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MULTICULTURALISM IN HEALTH CARE CONCERNING JUDAISM AND HOLOCAUST ISSUES

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Abstract

The influence of Holocaust on bio-psycho-social well-being of an individual is discussed in the paper, in particular the changes of life as a consequence of transgenerational trauma in surviving victims of the first and particularly the second generation. The aim of the paper is to present the results of a research that was related to the issues regarding providing a medical care to Jewish patients. We can see the results here, obtained by a non-standardized questionnaire research that was carried out in Slovakia in 2013 and in the Czech Republic in 2014, including 1273 respondents, both non-medical health care employees and students from non-medical study branch (secondary schools and universities). Obtained results are clearly summarized in attached tables. The research has proved that 995 (78,2%) respondents are interested in including the issues of the specific care of patients with Jewish faith into the education. 932 (73,2%) respondents knew about the issue of holocaust and 757 (59,5%) recognized the impact of holocaust trauma. In conclusion, results have been summarized and recommendations for practice are given. The authors join others in the call to improve evaluation, treatment and support of trauma victims and their children to prevent the transmission of problems from one generation to the next.

Keywords

Nursing education, transgenerational trauma, Holocaust, psychiatric disorders

1 Introduction

Throughout history, Jews have been permanently restricted in many fundamental rights (isolation in ghettos, prohibition from pursuing some handicrafts, and so on) and periodically harassed through "ideologically justified" genocide. It is almost incomprehensible why some individuals, as well as entire nations, at certain times in history turned against the Jews again and again, and why specifically this faith incites predominantly strong negative emotions.

The 20th century had brought a new form of anti-Semitism – the Nazi Holocaust, which revealed an extreme nationalism, racism, and for the most part the fanaticism of the Nazi ideology. The word holocaust can be understood as an absolute disaster and destruction. The term holocaust, which can be understood as a sacrificial burnt offering, has become accepted as a synonym for the Nazi mass murder of Jews in order to completely exterminate European Jewry. The scientific literature sometimes replaces the word Holocaust with *Shoah*, which describes the final solution of the Jewish question (i.e., extermination of the Jewish nation).

There are two basic questions for our research:

What is known?

Holocaust has impact on Jewish life. Transgenerational transmission of trauma occurs in surviving victims.

What the study adds?

It provides information about health care employees´ knowledge of the Holocaust and transgenerational transmission of trauma in victims. It detects an interest in integrating these issues into the education of health care providers.

2 Present state of a subject and analysis of interest

The partition of Czechoslovakia in 1938–1939 determined the fate of its Jews during the war. According to the 1930 census, 356 830 people in the Czechoslovak Republic identified themselves as Jews by religion: 117 551 in Bohemia and Moravia, and 136 737 in Slovakia. After the partition of Czechoslovakia, approximately 118 310 people defined as Jews lived in the Protectorate of Bohemia and Moravia.

The Protectorate of Bohemia and Moravia (today the Czech Republic) was established on March 15 1939 by proclamation of Adolf Hitler from Prague Castle following the declaration of establishment of the independent Slovak Republic on March 14 1939. Bohemia and Moravia were autonomous Nazi-administered territories which the German government considered part of the *Greater German Reich* (Lemkin 2005).

In November 1941 Reinhard Heydrich ordered the creation of a camp-ghetto at Theresienstadt. Between 1941 and late 1944 the German authorities assisted by local Czech security forces killed 73 603 deported Jews. The occupation authorities and their Czech collaborators also killed another 7 000 Protectorate Jews in Bohemia and Moravia.

The government of the Slovak Republic

restricted the civil rights of the Jews with the Government regulation no. 39/1939. The term "Jew" was defined on a religious basis. The said regulation, among other things, regulated the number of Jews in certain free professions. Another Government regulation no. 230/1939, modified the military duty of Jews and the Jews were transferred to the special labor camps. On April 25 1940, the Slovak Parliament passed Act no. 113/1940, known as the *Aryanization Act*. The act on the deportation of Jews was adopted on March 24 1942, and the first transportation unit was dispatched the next day, based on the regulation of the Prime Minister, Vojtech Tuka (Mlynárik 2005).

Trauma develops as a result of shock from the sudden succession of negative events for which an individual was not prepared, and from the consequences of these events. As a result, there is a distortion or degradation of individual and collective histories and their value and normative foundations.

Experiencing a trauma can be understood as a sociological process, defined by a painful injury to the collectivity, which creates a victim, creates an attribute of responsibility and spreads the spiritual and material consequences. If trauma is "experienced, thought, and externally manifested in a certain way", it will be defined in the collective identity of the respective group, and its presence will cause the necessary revision of the collective identity forms (Alexander et al. 2004).

The trauma of the Holocaust as a result of group hatred and violence undermined the very instinctive basis. *Thanatos*, represented in the consciousness by the guilt category, dominated in the areas that should be ruled by *Eros*, self-acceptance and acceptance of others. At the level of the individual psyche, the Holocaust trauma causes a loss of sense, hope and love. This leads to the emergence of depressive disorders and various manifestations of traumatophilia when an individual repeatedly and consistently develops a tendency to self-destruction.

Transmission of intergenerational trauma occurred as a result of Jewish children living with severely traumatized parents. Some of them had vivid and terrifying nightmares about the concentration camps, cattle wagons, torture, living skeletons and gas chambers, even though they were born years after these events occurred. Children from the second generation were often named after dead family members who became the victims of the Holocaust. In addition to their own lives, they lived the lives of the dead family members and were often reminded of it. In fear of losing another child, in a mood of hypercompensation, the children were overwhelmed with love and care from their parents in the safety of their homes, often in isolation to be protected from being hurt by society. This developed an environment in which a child lost her or his identity.

Intergenerational communication patterns between parents who experienced various traumas and their offspring have been described in families of Holocaust survivors (Felsen 1998; Auerhahn and Laub 1998). An intergenerational communication pattern referred to as the "conspiracy of silence" has been found to be prevalent in families of

survivors (Danieli 1998). Studying trauma – related communication patterns in offspring of Holocaust survivors (Barber et al. 2002) identified a pattern characterized by offspring´s nonverbal knowledge of their parent's Holocaust experiences coupled with little or no verbal knowledge of it. This familial communication pattern called *"knowing and not knowing"* (Jucovy 1992), was found to be related to distinct interpersonal patterns in close relationships in adulthood (Wiseman et al. 2002).

Acute feelings of loneliness among trauma survivors both in the midst and the aftermath of the traumatic experiences are well documented in the clinical literature (Dasberg 1976; Herman 1997).

Very often, due to a fear of diseases, cold and hunger, the children were dressed excessively and provided with excess food, and as a result, they later created a special relationship to food intake and sometimes developed eating disorders. They experienced all of this as a result of the horrors survived by their parents in the concentration camps.

A majority of the studies that investigated the mental health of Nazi *"Holocaust survivors"* (HS) revealed that emotional disorders and significant coping difficulties were prevalent in this population both at the time of release from the camps and many years later. In the clinical setting these are the defining characteristics of the survivors syndrome. This syndrome is a constellation of symptoms, including chronic anxiety and depression, nightmares of wartime experiences, guilt about having survived while other perished, psychosomatic disorders and a lonely, isolated life devoid of any genuine pleasure (Keinan at al. 1988).

Given this disheartening reality, many researchers have turned to the *"holocaust survivors' offspring"* (HSO) to determine if and to what extent the children also suffer from emotional hardships.

The second generation has suffered from the absence of family dialogue, mostly lived through the wounded souls and the bodies of their parents in a non-verbal matter. Trauma, with its roots lying in a large society, and in the previous generation, is processed by the second generation primarily as a consequence of family dynamics. The second generation is accompanied by psychosomatic disorders, sometimes significant eating disorders and the concept of a wounded man, the feeling of guilt associated with depression after the loss of a sense of their own lives (Goffman 2003).

It seems reasonable to suggest that the offspring of Holocaust survivors might be as vulnerable as their parents and, similar to their parents, may function adequately in their daily activities but be unable to cope with the emotion of extreme stress or severe life-threatening situations. Second-generation Holocaust survivors are vulnerable to psychological distress and, when confronted with a life-threatening illness such as cancer, will manifest more distress than patients who are not second-generation Holocaust survivors (Baider et al. 2000).

3 Methodology

Aim

This study seeks to identify and describe the knowledge of health care providers about Holocaust and Judaism.

Research methods

Literature in this area was retrieved from the electronic databases: Medline, PsycInfo, using the following keywords in various combinations: Jew, Holocaust, *shoah*, second generation, PTSD, victim, transgeneration transport of trauma, transcultural nursing.

Based on this review of the literature, this paper addresses two research questions:

1. What is the knowledge about Holocaust in health care providers, nursing and social care for Jewish patients?

2. What is the interest of the education of health care providers in health and social care for Jewish patients?

Inclusion criteria

The inclusion criteria were as follows: student in middle or high school in the medical field or health care worker providing nursing care.

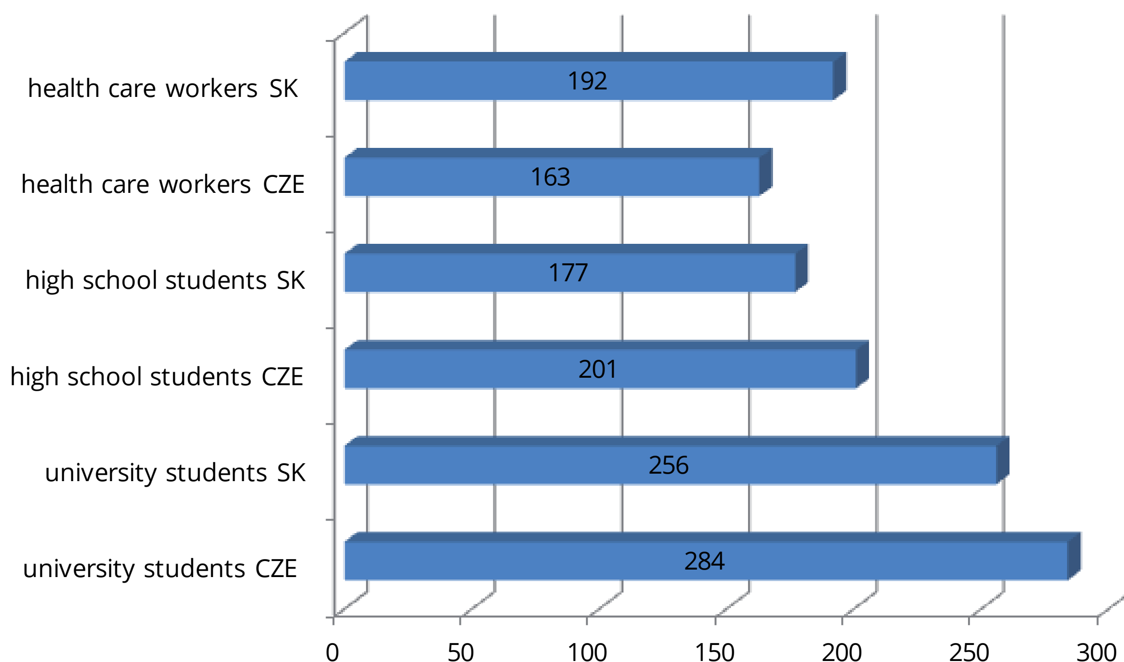
4 Research outcomes

The subjects of the research were students of secondary schools (medical assistant), university students (study program Nursing), health workers practice living in the Czech Republic (abbrev. CZE) and Slovak Republic (abbrev. SK). Further information is given in the Table 1.

Table 1. Characteristics of respondents

students	total
university students CZE	**284**
university students SK	**256**
high school students CZE	**201**
high school students SK	**177**
health care providers CZE	**192**
health care providers SK	**163**

Figure 1. Characteristics of respondents



The results of the questionnaire answers are stated as following: correct answers in the Table 2 and Figure 2, incorrect answers in the Table 3 and Figure 3.

Table 2. Correct answers

	university students CZE	university students SK	high school students CZE	high school students SK	health care providers CZE	health care providers SK	total
question 1	213	207	154	98	158	102	**932**
question 2	121	87	146	55	86	57	**552**
question 3	240	165	169	109	136	125	**944**
question 4	256	125	183	51	87	99	**801**
question 5	158	143	149	79	121	107	**757**
question 6	203	149	164	97	115	113	**841**
question 7	135	69	36	29	59	66	**394**
question 8	238	99	119	49	79	99	**683**

Figure 2. Correct answers

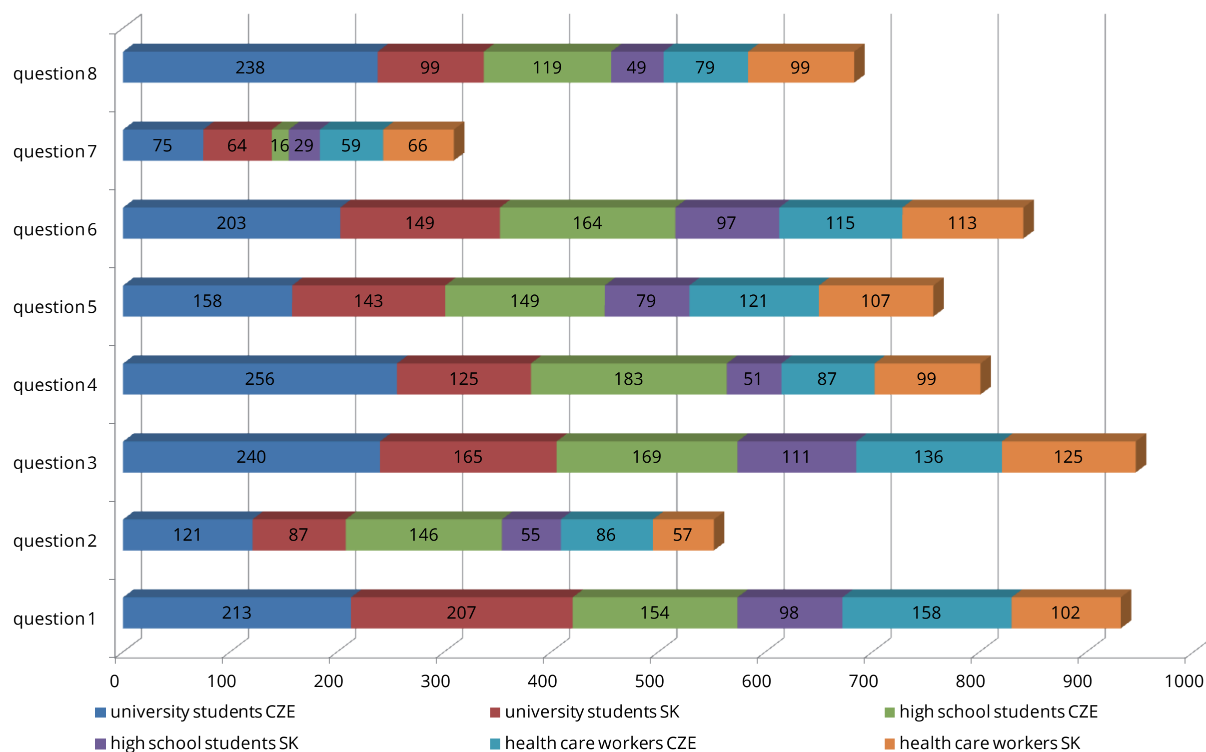


Table 3. Incorrect answers

	university students CZE	university students SK	high school students CZE	high school students SK	health care providers CZE	health care providers SK	total
question 1	71	49	47	79	34	61	**341**
question 2	163	169	55	122	106	106	**721**
question 3	44	91	32	68	56	38	**329**
question 4	28	131	18	126	105	64	**472**
question 5	126	113	52	98	71	56	**516**
question 6	81	107	37	80	77	50	**432**
question 7	149	187	165	148	133	97	**879**
question 8	46	157	82	128	113	64	**590**

Figure 3. Incorrect answers

The results of respondents' answers regarding the completion of teaching processed the issue are presented in the Table 4 and Figure 4.

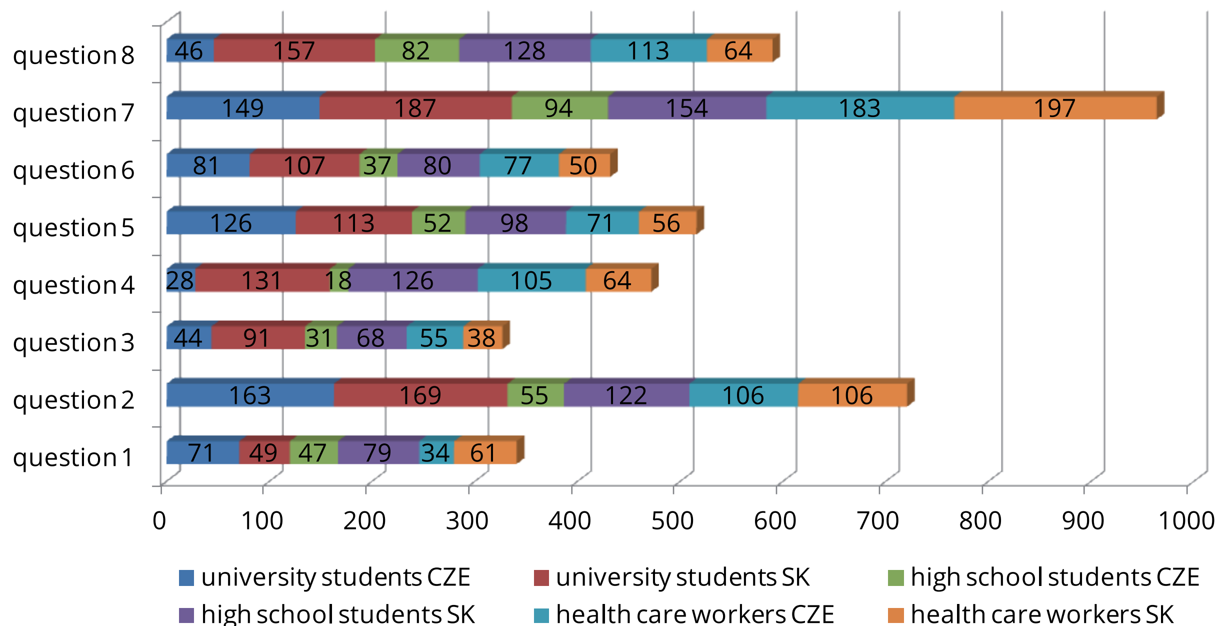
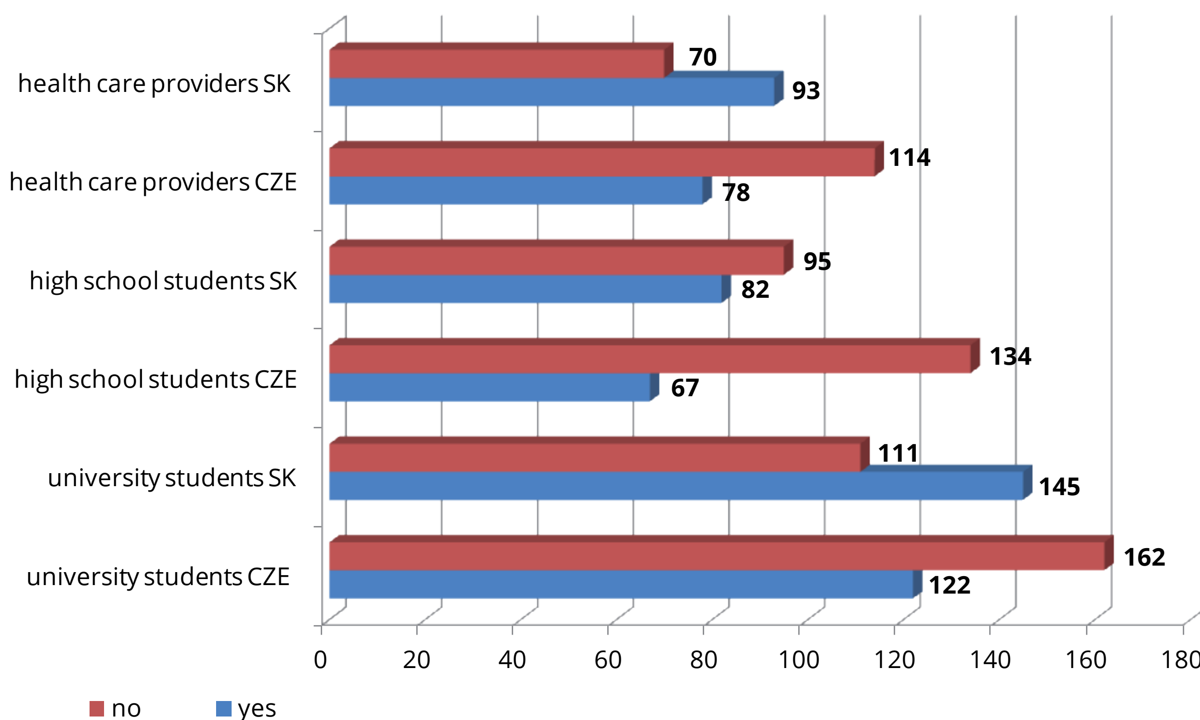


Table 4. Completing the education on the issues of holocaust and transgenerational transmission of trauma

	university students CZE	university students SK	high school students CZE	high school students SK	health care providers CZE	health care providers SK	total
yes	122	145	67	82	78	93	**587**
no	162	111	134	95	114	70	**686**

Figure 4. Completing the education on the issues of holocaust and transgenerational transmission of trauma

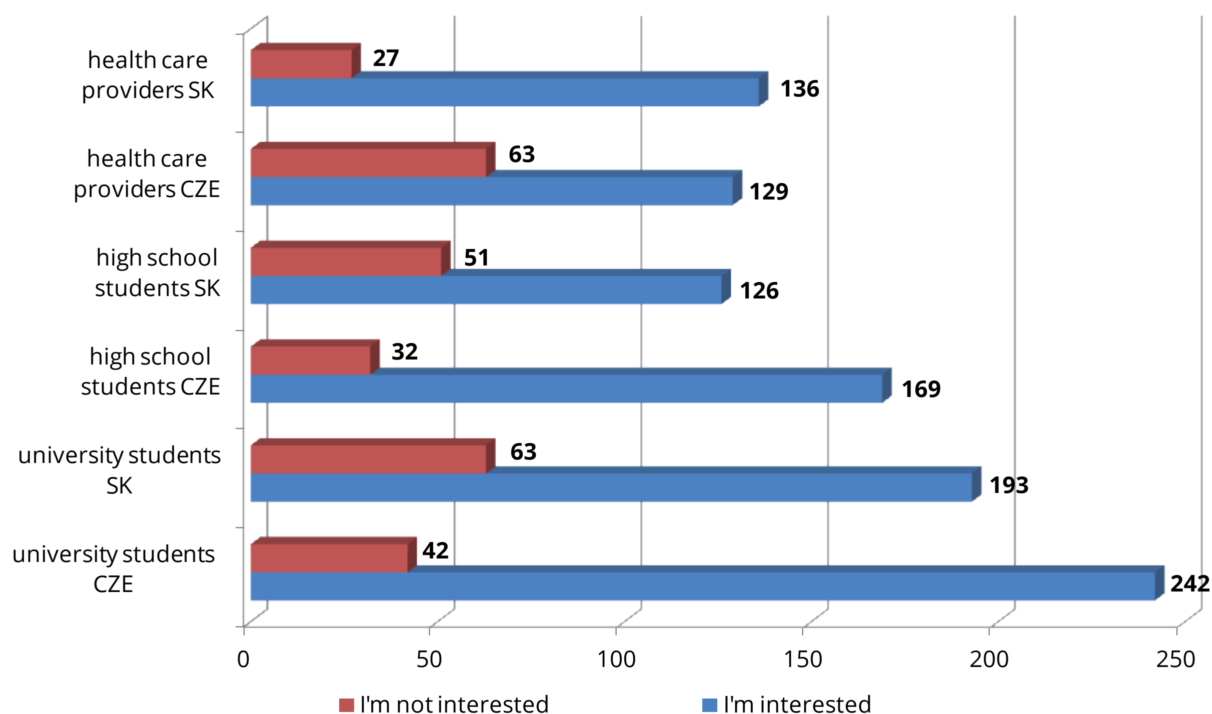


The results of respondents' answers regarding interest/disinterest in the issue are described in the Table 5 and Figure 5.

Table 5. Interest of the education about health care providers in health and social care for Jewish patients

	university students CZE	university students SK	high school students CZE	high school students SK	health care providers CZE	health care providers SK	total
I'm interested	242	193	169	126	129	136	**995**
I'm not interested	42	63	32	51	63	27	**278**

Figure 5. Interest of the education about health care providers in health and social care for Jewish patients



Completed questionnaires were checked, edited, entered and cleaned to produce as SPSS data file.

Version of the audit questions

1. Define the meaning of the word Holocaust.
2. Describe *Kristallnacht* – Crystal Night year, on which began anti-Jewish pogroms.
3. What sign were Jews identified with during the Holocaust?
4. Indicate the number of Holocaust Jewish victims.
5. Describe the signs of the impact of Holocaust trauma on "second generation", transgeneration Holocaust.
6. Describe the principles of *kosher* foods.
7. What is *tahara*?
8. List five Jewish holidays.

The correct answers

1. The term holocaust, which can be understood as a burnt sacrificial offering, has become accepted as a synonym for the Nazi mass murder of Jews in order to completely exterminate European Jewry. Holocaust – *Shoah* describes the final solution of the Jewish question (i.e., extermination of the Jewish nation).
2. Crystal Night is the name that's been given to the night of November 9–10 1938. In almost all large German cities and some smaller ones that night, store windows of Jewish shops were broken, Jewish houses and apartments were destroyed, and synagogues were demolished and set on fire.
3. A Star of David, often yellow-colored, was used by the Nazis during the Holocaust as a method of identifying Jews.
4. During the Holocaust were killed about 6 million Jews.
5. The second generation (in terms of the Holocaust) is characterized by the following symptoms: anxiety, depressive and psychosomatic disorders, loneliness, nightmares, sleep disturbances, a tendency to experience feelings of guilt, overestimation of the importance of food, which they consider a major value; a food is a central cause of various disorders they suffer from, etc.
6. *Kosher* foods are those that comply to the regulations of *kashrut* (Jewish dietary law). Reasons for food not being *kosher* include the presence of ingredients derived from *non-kosher* animals (pork, rabbit, eagle, owl, catfish, sturgeon, and any shellfish, insect or reptile are *non-kosher*) or from *kosher* animals that were not slaughtered in the ritually proper manner, a mixture of meat and milk, wine, or grape juice (or their derivatives) produced without supervision, the use of produce from Israel that has not been tithed, or the use of non-kosher cooking utensils and machinery. Jewish patients often request special kosher food in accordance with religious laws that govern the methods of preparation.
7. *Tahara* is ritual cleansing of the deceased.
8. Jewish holidays are usually highly significant for patients. Passover in the spring

and *Rosh Hashannah* and *Yom Kippur* in the fall (*Rosh Chodesh* – The New Month, *Rosh Hashanah* – The Jewish New Year, *Yom Kippur* – Day of Atonemet, *Sukkot* – Feast of Booths, *Hanukkah* – Festival of Lights, *Purim* – Festival of Lots, *Tu Bishvat* – New Year of the Trees, *Pesach* – Passover, *Shavout* – Feast of Weeks, etc.). These holidays may affect the scheduling of medical procedures and may involve dietary changes (related to a need for special food or to a desire to fast). All Jewish holidays run sundown-to-sundown.

We were interested in knowledge on transgeneration transmission of trauma. Respondents answered the question if they have ever encountered this issue in their time of study (Table 4, Figure 4) and if they are interested in including the issue of transgeneration transmission trauma to health care providers' education (Table 5, Figure 5).

5 Discussion and developing policy context

The feelings of loneliness that sons and daughters of Holocaust survivors recalled from childhood and adolescence have been studied by means of their narratives about interpersonal experiences with their patients. Research on childhood and adolescent loneliness was focused on relationships with peers (Asher et al. 1984; Parkhurst and Hopmeyer 1999) and relationships with parents (Goossens and Marcoen 1999).

Based on their research, Wiseman (2008) assumed that growing up with parents who had endured massive trauma would be manifested in the offspring's recalled relational experiences in the context of the survivor family. The four major categories that emerged from the narrative analysis of the loneliness accounts appear to represent varying tones and salient echoes of the parental trauma as expressed in the narrator´s account.

Providing culturally sensitive nursing care for the Jewish patient is a challenge for the non-Jewish nurse. Understanding the major values, ethics, and practices of Judaism that have relevance to nursing and social care will give practice nurse the ability to provide care that is individualized to the patient and family.

New perspectives are needed in creating adequate practices for both the victims of the first and the second generation, those providing health and social care as well as health professionals who have to work with patients with this problem. Creating practices with strong support at the organizational level and establishing practices throughout the fields of health and social care are the key elements in building a responsible approach to this issue.

6 Conclusion

Victims originating from the first to the second generation due to personal experience with the cruelty of the Holocaust or the transgenerational transmission of trauma suffer from health problems requiring specialized medical care. Employees of hospitals and social care institutions should be aware that the personal history of every human significantly determines his/her behavior

and attitudes to the surrounding environment. Therefore such staff members should not only be familiarized with inter-generational transmission of trauma in Holocaust victims, but should also expect the occurrence of its manifestations, accept these facts, and provide these people help with highly professional and humanitarian assistance.

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