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WAS IT TRAUMA? INSIGHTS INTO THE PSYCHOLOGICAL COSTS OF HIDING JEWS DURING WORLD WAR II

Sally Frishberg, a Jewish woman who as a little girl was rescued in the village of Mokszanka (Polish Subcarpathia, near Przeworsk) by Maria and Stanisław Grocholski during World War II, said in the documentary *Echoes from the Attic*, recorded in 2012,¹ that it was only then [i.e. in the time of interview] that she has had realised that it was not only her and her relatives who experienced trauma, but also the members of the Polish family who gave them shelter. At the same time, one may think that she used the term “trauma” not in the colloquial but in the academic sense, since she emphasised that it was “a trauma,” and not just an “ordinary” fear. She reproached herself for not having noticed this trauma until then.

However, while the Holocaust-associated trauma suffered by Jews is well described in scholarly literature and present in the public awareness, the trauma of those who rescued Jews is absent from the public sphere. Perhaps then, Sally

¹ *Echoes from the Attic*, directed by Debbie Goodstein-Rosenfeld, 2012, <https://voicesfromtheattic-echoesfromtheattic.vhx.tv/products/echoes-from-the-attic>, accessed 12 October 2023. The film will be discussed below in the article.

Frishberg was wrong and, in regard to those who sheltered the Jews, the category of trauma is not applicable?

In this article, this author will try to answer this question. First, the study will present how scholarly research accounts for trauma, then it will focus on psychological research on the people who rescued Jews during the war, and finally, it will return to the experiences of the Grocholski family.

Discovering and Defining Trauma

The term “trauma” was defined in the psychology at the end of the nineteenth century to name traumatic experiences that have been removed from a person’s consciousness.²

During World War I, the term was coined to describe the soldiers’ experiences. The novelty appeared because many of them either while still in the trenches or after returning from the front suffered a range of mental disorders. Initially, these disorders were thought to be the result of the shock of exploding bombs, so the syndrome was referred to as “shell shock,” or “bomb shock,” or, more generally, “war neurosis.” However, it soon became apparent that this shock resulted from witnessing the deaths of close or distant comrades, and facing constant threat to life during months of trench warfare. At the same time, the existence of war neurosis was intensely questioned, and soldiers’ mental problems were attributed to a lack of morale. Thus, after the end of the war, the interest in shell shock quickly died out.³ In the United States, the discussion returned during World War II, however, after the end of the war history repeated itself, i.e. the interest in the veterans’ mental state was not great enough to trigger research on the subject.⁴

Polish psychologists, on the other hand, swiftly embarked on documenting the psychological effects of war on a considerable scale, particularly when considering the vast post-war devastation. Almost immediately after the end of hostilities, as early as in June and July 1945, pioneering research in this area was launched by

² J. Herman, *Trauma. Od przemocy domowej do terroru politycznego* (Warsaw, 2020), pp. 25–34. See English edition: J. Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* (New York, 1997).

³ *Ibid.*, pp. 34–37.

⁴ *Ibid.*, p. 40.

psychologists associated with the State Institute of Mental Hygiene (*Państwowy Instytut Higieny Psychiczej*) in Warsaw. They carried out a questionnaire survey involving over five thousand persons aged from 15 to 23 from Warsaw, Cracow, and Lublin. Among other questions, they asked “Have you noticed a nervous disorder in yourself or someone close to you?” Almost two thirds of the respondents answered in the affirmative.⁵

What constituted these “nervous disorders?” Their symptoms were presented with remarkable insight by Stefan Baley in his article “Psychiczne wpływy drugiej wojny światowej” (Mental Impact of World War II), published in 1948.⁶ Baley described the mental shock felt by people who encountered gruesome scenes during the war, and how elements of these scenes later were intruding into their consciousness both while they were awake (in the 1970s this phenomenon became to be known as flashbacks), and in their sleep (nightmares). He described various behaviors and reactions linked to the wartime shock experience, including:

(1) outbursts of intense emotions, disproportionate to the current situation, such as aggression or sobbing, triggered by a minor and seemingly neutral stimulus

(2) hypervigilance, which manifested as violent reactions to even weak but unexpected stimuli, such as a knocking sound

(3) strong physiological responses, like an accelerated heartbeat, and motoric reactions, such as rushing to the gateways [in search for shelter], triggered by the whirr of an airplane

(4) unconscious avoidance of certain situations or objects, such as a e.g. shower, because – upon drawing the person’s attention to it – the shower was associated with a concentration camp

(5) anhedonia (inability to feel pleasure and joy), loss of faith in the sense of life, depressive and anxious states

(6) “bizarre” and unjustified feeling of guilt towards those who died in the camp that characterises some former concentration camp prisoners

⁵ M. Kaczyńska, “Psychiczne skutki wojny wśród dzieci i młodzieży,” *Zdrowie Psychiczne* 1 (1946), p. 60.

⁶ S. Baley, “Psychiczne wpływy drugiej wojny światowej,” *Psychologia Wychowawcza* 13 (1/2) (1948), pp. 6–24.

Stefan Baley (b. 1885, d. 1952) – was a psychologist, physician and pedagogue, belonged to the Lwów–Warsaw philosophy school, founder of Polish developmental and educational psychology.

(7) sense of unreality (“what is happening now is unreal”) experienced by some people after the war

(8) phenomena of depersonalisation (“it’s not me, things like that don’t happen to me”) and dissociation (experiencing a sense of detachment and observing oneself from an external perspective) experienced by some people during the war.

Baley noted that arguably both depersonalisation and dissociation are forms of self-protection. He recorded the blunted or emotionally indifferent state of former concentration camp inmates.

In the end of his article, Baley pointed out that the severity of the symptoms described above varied among persons examined, and indicated that it probably depended on both situational (the war trauma severity) and personality-related factors. In his analyses, Baley did not provide any statistic data because he simply did not have such. He relied on a variety of records: already existing studies, data obtained from aid agencies, his own interviews and observations. He did not use the term “trauma,” but “war trauma,” (“uraz wojenny”) and called the described set of symptoms a “war complex” (“kompleks wojenny”). In fact, Stefan Baley identified what we now recognize as the Post-Traumatic Stress Disorder (PTSD) nearly thirty years before it was defined by American researchers.

Unfortunately, at the end of the 1940s, psychological research on the effects of the war was halted in Poland. This was probably due to ideological pressure to transform the pre-war, “bourgeois” psychology into a academic discipline serving the interests of “the people”: it rejected its previous foundations and relied on the so-called Pavlovianism – an ideologised and vulgarised version of Pavlov’s theory.⁷ However, immediately after October ‘56, research on the effects of the war was taken up again. This time it was launched by a group of Cracow-based psychiatrists led by Antoni Kępiński.⁸ Between 1959 and 1961, the group conducted a study on the effects of imprisonment in a concentration camp, without considering differences in nationality. The research

⁷ Ivan Pavlov (b. 1849, d. 1936) – a prominent Russian physiologist, Nobel Prize laureate (1904), discoverer and researcher of the principles of respondent conditioning. His research and concepts were used by Marxist ideologues to impose the allegedly only “correct” way of practising psychiatry and psychology on psychologists and psychiatrists in the Soviet Union and the Soviet Bloc countries.

⁸ Antoni Kępiński (b. 1918, d. 1972) – was one of Poland’s most renowned psychiatrists. He served for many years as the head of the Psychiatric Clinic in Cracow, and penned numerous influential books on mental disorders and diseases.

resulted in the description of the so-called KZ-Syndrome, a set of symptoms associated with imprisonment in a camp. Again, many of these symptoms nowadays are classified as symptoms of PTSD.⁹ It is worth mentioning that the periodical *Przegląd Lekarski – Oświęcim* (which was founded on i.a. Antoni Kępiński's initiative) published more than a thousand papers between 1961 and 1991 concerning the medical, psychological and social consequences of imprisonment in concentration camps.¹⁰

In the United States, renewed interest in trauma emerged in the 1970s because of the Vietnam War. Judith Herman,¹¹ a prominent American trauma researcher, observed that a significant social struggle occurred, the assessment of the experiences of Vietnam War veterans being its stake. By the late 1970s, the veterans emerged victorious in this struggle, as a special assistance program was implemented for them, and numerous research studies were initiated. The conclusions were surprising: many of the symptoms of the disorders suffered by veterans could not be attributed to any known psychiatric nosology. At the same time, in the 1970s – under the influence of feminist movements – research on the effects of physical and sexual violence against women and children was started. Consequently, in 1980, the American Psychiatric Association introduced Post-Traumatic Stress Disorder (PTSD) as a new category in the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III).¹²

In this classification, man-made disasters (e.g. imprisonment in concentration camps, bombing, torture, terrorism), fighting on the front, natural disasters (e.g. floods, earthquakes), traffic and industrial disasters, as well as sexual (especially rape) and physical violence are recognised as occurrences that could lead to PTSD. These are extraordinary situations, catastrophic in nature, that transgress everyday human experiences.¹³ During such events, individuals encounter an overwhelming force bent on their annihilation, rendering them virtually defenseless. Many

⁹ A. Szymusik, "Badanie byłych więźniów obozów koncentracyjnych w krakowskiej Klinice Psychiatrycznej w latach 1959–1990," *Przegląd Lekarski – Oświęcim* 48 (1) (1991), pp. 22–28.

¹⁰ A note on *Przegląd Lekarski – Oświęcim* published on the webpage of the *Medical Review – Auschwitz* project, www.mp.pl/auschwitz/journal/172694,about-the-journal, accessed 10 April 2024.

¹¹ J. Herman, *Trauma. Od przemocy*, pp. 41–42.

¹² M. Lis-Turlejska, *Stres traumatyczny. Występowanie, następstwa, terapia* (Warsaw, 2002), pp. 41–42. See *Diagnostic and Statistical Manual of Mental Disorders (third edition)*. DSM-III (American Psychiatric Association, 1980), pp. 236–238.

¹³ M. Lis-Turlejska, *Stres traumatyczny*, pp. 42–43.

trauma researchers believe that helplessness constitutes the essence of the traumatic experience; it is this helplessness that generates the overwhelming dread which, both during and after the event, disrupts a person's mental system. This disruption results in various distressing symptoms of PTSD and can also lead to depression or a range of physical complaints.¹⁴

According to DSM-III, PTSD consists of three groups of symptoms. The first relates to unwanted, yet persistently recurring memories associated with a traumatic event. These memories may appear while the person is awake in the form of so-called flashbacks, i.e. elements of sensations from the traumatic situation (e.g. hearing the whirring of an aeroplane), as well as in the form of nightmares. The second group of symptoms is related to the unconscious avoidance of anything that could be associated with the traumatic situation (as in the example described by Baley of a former concentration camp prisoner avoiding the shower). Lastly, the third group of symptoms arises from the excessive physiological arousal remaining in the body due to the experienced dread. This group includes variety of symptoms, i.a. difficulties in falling asleep, hypervigilance, irritability, and outbursts of anger.¹⁵

In subsequent editions of the DSM (fourth edition in 1994 and fifth edition in 2013), the original definition of PTSD was revised. The most significant and controversial change was broadening the scope of traumatic events to include not only direct participation in life-threatening situations but also witnessing such events.¹⁶

Following the American Psychiatric Association, the World Health Organization (WHO) included PTSD in its International Statistical Classification of Diseases and Health Problems (ICD-10) in 1992. Additionally, WHO identified acute stress reaction (ASR) syndrome, which the American Psychiatric Association later

¹⁴ B. van der Kolk, *Strach ucieleśniony. Mózg, umysł i ciało w terapii traumy* (Warsaw, 2019), p. 127. See English edition: B. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (London, 2015).

¹⁵ M. Lis-Turlejska, *Stres traumatyczny*, pp. 42–43.

¹⁶ B. Zawadzki, A. Popiel, "Na rozstaju dróg: struktura objawów stresu pourazowego (PTSD) po DSM-5, a przed ICD-11," *Nauka* 4 (2014), p. 72; S. Steuden, K. Janowski, "Trauma – kontrowersje wokół pojęcia, diagnoza, następstwa, implikacje praktyczne," *Roczniki Psychologiczne* 19 (3) (2016), pp. 551–553, and the English version of the paper: S. Steuden, K. Janowski, "Trauma – Controversies Surrounding the Concept, Diagnosis, Aftermath, and Practical Implications," *Roczniki Psychologiczne* 19 (3) (2016), pp. 569–571. See *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition) (American Psychiatric Publishing, Inc., 1994); *Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition* (American Psychiatric Association, 2013). DOI: <https://doi/book/10.1176/appi.books.9780890425596>.

incorporated as acute stress disorder (ASD) in the DSM-IV in 1994. In Poland, the ICD system is used, but the differences between the ICD and DSM regarding PTSD are minimal and, for the purposes of this article, negligible.¹⁷

Acute stress reaction syndrome (ASR) is defined in the ICD-10 as a transient disorder of significant severity that develops in a person without any other apparent mental disorder in response to an exceptional physical or mental stress that usually subsides within a few hours or days. Such a stressful stimulus could be a natural disaster, combat fatigue, house fire etc. It is assumed that ASR has a huge variety of symptoms, and that the reaction to the stress can be graded. In its mild form, it manifests as anxiety and bewilderment, accompanied by a narrowing of consciousness, an inability to comprehend the situation, and disorientation. By contrast, in the moderate form at least two, and in the severe form – at least four of the symptoms should be present:

- (1) withdrawal from social interactions
- (2) narrowing of attention
- (3) anger, rage or verbalised aggression
- (4) despair or a sense of hopelessness
- (5) inappropriate or pointless overactivity
- (6) uncontrolled and undue sadness (gloominess).

In addition, dissociative states that are beyond conscious control or even beyond awareness may occur.¹⁸

Of course, not all people who have experienced a traumatic situation develop ASR or PTSD. Estimates vary, e.g. Janusz Heitzmann¹⁹ stated that PTSD affects around 10–20 per cent of people who have experienced a traumatic situation, while ASR affects more, up to 50 per cent, but these estimates are burdened with a fair amount of uncertainty. The uncertainty is caused by the occurrence that the emergence of the effects of trauma depends on situational factors (the duration and severity of the trauma) and personality-related factors (including emotional

¹⁷ S. Steuden, K. Janowski, "Trauma – kontrowersje," pp. 549–550; S. Steuden, K. Janowski, "Trauma – Controversies," pp. 567–568

¹⁸ J. Heitzmann, "Zaburzenia po stresie traumatycznym – praktyka kliniczna i opiniowanie," *Psychiatria po Dyplomie* 7 (5) (2010), p. 61.

¹⁹ *Ibid.*

vulnerability). Recently, there has been growing emphasis on the importance of social support after psychic trauma as a crucial and powerful protective factor against the development of PTSD.²⁰

A Psychological Portrait of People who Rescued Jews During the War. Current Research Overview

Once PTSD was identified and classified as a mental disorder in DSM and ICD, psychologists and psychiatrists acquired a previously unavailable new tool for studying war victims. This turning point has led to a kind of explosion of research on the trauma of Jewish Holocaust survivors since the 1980s. While working on this article, in August 2023, I typed the keyword “Holocaust trauma” into the most popular psychological search engines (APA PsycArticles and APA PsycInfo) and came up with 1,487 entries. In Poland, the team associated with Cracow’s Psychiatry Clinic of the Medical Academy (*Klinika Psychiatrii Akademii Medycznej*) (and later Collegium Medicum of the Jagiellonian University) has made a particular contribution to the study of Holocaust survivors. In the 1990s, on the initiative of Maria Orwid,²¹ this clinic began conducting individual therapy sessions for Holocaust survivors, which later expanded to group therapy. There was also research that included not only survivors, but also their children, thus addressing the transgenerational transmission of trauma.²²

Unfortunately, when I typed “Jews’ rescuer trauma” into the search engines, I did not receive a single entry. So the search was expanded and “Jews’ rescuers” was typed in. In this case, 37 items were obtained, all of which dealt with factors that distinguish those who rescued Jews during the war from those who did not. In other words, that research was about finding out the reasons why some people chose to act so heroically.

²⁰ M. Rzesutek, M. Lis-Turlejska, A. Krajewska, A. Zawadzka, M. Lewandowski, S. Szumiał, “Long-Term Psychological Consequences of World War II. Trauma Among Polish Survivors: A Mixed-Method Study on the Role of Social Acknowledgement,” *Frontiers in Psychology* 11 (2020), p. 2.

²¹ Maria Orwid (b. 1930, d. 2009) – was a psychiatrist specialising in child and adolescent disorders. She was one of the pioneers of family therapy in Poland. Born in a Polish-assimilated Jewish family, during the war she escaped with her mother from the ghetto in Przemyśl, and hid in the house of Teofila Kic, who was in 2008 posthumously honoured with The Righteous Among the Nations title.

²² K. Rutkowski, E. Dembińska, “Powojenne badania stresu pourazowego w Krakowie, cz. 2: Badania po roku 1989,” *Psychiatria Polska* 50 (5) (2015), pp. 949–951.

Research into the Motivations of People who Rescued Jews During the War

The pioneering research in this area was carried out in the 1980s by Samuel Oliner and his wife Pearl. Interestingly, Oliner was born in Poland (near Dukla), escaped from the ghetto as a teenager and survived the war thanks to the help of his neighbours in his home village. After the war, he moved to the United States, where he pursued his academic career.²³ Oliners' research was remarkably extensive.²⁴ It took place across several European countries formerly occupied by Nazi Germany during World War II, including Poland, with the involvement of Polish psychologists. A total of 700 interviews were gathered – half from individuals who aided Jews under the German occupation and half from those who did not. The purpose of analysing these interviews was to understand the motivations behind the actions of those who risked their lives to save Jews.

In their search for answers, the Oliners considered 150 variables, which they gradually grouped into larger groups. Ultimately, they concluded that what set rescuers apart from non-rescuers was the so-called extensiveness felt, i.e. universality of moral obligation to help. In other words, those who did not aid Jews felt a moral duty to help only those who were relatively close to them, such as family members, neighbours, or members of their own social group. Those who did help Jews felt a moral obligation to provide aid even to those who were essentially strangers.

In a subsequent publication, Pearl Oliner²⁵ reanalysed the data and found that individuals who rescued Jews had significantly more positive interactions with Jews and foreigners before the war, compared to those who did not provide aid. It can therefore be assumed that, at least for some rescuers, the extensiveness of moral obligations was due to the inclusion of people from other ethnic groups in the “we” circle already before the war.

²³ A biographical note about Samuel Oliner on the Polin Museum website Wirtualny Sztetl, <https://sztetl.org.pl/pl/biogramy/4640-oliner-samuel-p>, accessed 12 October 2023.

²⁴ S.P. Oliner, P.M. Oliner, *The Altruistic Personality: Rescuers of Jews in Nazi Europe* (New York, 1988).

²⁵ As cited in Ch.J. Einolf, “Does Extensivity Form Part of the Altruistic Personality? An Empirical Test of Oliner and Oliner’s Theory,” *Social Science Research* 39 (2010), p. 143.

It is relevant to note that Pearl Oliner's conclusions correspond with historical findings in this matter. Zuzanna Schnepf-Kołacz analysed 479 cases of The Righteous who helped Jews in villages in the General Governorate. Almost 60 per cent gave shelter to Jews with whom they had personal relations before the war, and another almost 10 per cent to Jews who were acquaintances of their relatives. Looking from the other side at the data obtained from this analysis, it can be concluded that 81 per cent of the rescued Jews had lived before the war in the neighbourhood of those Poles who hid them during the war.²⁶

Of the more recent psychological research on rescuers of Jews, it is worth noting the work of Stephanie Fagin-Jones and Elizabeth Midlarsky,²⁷ who also searched for the factors that determined the decision to help Jews. The results of their research largely overlap with the Oliners' findings. Similarly to the Oliners, these researchers found that it was personality traits, rather than situational factors like housing conditions, that distinguished those who helped from those who did not. Among the personality traits, however, they identified not only a sense of moral obligation to help, but also a willingness to take risks, which according to them was higher in those who rescued Jews than in those who did not. They therefore entitled their article: "Courageous Altruism: Personal and Situational Correlates of Rescue During the Holocaust."

Although the motivations for helping Jews during the war have been extensively studied, the mental toll on those who helped has hardly received any attention or been the subject of research. Neither in English nor in Polish literature in the field has this author been able to find studies concerning the trauma of those who helped Jews. In contrast, two Polish studies on the prevalence of PTSD among civilian survivors of World War II include people who hid Jews during the war.

²⁶ Z. Schnepf-Kołacz, "Polish Help to Jews in the Countryside During the German Occupation: A Sketch Using the Example of the Righteous Among the Nations," *Holocaust Study Studies and Materials* (2013), pp. 122–158. See also M. Urynowicz, "Zorganizowana i indywidualna pomoc Polaków dla ludności żydowskiej eksterminowanej przez okupanta niemieckiego w okresie drugiej wojny światowej," in *Polacy i Żydzi pod okupacją niemiecką 1939–1945. Studia i materiały*, ed. A. Żbikowski (Warsaw, 2006), pp. 209–364.

²⁷ S. Fagin-Jones, E. Midlarsky, "Courageous Altruism: Personal and Situational Correlates of Rescue During the Holocaust," *The Journal of Positive Psychology* 2 (2) (2007), pp. 136–147.

The Psychological Costs of Helping Jews

The first of these studies was conducted in 2014 and published two years later. Its authors, Maja Lis-Turlejska, Aleksandra Łuszczynska and Szymon Szumiał,²⁸ gathered data from 96 people: 59 women and 37 men aged 70–96, i.e. those who were between one and 27 years old in 1945. The respondents completed a specially made questionnaire entitled “Events Connected with World War II,” two questionnaires to diagnose PTSD and one measuring levels of depression.

The questionnaire “Events Connected with World War II” included facts such as the loss of a next of kin, torture; imprisonment in a concentration camp, staying in a ghetto, being bombed, going into hiding, being forcibly deported to Siberia, forced labour and starvation endangering one’s life or health. Moreover, pursuant to DSM-V, witnessing combat, seeing someone being shot, or witnessing an execution were included. However, in terms of this article, the most interesting is that hiding Jews and witnessing Jews being attacked or persecuted was also on the list.

The respondents were asked to mark all the events in which they had participated. As a result, ten respondents (i.e. 10.45 per cent) did not mark any, while the others ticked off from 1 to over 10 events. Hiding Jews was declared by four people (4.2 per cent of survey participants), while being a witness to an or persecution of Jews was declared by 38 people (39.6 per cent of survey participants). In the group of people who had not experienced any traumatic event during the war, there was no one for whom a diagnosis of PTSD could be found on the basis of the tests used. In contrast, among those who had marked at least one such event, there were 31 (i.e. 36 per cent of the subjects) whose results indicated the presence of PTSD at the clinical level. In terms of severity of depression, there were no significant differences between the above groups.

The second study²⁹ was published in 2020. It involved 123 participants aged between 74 and 103 years (with an average age of 85.2 years), meaning that they were between one and 29 years old in 1945. They were presented with a list of traumatic events described above, tools diagnosing PTSD and depression, and a questionnaire

²⁸ M. Lis-Turlejska, A. Łuszczynska, S. Szumiał, “Rozpowszechnienie PTSD wśród osób, które przeżyły II wojnę światową w Polsce,” *Psychiatria Polska* 50 (5) (2016), pp. 923–934.

²⁹ M. Rzeszutek, M. Lis-Turlejska, A. Krajewska, A. Zawadzka, M. Lewandowski, S. Szumiał, “Long-Term Psychological Consequences.”

examining the social recognition of a person's trauma, i.e. the extent to which the survey participants are perceived by their immediate and distant environment as victims of war. In this survey, 19 people (15.4 per cent) reported hiding Jews and 42 (34.1 per cent) reported witnessing Jews being attacked or persecuted.

Twenty-five people from the examined group (20.3 per cent) met the criteria for PTSD and 66 people (53.7 per cent) had results indicative of depression, with the greater the number of traumatic events a person declared, the higher the level of PTSD and depression symptoms they presented. In addition, very interesting results were obtained when the examined persons' social recognition of trauma was included in the statistical analyses. This variable caused the link between the number of traumatic events and depression to disappear. However, this was not the case for PTSD. In other words, the lack of social recognition that a person was a victim of war appeared to be associated with the level of PTSD symptoms, but not with the level of depression.

To summarise both studies, it must first of all be emphasised that hiding Jews was considered in those surveys as a traumatic event. This is obvious, as people hiding Jews faced a significant and often prolonged threat, risking not only their own lives, but also the lives of their loved ones. Moreover, according to DSM-V, also being a witness to the persecution of Jews was considered a traumatic event. As already mentioned, the extension in DSM-V of the list of traumatic events to include situations where one is not a participant in the events, but a witness to them, is questionable. This nonetheless is taken into account, however, because certainly the perspective of a trauma can be relevant for the analysis of the behaviour of so-called bystanders, i.e. witnesses of the Holocaust.³⁰ Nevertheless, this subject shall not be addressed here, as it is extensive and contentious, and undoubtedly needs a targeted analysis.

The authors of the studies discussed above considered the hiding of Jews as a traumatic event, but it is not possible to state on the basis of the results of these studies whether the people who hid Jews (23 in both studies in total) had symptoms of PTSD, because the researchers analysed the data obtained collectively for all categories of traumatic events. Thus, the question in the title of this article can

³⁰ M. Jakimowicz, "Trauma świadka, trauma ofiary? Holokaust i antypolska akcja w pamięci osób urodzonych w Galicji Wschodniej," *Etnografia. Praktyki, teorie, doświadczenia* 4 (2018), pp. 191–210.

be answered by stating that hiding Jews was a traumatic event, but it is not known whether it resulted in PTSD symptoms.

In this situation, we are only left with estimates. In the first study, 36 percent of survey participants who experienced at least one traumatic event during the war had PTSD symptoms sixty years later, while in the second study, just over 20 percent did. Considering the severe punishments imposed in Poland for hiding Jews, it is certain, though difficult to estimate, that a significant proportion of Poles who hid Jews during the war suffered from PTSD for varying durations, and in many cases, likely for the rest of their lives.

Case Study: The Trauma of the Grocholski Family

As mentioned in the introduction, after having presented what trauma is in research terms and the presentation of psychological studies on people who i.a. rescued Jews during the war, it is possible to return to the question of the trauma of Maria and Stanisław Grocholski. In the analyses to answer this question, two sources shall be relied on.

The first is a note posted on the Yad Vashem website about Stanisław Grocholski,³¹ who in 2011 (that is 34 years after his death) was honoured with The Righteous Among the Nations title. His wife Maria Grocholska did not receive this title, but the note about Grocholski contains information also about her.

The second source is the documentary film *Echoes from the Attic*, directed by Debbie Goodstein-Rosenfeld,³² the daughter of one of the people rescued by the Grocholski family. This film was made in 2012 on the occasion of the ceremony of handing The Righteous Among the Nations medal awarded posthumously to Stanisław Grocholski. The first part of the film shows the ceremony during which Zofia Lasek, the oldest daughter of the Grocholski spouses, received the medal on behalf of her father. During this ceremony, the film *Voices from the Attic*, also made in 1989 by Debbie Goodstein-Rosenfeld,³³ is also screened, recounting the

³¹ Stanisław Grocholski's biographical note on the Yad Vashem website, https://righteous.yadvashem.org/?searchType=righteous_only&language=en&itemId=4350116&ind=0, accessed 22 September 2023.

³² *Echoes from the Attic*.

³³ See <https://voicesfromtheatticechoesfromtheattic.vhx.tv/products/echoes-from-the-attic>, accessed 12 October 2023.

ordeal of the Jewish families who were hidden by the Grocholskis in the attic of their wooden house. In this film, several survivors speak negatively about Maria Grocholska. Consequently, Zofia Lasek, affected by how her mother was portrayed, leaves the ceremony with her family. The second part of the film tells the story of how Jews, a big group of whom came from the United States to the ceremony honouring Stanisław Grocholski, moved by Zofia Lasek's reaction, enter into a conversation with her about the events of the war. This conversation leads Sally Frishberg, one of the survivors, to conclude that the trauma was shared not only by the Jews in hiding, but also by the Grocholski family.

As the note on the Yad Vashem website indicates, Stanisław Grocholski befriended as a child the Jewish siblings Cywia and Yitzhak Gamss, and was warmly welcomed in their home, which must have been of great importance to him, as he himself lost his parents at an early age. By the time of the war, both Grocholski and the Gamsses were adults and had families of their own. In the summer of 1942, Cywia and Yitzhak and their families managed to avoid deportation. They wandered around, slept in the open air and Grocholski provided them with food. However, in the autumn, having realised that they would not survive the winter in the fields, Cywia Engelberg (née Gamss) asked Stanisław to hide them in her house, and promised his wife all her jewellery and valuables. Mrs. Grocholska demanded also a small sheepskin (coat),³⁴ which was retrieved from Engelberg's neighbour and delivered to her. In the autumn, the Grocholskis took twelve people under their roof: two couples (Cywia and Leon Engelberg, and Yitzhak and Leah Gamss) along with eight children. During the winter, at Cywia's request, Stanisław also took in three of her brothers. Thus, in total, fifteen people found shelter in the Grocholski household: seven adults and eight children.

Stanisław Grocholski's motivation, as presented in his biographical note on the Yad Vashem website, may be an illustration of the extensiveness of which the Oliners wrote. According to the same note, on the other hand, Maria Grocholska's motivation seems to have been purely material, for she was not satisfied with

³⁴ Zofia Lasek in the film *Echoes from the Attic* spoke about a "small sheepskin coat" ("kożuszek"), the Yad Vashem note, however, mentions a "fur coat." Considering that the events discussed took place in wartime Poland's mountain countryside in the 1940s, one may presume that it was a lady's sheepskin coat.

promises that she would receive Cywia Engelberg's valuables, and she additionally demanded her sheepskin. However, taking in Jews (twelve people!) on condition of getting a sheepskin seems odd to me. Was a sheepskin valuable enough at the time to offset the immense risk and burden of hiding twelve people? Perhaps it was merely a ploy? Perhaps Grocholska, reluctant to take in Jews who were likely strangers to her, felt unable or unwilling to refuse her husband, who was considered the "head of the family" according to the social norms of the time. Consequently, she demanded the sheepskin, hoping that Cywia Engelberg would not part with it before the upcoming winter, and the issue would resolve itself on its own. These questions cannot be answered, so we do not know Grocholska's motives, especially her relationship with her husband – in sum, *tabula rasa*. Grocholska was likely driven by a mix of conflicting motives, but ultimately, as Yad Vashem suggests, her hopes for financial gain may have prevailed.

The Jews were hidden by the Grocholskis for almost two years, from autumn 1942 until August 1944, when the Red Army entered the village. At one time there were fifteen of them; eventually twelve survived (Leah Gamss and her two children did not survive). They stayed mainly in the attic of the wooden house where the Grocholskis lived, and also in the barn in winter, because it was warmer there.

How did the Grocholski family manage their everyday lives during that period? How did they handle the immense danger and the strain on their resources caused by hiding so many people? Especially as they themselves had four little children; their eldest daughter was about 8 years old at the time.

As the Yad Vashem note indicates, the Grocholski family – probably fearing that one of the children might unintentionally reveal that there were people in their attic – tried to keep this fact a secret. Also, the Grocholskis' eldest daughter, Zofia Lasek, in *Echoes from the Attic* recalls that sometimes at night she would hear her father talking in a low voice to strangers. This made her fearful. She also tells how one day her mother sent her with a can of milk and bread to her father, who was working in the field, but she guessed that the food was not really for him. She concludes, "I sensed something, but it was really nothing." She was aware that something unusual was happening in the house, but she couldn't grasp what it was. These memories imply that the Grocholskis managed to conceal the presence of Jews in the attic from their children. How then, did they do it?

Given the division of responsibilities in a rural household at the time, it can be assumed that this task rested mainly on Maria Grocholska's shoulders. Her husband probably did work in the field and farm (ploughing, sowing, etc.) from early spring to late autumn, while she took care of the house and four small children. Incidentally, it may be argued that this situation was beneficial for Grocholski's mental condition, because during his fieldwork he was away from the immediate source of stress, and relieved his physiological tension with physical effort. His wife, on the other hand, was not afforded this. She, while staying at home, had to be constantly on guard to ensure that the children on the ground floor did not hear that several people, including several children, lived in the attic. It is known from numerous psychological studies that vigilance, one of the basic functions of attention, is very draining on mental resources.³⁵ All armies of the world are aware of this, by the way, which is why soldiers on guard change every few hours. Grocholska "stood guard" continuously, all day long (and probably sometimes even at night, as she had small children) for almost two years! Additionally, it's likely that this situation led to significant tension, mutual grievances, and resentment between her and "the attic."

It is likely Grocholska's duties also included preparing meals for those in hiding. Zofia Lasek, in the film *Echoes from the Attic* recounts how she and her mother were peeling a huge pot of potatoes for the Jews hidden in the attic, and unexpectedly a neighbour dropped by and asked Grocholska who they were peeling it for. Grocholska then showed not only her cold blood, but also her intelligence, as she quickly found a rational explanation. She told her neighbour that their horse had fallen ill and they were peeling the potatoes for it, because a sick horse cannot be fed unpeeled potatoes.

Zofia Lasek also remembers that there were times when they experienced hunger, suggesting that the Grocholski farm struggled to provide enough food for the extra dozen people. Survivors in the film *Echoes from the Attic* say that the Grocholskis constantly demanded money from them for food, and Lasek claims that her parents sold the jewellery of the Jews to buy food. The Grocholskis therefore had to obtain food from outside. How did they do this? What risks did it entail? Unfortunately, there is no information on this in the sources discussed.

³⁵ E. Nęcka, J. Orzechowski, B. Szymura, S. Wichary, *Psychologia poznawcza* (Warsaw, 2020), p. 198.

Similarly, we don't know the diet of the persons in hiding. Did they subsist on just potatoes, bread, and milk? Did Grocholska prepare hot meals for them? If so, how often and what did she cook? Perhaps she made soup or baked bread for them, which seems likely given that baking bread was common in the countryside at that time. If that was the case, how much bread did she have to bake to feed a dozen people? All these questions remain unanswered.

On the other hand, we learn from the Yad Vashem note that the hidden often suffered from thirst, as there was only one well in the village and Grocholski was afraid to go to fetch water too often so as not to arouse suspicions. It can therefore be assumed that it was his responsibility to fetch water. How many buckets a day was it necessary to bring to satisfy the basic needs of a dozen people? After all, as one can assume, at least from time to time water was needed by those hiding not only for consumption, but also to wash themselves or wash their underwear. How far was the well from the Grocholskis' house? Neither the note in question nor the film provides any information on this subject. To complete the picture of everyday life, it should be added that, as we read in the Yad Vashem note, it was Grocholski who carried the buckets of faeces out of the attic at night and emptied it.

In the Grocholskis' everyday life, the constant threat of being compromised and their relentless efforts to avoid it were ever-present. Mokszanka, where they lived, is located about 15 km from Markowa, where in March 1944 the Germans killed for hiding Jews not only the Ulma spouses but also all their children, who were of a similar age to the Grocholskis children. One can assume that the news of the massacre in Markowa quickly reached Mokszanka. Did it also reach the Grocholski family? How did they react to it? From March until the end of July 1944, when the Red Army entered Mokszanka, four more months passed – 120 long days and nights....

In the film *Echoes from the Attic* survivors say that Grocholska suffered a nervous breakdown during the war and cursed them with the worst insults. In the Yad Vashem note, there is no information about her nervous breakdown, whereas instead we read that one day one of the Jewish children saw Maria Grocholski feeding the chicken and muttering: "You only cause me trouble. One day I will put poison in your food and rid myself of all of you." The Jews hiding in the attic fell into a panic: they thought that Grocholska really meant it. One of them

intervened with her husband who made excuses for his wife's conduct, saying this was only because she was so scared of being caught. Following that, no similar incident occurred again.

Assuming that the Jewish girl understood Grocholska's "muttering" correctly, how should the story be interpreted? Did Maria really intend to poison the Jews she was hiding? Moreover, is there information on her nervous breakdown mentioned in the film? Unfortunately, the timeline of these events is unknown. However, on the basis of the data available and circumstantial knowledge of this trauma, an attempt shall be made to reconstruct (of course only as far as possible), what Grocholska experienced in psychological terms from the moment she agreed to take the Jews into her home. In doing so, the assumption is made, as per above, that although her motivation was probably very complex, in the end the hope of material gain prevailed.

It is likely that over time Grocholska realised more and more that no amount of material gain could offset the danger and burden of keeping a group of Jews in her home. Hiding Jews, especially such a big group, posed a danger that at any moment the matter would come to light, the Germans would raid her house and her entire family, including her four young children, would be killed. However, throwing the Jews out was not a viable option either, as they would almost certainly be quickly captured by the Germans and might reveal their hiding place, under interrogation. This was all the more likely as there were several children among them. Thus, Grocholska and her children found themselves in a deadly trap. The literature in the field³⁶ emphasises that the essence of a traumatic event is being confronted with an overwhelming force while having no means of escape, leaving the person helpless. This was precisely the traumatic situation Maria Grocholska faced.

What emotions did this situation evoke in her? Undoubtedly, fear was paramount. Researchers often emphasize that in a traumatic situation, it is not just "mere" fear, but an overwhelming sense of terror linked to the prospect of annihilation. This feeling of terror in turn gave rise to an explosive mixture of negative emotions: bitterness, grief, despair, anger, rage and hatred towards those who were the cause of her predicament. Who was, in her mind, that cause? Certainly

³⁶ B. van der Kolk, *Strach ucieleśniony*, pp. 88–90.

the Jews in hiding. Was it also her husband? We do not know. Moreover, what of Grocholska herself? Did she regret that she had agreed, was she angry with herself, did she have a sense of guilt? We do not know that either.

Researchers emphasise that certain sensations during a traumatic event are so extreme that a person's mental system is unable to integrate them into the self and then a detachment, or dissociation, occurs.³⁷ Was this the case for Grocholska? It can be assumed that on a day-to-day basis these negative emotions were pushed out of her consciousness, because otherwise she would not be able to live normally. However, from time to time they gained more or less control over her behaviour. This is when thoughts would come over her that she would poison the Jews and free herself from danger, or she would hurl the worst insults at them. Was she then losing her sense of identity (which in professional language is called depersonalisation) or of the surrounding reality (which in turn is described as derealisation)? We do not know this. However, it can be assumed with a high degree of probability that these behaviours were beyond her conscious control, or perhaps beyond her consciousness at all. It can also be assumed that those were not the only symptoms of Grocholska's mental suffering, but we have no information about others.

Of course, a diagnosis cannot be made on the basis of material collected in this way (especially as this author is not a psychiatrist, but a psychologist), but it seems that Grocholska's nervous breakdown in professional language would be called acute stress reaction (ASR) syndrome. As mentioned earlier, this happens quite often in a traumatic situation, spontaneously subsides or develops into a chronic state, i.e. PTSD.

In the film *Echoes from the Attic* Grocholskis' daughter says that her parents had "shattered nerves," "neuroses" and "stomach ulcers" after the war. Thus, it can be thought that in Maria Grocholska's case the acute stress reaction turned into a chronic state, but her husband was not spared the effects of the trauma either, with the result that they both experienced post-traumatic stress symptoms such as excessive agitation (irritability), generalised anxiety and somatic ailments for the rest of their lives.

Lasek also says that her parents did not disclose after the war that they had hidden Jews. The Yad Vashem note also underlines that the Grocholskis refused

³⁷ *Ibid.*

to disclose this fact for a long time after the war. Public opinion often points out fear of their neighbours' anti-Semitism as the reason for such behaviour. However, it may be posited that in the case of the Grocholski family it may also have been caused by the trauma they experienced, as avoidance of stimuli associated with a traumatic situation is one of the PTSD primary symptoms. This seems all the more likely because the trauma led to Grocholska's socially unacceptable behaviour, or more broadly, a psychological crisis that the family probably did not want to reveal to the outside world.

Further, what can be said of the Grocholskis' children in this matter? Zofia Lasek says of herself that she was afraid, she "lost her childhood," her parents "used her." She recalls how her father would beat her to make her cry loudly. At the time, there were Germans in the village, and a Jewish child was crying in the attic. Her father wanted to drown out the sound of the child's cries with his daughter's cry. After telling this story, she adds that she has forgiven her father, but she probably means not only that beating, but the whole thing, namely the extremely difficult, tense atmosphere in the house that prevailed both when there were Jews in the attic and later, after the war, when both parents were struggling with the effects of the trauma.

As in the findings of Sally Frishberg, it can be seen that hiding Jews was a profound trauma for the entire Grocholski family. Not only did they experience a traumatic situation that lasted almost two years, but they also suffered the psychological and somatic effects of this situation. Maria Grocholska suffered an acute traumatic stress reaction (ASR) during the war *per se*, and both Grocholskis experienced the psychological and somatic effects of this stress long after the war, probably until their deaths. It can be assumed that the parents' trauma also had a negative impact on their daughters.

At this point, it is difficult not to ask the following: why has the trauma of the Grocholski family, especially Maria, been overlooked by the Yad Vashem Institute? Why has the "muttering" about the poisoning of Jews not been given any thought? Why has the information, which could be read as a serious accusation against Mrs. Grocholska, not been commented on by the Institute? After all, knowledge of the trauma of the Holocaust must be widespread at Yad Vashem, and Stanisław Grocholski explained his wife's behavior by her extreme fear. Why, then, has no

attempt been made to explain her behavior in the light of the general knowledge on trauma?

The conclusion can be reached that to some extent, the focus on the perspective of the survivors and the almost complete omission of the Grocholskis' perspective, which is very evident in the note in question, is responsible for this. This is understandable, as when the note was edited, the Grocholskis had already been dead for several decades. Moreover, Maria's behaviour must have been very painful for the Jews in hiding and added to the fear they experienced, so it is hardly surprising that they remembered her only in dark colours. However, what is striking about the note is the lack of any attempt to objectify the events presented or to clarify the questionable circumstances. This applies not only to Grocholska's "muttering."

For example, the matter of feeding the hidden Jews is reduced to a few words, namely the mention that Grocholski brought them food at night. By contrast, the story of the sheepskin coat takes up two long sentences, and the story of the "muttering" about poisoning – five. Meanwhile, the task of feeding a dozen or so people for almost two years in these conditions must have been an immense challenge for the hosts in every respect: organisational, financial, emotional (even peeling potatoes was risky), and physical. It was a constant concern, an arduous duty, and required daily work, likely falling primarily on Maria.

Finally, it is unclear why the note, intended to honour Stanisław Grocholski, includes purely negative information about his wife. This information could have been omitted. Would Grocholski have been satisfied with this form of recognition?

Conclusion: The Issue of Acknowledging the Trauma Suffered by Those Who Gave Shelter to Jews

It is undeniable that hiding Jews was a traumatic experience for those involved, particularly in situations where entire families faced the threat of the death penalty. This conclusion follows directly from the classification of traumatic events within both DSM-V and ICD-10. In the absence of systemic research, the question of how often sheltering Jews led to the occurrence of disorders caused by traumatic stress cannot be answered with equal clarity. This applies both to the acute stress reaction (ASR), i.e. the symptoms that appeared while the traumatic situation was still present, and to post-traumatic symptoms (PTSD): depression and somatic

disorders. This type of trauma has been overlooked, it has neither been studied nor described in literature, nor is it present in the public consciousness. There are probably many reasons for this omission. Here two of them shall be highlighted.

Firstly, the growth of research-based knowledge on trauma coincided with Poland's restoration of sovereignty, allowing researchers to study groups that had faced political persecution, such as Stalinist prisoners and exiles to Siberia. Consequently, trauma researchers focused on these groups.³⁸ Secondly, and perhaps more importantly, as the authors of a study on the prevalence of PTSD in the adult population of our country³⁹ point out, Poles, for political reasons, had not been able to freely disclose their difficult experiences for several decades. As a result, neither the trauma of World War II nor other traumas experienced in connection with historical events have been socially assimilated and acknowledged.⁴⁰ However, as the history of the Grocholski family, and above all the story of Maria Grocholska shows, this omission has had very serious negative consequences for the remembrance of these people. For if the trauma of those who rescued Jews during the war had been described and socially acknowledged, the authors of the note on the Yad Vashem website would not have been able to describe the Grocholski family as they did.

Today, this oversight will be very difficult to rectify, if it is possible at all. The people who sheltered Jews have long since passed away; also their children belong to a passing generation. It is therefore no longer possible to study either the first or the second generation of people who experienced the trauma of hiding Jews. In similar situations, the researcher refers to written documents, but do such documents exist?

³⁸ K. Rutkowski, E. Dembińska, J. Walczewska, "Posttrauma Symptoms in Poles Persecuted for Political Reasons, 1939–1968," *Journal of Loss and Trauma* 20 (2015), pp. 72–84.

³⁹ M. Rzeszutek *et al.*, "Exposure to Self-Reported Traumatic Events and Probable PTSD in a National Sample of Poles: Why Does Poland's PTSD Prevalence Differ from Other National Estimates?," *Plos One* 18 (7) (2023), pp. 8–9.

⁴⁰ It is difficult to disagree with this statement. Indeed, it appears that the psychological effects of traumas related to Polish historical experiences are neither present in the public consciousness nor in the cultural sphere. For instance, many American films focus on the overcoming of trauma by Vietnam War veterans. In contrast, our filmography includes works that address traumatic events, such as *Przesłuchanie* (Interrogation) directed by Ryszard Bugajski and *Wołyń* (Volhynia) directed by Wojciech Smarzowski, but lacks films that explore the subsequent fate of trauma survivors and their struggle with the psychological effects of these experiences.

While looking for materials for this article,⁴¹ this author browsed, among other sources, through one of the volumes covering testimonies about aid provided to Jews by Poles during World War II (coming from the so-called Bielawski investigation), edited by Sebastian Piątkowski.⁴² The interrogations in this investigation, however, were conducted only to establish facts about who helped the persecuted Jews, when, where and in what form, while there is no information on the mental states of the rescuers. This raises the question of whether there is any material in Polish archives at all that could be examined from the point of view of the trauma of those who hid Jews.

The case of Maria Grocholska also prompted the thought that records on the effects of the traumatic stress on people who helped Jews might be held in the archives of the Yad Vashem Institute. It would be appropriate to look for them there. Admittedly, this proposition touches not only on a sensitive topic in Polish-Jewish relations, but also on inter-state relations (Poland-Israel), and therefore a strictly political area.⁴³ However, it would appear that a joint Polish-Israeli study of the trauma of Poles who rescued Jews during the war could improve these relations.

The film *Echoes from the Attic* ends with a happy ending. Sally Frishberg and Zofia Lasek, after a difficult conversation about the relationship of their families during the war, part in cordial harmony. Of course, what the heroines of the film succeeded in doing is much more difficult to achieve in the socio-political dimension, but it is necessary to make such an attempt because the work started by the protagonists of the film *Echoes from the Attic* is certainly worth continuing.

⁴¹ My sincere thanks to Dr. Roman Gieroń for his help in my research, particularly for pointing out Stanisław Grocholski's biographical note on the Yad Vashem website, and one of the volumes of investigation records from the so-called Bielawski investigation.

⁴² *Relacje o pomocy udzielanej Żydom przez Polaków w latach 1939–1945*, vol. 2: *Dystrykt krakowski Generalnego Gubernatorstwa*, selected and edited by S. Piątkowski (Lublin–Warsaw, 2020).

⁴³ Renowned trauma expert Judith Lewis Herman contends that acknowledging specific types of trauma, such as those experienced by Vietnam War veterans, inherently intersects with political issues.

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SUMMARY

This article discusses the problem of applying the category of trauma to people who provided shelter to Jews during World War II. The Holocaust-related trauma suffered by Jews is well described in the literature and present in the public consciousness. The trauma of those who rescued Jews, however, is absent from the public sphere. This brief study outlines how trauma is addressed in Holocaust studies, then presents psychological research on those who rescued Jews during World War II. Finally, in the light of the research-based knowledge on trauma and the psychological portrait of those who rescued Jews, an attempt is made to analyse the problem by means of the case study of the Grocholski family, who hid a large group of Jews. The study revealed that hiding Jews was a highly traumatic experience for those involved, particularly when the entire host family faced the threat of death. This conclusion follows directly from the classification of traumatic events contained in both DSM-V and ICD-10. Due to the lack of systemic research, the question of how giving shelter to Jews often led to the emergence of disorders caused by traumatic stress cannot be answered equally clearly. Finally, the article highlights some of the reasons why this trauma has been overlooked in the literature and in the public consciousness.

KEYWORDS

Trauma • helping Jews • The Righteous Among the Nations •
Cracow province • Distrikt Krakau • Holocaust