2002), particularly the nascent coping strategies survivors found to deal with their trauma and losses during that difficult period. This study examined some of the often formidable challenges facing survivors after liberation, and was able to discover some of the earliest coping strategies survivors used in this still-lethal post-war period, especially 'making family when there was no family'.

This study is also grounded in the survivors' own words, and opens a window onto the immediate post-traumatic coping and adaptation by adolescent survivors of genocide. Unfortunately, many adolescents and children are trying to survive similar circumstances today, and will be seeking our help as they seek asylum in countries in the West.

Limitations and implications for clinical practice

The sample is too small for generalisations regarding the immediate post-genocide coping strategies of all adolescent survivors of such wars, or even of all adolescent survivors of the Holocaust. This was a self-selected group from the TTP data base; it was a

non-clinical sample of people willing to talk about their experiences, and is therefore biased on the 'healthier' end of the continuum. In addition, it is based on retrospective accounts given 50 years after the actual events. However, it was obviously not possible to interview survivors immediately after the war, and therefore these interviews, with their rich, detailed descriptions, serve as a window into that period.

There are limitations to conducting secondary analyses; the researcher is coming to the data with research questions different from those that launched the original study. In addition, avenues for further questioning cannot be pursued because the original respondent is unavailable; the researcher has to work with the interview as it stands.

However, secondary analyses 'allow[s] wider use of the data from rare or inaccessible respondents' (Heaton, 1998, p. 3). This is certainly the case with the TTP data base. It would be difficult to find Holocaust survivors willing to revisit their trauma, and as time passes, there are fewer and fewer survivors still alive – willing or otherwise. Respondents for the TTP had agreed to have their interviews used for continuing research purposes and publication.

It is hoped that this study will make a contribution towards helping mental health professionals understand how survivors of ethnic violence cope in the immediate aftermath of genocide. The importance of social support, of providing survivors with the possibility of being among their own people in the immediate post-war recovery period, is strongly evident in these interviews. In addition, the study points to the importance of recognizing the role of anger, revenge and the pursuit of justice in the process of coping with grief and loss. Perhaps as clinicians we need not be so quick to point out to our clients that they need to 'forgive' in order to 'heal'. Perhaps forgiveness comes much later – if at all – for survivors of genocide. Instead, the pursuit of justice – albeit through more constructive avenues than blatant acts of revenge – might be encouraged first.

The 'conspiracy of silence', the collusion of silence between survivors and between survivors and the larger society, also needs to be recognised and addressed. What role do mental health professionals play in this conspiracy of silence – in shutting down clients' stories of extreme torture and horror because we have difficulty hearing and processing the information (Goldenberg, 2002)? Further, how critical is it, in the immediate post-war period, for survivors to speak of the traumatic events? These interviews seem to suggest that the enormity of the events and the extent of the losses were such that it was difficult for many survivors to talk about what happened to them in the early years after the Holocaust. Instead, the recreation of family, the support of survivors for other survivors – with or without the telling of the trauma – is the major, foundational component of healing. Perhaps clinicians should be more careful to respect the need of some survivors of ethnic conflict and

genocide to simply be silent among their own people until they can eventually 'come back to themselves'.

Biographical note

Jennifer Goldenberg, PhD., LCSW, is a clinical social worker in private practice, specialising in adult survivors of traumatic stress. She is a senior researcher for the Transcending Trauma Project (TTP), Philadelphia, Pennsylvania, a qualitative research study of Holocaust survivors, their children and grandchildren, their coping and adaptation and the intergenerational transmission of both trauma and resilience. Her research focuses on cognitive frameworks of trauma, the development of resilience theory and the long-term developmental impacts of genocidal war on adolescent survivors and their coping responses. She has published articles on vicarious traumatisation of interviewees of Holocaust survivors, and attributions of survival for Holocaust survivors, and has presented her research in the US, Israel and the UK. She is an editor and major contributor of a forthcoming book on the Transcending Trauma Project, and teaches in the School of Social Work, University of Maine.

Note

1. All survivors' names are pseudonyms.

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