Anti-Semitism and its mental health effects

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Abstract

This paper looks at definitions and examples of anti-Semitism, examples of victim’s reactions to anti-Semitism including some ways of coping and their effects, and describes the Holocaust and its effects, including the KZ syndrome (concentration camp syndrome) and its effects on descendants.

Definitions

A range of definitions of anti-Semitism has been offered, all converging on the concepts of prejudice, stereotyping and hostility towards Jews. For example:

- ‘Anti-Semitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of anti-Semitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.’ (International Holocaust Remembrance Alliance (IHRA) May 2016)
- The government is to formally adopt a definition of what constitutes anti-Semitism (above), which includes over-sweeping condemnation of Israel (www.businessinsider.com/britain-new-anti-Semitism-definition-2016-12)
- ‘The belief or behaviour hostile toward Jews just because they are Jewish. It may take the form of religious teachings that proclaim the inferiority of Jews, for instance, or political efforts to isolate, oppress, or otherwise injure them. It may also include prejudiced or stereotyped views about Jews’. (ADL Anti-Defamation League, accessed March 2017)

Is anti-Semitism on the rise? The general conclusion is affirmative, but the evidence base could be stronger, and actual reporting of anti-Semitic incidents is very much lower than the occurrence of such incidents. I, for example, have experienced a number of incidents but have never regarded any as sufficiently significant to report. Examples of recent media reporting include:

- The Guardian 2 Feb 2017: ‘The number of anti-Semitic incidents in the UK rose by more than a third to record levels in 2016, according to data released by the Community Security Trust... The CST, which monitors anti-Semitism and provides security to Jewish communities, recorded 1,309 incidents of anti-Jewish hate last year, compared with 960 in 2015, a rise of 36%. The previous record number of incidents was in 2014, when 1,182 were recorded... The CST’s chief executive, David Delew, said: ‘While Jewish life in this country remains overwhelmingly positive, this heightened level of anti-Semitism is deeply worrying and appears to be getting worse. Worst of all is that, for
various reasons, some people clearly feel more confident to express their anti-Semitism publicly than they did in the past.’

- *The Independent* 25 Jan 2017: ‘Jewish people in Europe are suffering from a virulent wave of anti-Semitism amid a rise in dangerous political extremism that is threatening to divide societies, a senior leader of the community will warn in a meeting with the Pope on International Holocaust Remembrance Day’.

- *The Jerusalem Post* 23 Jan 2017: Editorial headed: The shocking rise of anti-Semitism in the US. ‘There are no easy answers to anti-Semitism, humanity’s oldest hatred. The recent US presidential campaign was a major catalyst for the dissemination of hate speech and enabled the voices of marginal groups to reach far beyond their own communities... From August 2015, to July 2016, the ADL found 2.6 million tweets that included anti-Semitic language, as news coverage of the presidential campaign increased. Researchers looked more closely at attacks on the Twitter accounts of some 50,000 journalists and found almost 20,000 anti-Semitic tweets directed at them, with almost 70% of the invective coming from 1,600 accounts... Part of the problem has to do with the unwillingness of Twitter and other platforms to block the accounts of people who disseminate hate speech. These platforms’ terms of service outlaw hateful conduct. But response to complaints is often slow’.

**Examples of anti-Semitism**

Daubed slogans:

Desecration of Jewish cemeteries:
Anti-Zionism, seen by many as anti-Semitism with a politically-correct whitewash:

Re-runs of long-standing anti-Semitic stereotypes:

Here are some examples described by the NUS (National Union of Students) president Megan Dunn (*Huffington Post* 3 Nov 2016)

...a poster saying ‘Hitler was right’ on campus, and people tweeting...to say that Jewish people should be ‘popped back in the oven’...graphics ...which call Jews ‘Zionist racist scum’ and suggests the Holocaust was ‘invented’. The people who write blogs that 9/11 was an ‘insurance scam’ by ‘a secret Jewish network’. Those who write on Facebook that ‘Adolf and Co should have finished the job properly’, pose questions like ‘why stop at 6 million?’ and the artists who depict Jews as thieves with big noses.

More examples from my direct experience in contemporary London:

- Some violence – children and adults knocked off bicycles, attacked by groups sometimes with dog/s
- A housewife with young children described how they were woken by a shouting group of youths calling for Jews to go back into the gas ovens (sic). The housewife and her children had prepared water for the morning ritual washing of hands, and when they threw this water over the youths, they ran off
- A civil servant was made aware that his failure to gain promotion was the result of his refusal to work on Saturdays (on religious grounds): the line manager responsible was alleged to be hostile and anti-Semitic, but careful to allow no written evidence of discrimination
• Race relations in London are (with relatively infrequent exceptions such as those above) generally amicable and most people do not feel markedly threatened. Many women would not walk alone at night but this is a widespread precaution in most or all cities regardless of anti-Semitism.*

In spite of legislation in many countries intended to protect minority groups and to promote harmonious race relations, anti-Semitism has not disappeared.

Effects of anti-Semitism

The remainder of this paper looks at the effects of anti-Semitism: contemporary reports of experiencing anti-Semitism, and the feelings evoked, also social-psychological research, and at psychiatric research particularly directed at the effects of the Holocaust.

Here are some examples from an examination of the effects of hate speech using real-life examples (of such speech):¹


‘I don’t give a damn what you say about me, you bagel-eating, hook-nose, lox-eating . . . Jew’.

‘To the ‘white Jews‘ in the audience, I say: It’s gonna be a rough ride, buddy . . . Buckle your seat belts . . . because I didn’t come to pin the tail on the donkey, I came to pin the tail on the honkey’.

‘You’re Jewish? Show me your horns, kosher boy’.

A content analysis of the accounts of how Jews felt when exposed to such speech produced the following patterns: (a) short and long-term consequences mirrored a three-stage sequence found within other traumatic experiences; (b) respondents described the motives of perpetrators as enduring, not situational; (c) the most common response strategies were passive; and (d) 55% of Jewish participants sought support.

Examples of reported effects:

‘Such comments shock, daze, sicken and anger me, putting me in a bad mood for a few days.’

‘I think any type of verbal attack has some type of lasting effect on my self-esteem and psyche.’

‘Less willing to disclose my identity in the future with strangers.’

Although:

‘I had already been made to feel proud of who I was so the words bounced off of me’.

* See BBC Channel 4 news items: https://youtu.be/sZHkfOlvCKM
A 1952 report by the Consultative Council of Jewish Organisations to UNESCO concluded that anti-Semitism caused (among pre-adult victims): Humiliation, anxiety, violence, persecution beliefs

A 2017 collection of reports* by Jewish students in the USA included:

‘...some kid stood up and shouted, ‘Mein Kampf!’ I was uncomfortable at first, but I thought it was a one-time outburst. His friends’ giggling and half-hearted ‘stop its’ seemed to keep him going, making my skin crawl, and I knew I had to say something. ‘Hi, could you stop’ I asked. ‘No. I’m not doing anything wrong.’ His friends started laughing and mumbled comments about the first amendment. ‘I’m Jewish and I find that really offensive.’ He looked at me and snickered, ‘You’re Jewish? Your nose is so normal. You don’t even look Jewish.’ ‘No one in the lounge said anything.’

‘I was sitting in a study lounge with a group of my sorority sisters. As I was packing up to leave, I noticed a Swastika carved into the table under my textbook. My friend called the RA on duty immediately, she warned that Public Safety won’t do anything unless someone was ‘really offended.’ We scoffed and naively told her that everyone should be offended, but... she was right. The first thing the public safety guy asked when he got there was whether anyone ‘really cared.”

A 2010 survey of Jewish students in California found them to feel ‘physically unsafe, emotionally and intellectually harassed and intimidated by peers and professors, isolated from their fellow students, and unfairly treated by faculty and administrators’. Their concerns are not felt to be taken as seriously as those of other minorities. ‘80% of all respondents expressed the belief that events, exhibits and campaigns that demonize Israel could incite violence against Jewish students on their campus; while several reported that it already had’. This scattered material indicates consistently that the experience of anti-Semitism is unpleasant, and suggests that anti-Semitism is often downplayed both by Jews and bystanders.

**Responses to anti-Semitism**

As well as experiencing unpleasant feelings, elaborate social psychological experimentation has demonstrated a wide range of coping strategies, and has emphasised the influence of responses to anti-Semitism on the further behaviour of the persecutor/s.

Dion and colleagues implemented such an interactional approach to the study of impact of prejudice studied the impact of perceived prejudice upon stereotypic self-evaluations, self-esteem, and affect. They thought it important to study dynamic interactional processes, as for example in Bettelheim’s hypothesis that responses to prejudice may heighten prejudice. Victim groups studied were Jews, blacks, Chinese and women.

Effects considered were often complex: for example defensive self-presentation may be used to distinguish the self from the perceived stereotype of Jews, but this may exacerbate prejudice. For instance some work has shown that counter-stereotypic self-presentation by

minority group members has led to more negative evaluation by majority group members, than self-presentation which accords with stereotypes.

In another study Jews who perceived their failure at a task as the result of anti-Semitism experienced aggression, sadness, anxiety and egotism (compared to those whose failure was not perceived to be the result of anti-Semitism). Other negative feelings in response were not experienced (e.g. lack of control).

Much subsequent work has followed the transactional approach⁴.

Lowered self-esteem is not necessarily a consequence of prejudice and stigmatisation. Effects are mediated by many factors including threats to personal identity, clarity of prejudices cues in the situation, in-group identification, dispositional optimism, endorsement of legitimising ideologies, and group status.

So, possible responses to anti-Semitism can be affected by personal and situational factors. And it is important to appreciate that these responses can in turn affect the behaviour of persecutors.

The Holocaust and its effects.

We now turn to the Holocaust, one of many horrific episodes in human history in which the energies of a nation have been directed towards the elimination of specific ethnicities and other groups of people. The Holocaust period is normally dated 1933-1945. In 1933 Hitler became Chancellor of Germany and began to vigorously implement Nazi racist policies. Initially these policies were directed to rendering Germany free of Jews. The final solution was formalised in 1942 at the Wannsee conference in which formal plans were made to kill all Jews. The number of Jews killed in the Holocaust is normally estimated at about six million, and many others were also killed by the Nazi regime - dissenters, gypsies and disabled. The Nazi regime collapsed with Germany’s 1945 defeat in World War 2, though Nazism is still currently active worldwide and associated with the dissemination of anti-Semitic beliefs.

These photographs depict aspects of the starvation and other horrors endured in the Nazi concentration camps to which many Jews were deported and in which most deportees lost their lives. Millions were slaughtered, and those in concentration camps suffered torture, constant stress, slave labour, and starvation, all inflicted as a result of anti-Semitism. The severity of the traumata suffered by the tiny minority of those who survived the Nazi concentration camps has caused commentators to remark repeatedly on the difficulty of understanding the nature of the concentration camp experience. One interviewer is said to have asked a survivor whether inmates of the concentration camps were provided with bedside lamps, illustrative of the huge gaps in communication and understanding, in which others failed to reach any realistic appreciation of the conditions.
Exposure to unimaginable extremes of human cruelty is said to involve 3 aspects:

1) ‘Entering into the hell of the camp was a shock beyond the normal stresses of human life. All authors writing on concentration camp experience emphasise appearance of the first reaction to imprisonment, which often ended with death’.

2) Adaptation involved a state of psychological numbness/anaesthesia. It is widely agreed that the term ‘concentration camp autism’ is appropriate.

3) ‘Psychophysical unity’: the prisoner had to find, in the hell of the camp, his/her ‘angel’, a person or a group of people who still approached him/her in a human way, ‘a true heaven in the true hell of the camp’. Bruno Bettelheim and Victor Frankl and others observed the importance of religious faith or other ideological commitment or purpose, and there are by now a number of published accounts particularly by religious publishers of the beneficial experience of such faith and purpose. However, most did not survive and most survivors were permanently damaged.

Examination of camp survivors led to the coining of the term ‘KZ syndrome’, with disputes about whether this should become a diagnostic category in its own right (KZ is from the German term *Konzentrationslager*).

Some symptoms did not appear until 10 or more years after release, making causality difficult to infer. KZ syndrome included a mixture of PTSD and other psychiatric symptoms, plus physical symptoms resulting from the severe physical hardships of the camps: ‘premature coronary arteriosclerosis, brain arteriosclerosis, pulmonary tuberculosis, chronic digestive tract diseases, arthritis, precocious involution, epilepsy, as well as anxiety-depressive syndromes and alcoholism’. Survivor guilt is also often reported.

Recent studies of Holocaust survivors and their descendants have varied in the nature and reliability of their methodology, but much of the work is of at least acceptable standard. Those examined include concentration camp survivors, those hidden (terrifying conditions) and those who experienced life in Nazi-occupied countries but escaped. Such studies suggest the persistence of anxiety-depressive syndromes and sleep disturbances, PTSD and susceptibility to further stress and (possibly) cancer. Some commentators mention mixed effects due to resilience.

A 30-year follow-up of camp survivors confirmed the chronic and progressive nature of the KZ syndrome (involving comorbidity of physical and psychological symptoms). The majority of those surviving 30 years (78%) showed KZ syndrome, with number and severity of symptoms having increased over the years.

Holocaust studies indicate the extraordinary nature of the effects of prolonged ultra-severe hardship on the few who survived, and offer useful pointers to those working with survivors of comparably harsh and prolonged horrors. Of particular importance are the following features: the comorbidity of physical and psychological symptoms, the prolonged (in most
cases lifelong) nature of the condition, the widespread observation of deterioration over the years, and finally, the suggestion that descendants are at risk. I turn to this point now.

Children of survivors

There have been widespread claims that the mental health effects of the Holocaust extend to the children of survivors, possibly further.

Psychotherapists reported characteristic profiles of the descendants of survivors, but much research failed to show differences in psychopathology between survivor offspring and comparison groups. For example a systematic review\(^6\) concluded that there is insufficient evidence of reliable differences between the children of Holocaust survivors and comparison groups.

Another systematic review\(^8\) reached a similar conclusion for nonclinical samples, but also showed that among clinical groups, survivor offspring presented a psychological profile which included

- Predisposition to PTSD
- Difficulties in individuation-separation
- Vulnerability when coping under stress; sometimes (contradictorily) resilience.

Another review\(^9\) of work on both Holocaust and their descendants, as well as survivors of other ultra-severe hardships showed that descendants of Holocaust survivors have altered stress hormones – notably lower levels of cortisol especially if the mother suffered from PTSD. Some work shows effects of grandparent stress, particularly underfeeding, on grandchildren.

The Holocaust is unfortunately not the only episode of severe anti-Semitic persecution, and sadly there are episodes of severe persecution of groups other than Jews. But the study of the effects of the Holocaust has been a factor stimulating wider study of the effects of severe persecution, and hopefully a factor stimulating efforts to diminish such persecution worldwide.

Conclusions

Anti-Semitism, nowadays often conjoined with anti-Israel campaigning, is observed to be on the rise.

Some contemporary studies have described the reported feelings of Jews exposed to this, but work has been limited.

Experimental social psychological work indicates that reactions to anti-Semitism (and other forms of racism and prejudice) vary. There are complex transactional effects i.e. anti-Semitism is affected by the responses to anti-Semitism.

Work on Holocaust survivors - which includes much respectable epidemiological work - indicates the long-term duration of the effects of severe anti-Semitic persecution, progressive increase in severity and number of symptoms over the years, and possible effects on descendants.
References


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