

HONORING LIFE: Psychological Issues and Community-Based Practice Implications in Service to Holocaust Survivors

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Florida has an estimated 18,000 survivors, although the majority of them are not affiliated with either survivor organizations or other religious groups. In Palm Beach County specifically, of all other ethnic groups combined, Jewish elders make up the largest ethnic group. Holocaust survivors, although heterogeneous, demonstrate unique characteristics and require specific service delivery models to meet their increasing needs of aging. Observational data confirms that because of a survivor's unique experience, they are often unable to complete the process of Life Review and as such, traditional social services and therapy have been demonstrated to be ineffective in working with survivors in the community.

COMMUNITY-BASED SERVICES

The National Jewish Population Study (2000) confirmed that retiring Jews, along with many other American elders, have been migrating to the Sunbelt communities at unprecedented rates. This wholesale movement toward elder communities has created a challenge for Jewish Family Services (JFS) offering services, imposing a greater responsibility and obligation to those local JFSs and Jewish communities already struggling with relatively few resources.

As JFSs have increasingly provided services to an aging community, many have developed care management programs with targeted expertise. Of particular note to JFSs are the care management services needed by Holocaust survivors. Survivors, by virtue of their experiences, are often more reluctant than other older adults to seek out assistance from formal entities (especially those organizations that are non-Jewish). Survivors may demonstrate an "Old World" ethic of self-reliance, fear of re-experiencing victimization and loss of control over their destiny (to a survivor, vulnerability is often strongly associated with death), fear and mistrust of government bureaucracy and formal organizations (unless Jewish), association of illness and hospitalization with death, and general perception that mental health services are only for those who are insane

(Giberovitch, 1995). JFSs have developed a cadre of care managers who possess the training, expertise and relationship skills necessary to work with the survivor population. Further, through local grants and a national contract with the Conference on Jewish Material Claims Against Germany, Inc., since the mid 1990s, many JFSs have operated programs which provide a series of concrete services for survivors.

IMPLICATIONS FOR PRACTICE

The traditional models of service provision are less successful with survivors. Outreach is critical and increasing the capacity for access to services requires commitment on behalf of the community-based agency. Barriers to asking for assistance could be a natural response for a survivor and the result of issues of self-reliance, concern about re-victimization, loss of control, etc. Professionals working with survivors need to move away from a deficit model, to emphasizing resources, resourcefulness, coping and the ego strengths. Responsiveness, patience and consistent follow-up are critical professional skills, which often translates into ongoing needs and involvement with multiple services, even if the initial contact with the organization was identified as assistance with the applications for reparations or compensation.

Understanding the impact and history of the Holocaust is most important for professionals working with Holocaust survivors. Rosenbloom (1983) identifies that common themes are often evident, but having knowledge of events and the unique historical, cultural and political experience of the survivor and his family of origin are the most valuable approaches to an empowerment or resiliency model when working with survivors. The survivors' Holocaust experience produced an altered life orientation, although it must be recognized that not all reactions of survivors are the same. Professionals working with survivors are required to tolerate the client's pain and experience of loss, including their non-verbalization of their experience. The challenge is to help the survivor separate the now and then, while being supportive and empathic, thus separating the clients "typical aging" experience from their "Holocaust experience". Life review can be very

stressful for Holocaust survivors, and some survivors will refuse to engage in life review, while some will engage in Holocaust review; focused mainly on reviewing the Holocaust period, dealing with painful rather than pleasant memories of the past (Bar Tur & Levy-Shiff, 1994).

The formal assessment process and development of a service plan may take different track with survivors of the Holocaust. Interviewing skills with survivors of trauma are impacted by the client's experience. Part of the process is to quickly identify and understand the coping skills of the client and be cautious not to "push" the client or probe and in so doing, professionals can strengthen coping mechanisms, rather than confront memories. Survivors often express their concern about "burdening" the professional with their life's story; the professional can assure the client that you feel honored to be "entrusted" with their unique experience. Relating how they survived or coped during the war may tap their capacities and strengths to better endure the present pain and hardship of the aging process, complicated by multiple losses. Danieli (1994) outlines the issues of aging Holocaust survivors. Many survivors may experience aging as a recapitulation of the Holocaust experience, feeling abandoned when their children leave home, and when spouses and friends die.

The purpose of an assessment is to evaluate the client's functional capacity. A psycho-social assessment identifies the areas of potential vulnerability and those interventions that might assist the client to function at an optimal level. The professional's "use of self" will be challenged during this process. Trust is a common issue in work with Holocaust survivors, who generally have a distinct mistrust for structured, formal organizations, resulting in professional boundaries being stretched, as the professional decides to "connect" with the survivor using greater self-disclosure, than in more traditional community-based services.

Community-based services are required to be culturally competent in serving Holocaust survivors and their families. Cultural competency emphasizes the idea of *effectively* operating in different cultural contexts, which Jewish

organizations, especially those providing social services, are qualified to provide. However, the recent progression of various reparations and compensation application packages have created a sense of severe re-victimization because of the seeming lack of sensitivity in the method of obtaining information from survivors in order to determine their eligibility. Memories of brutality and possible PTSD are easily brought to light during the application process. It is not uncommon for survivors to report an increase in nightmares, deep sense of vulnerability and renewed fear of medical problems that will result in incarceration (hospitalization or institutionalization, etc.), and exacerbated emotional stress. Professionals report feeling like a perpetrator during these working application methods with survivors.

CONCLUSION

Although JFSs have served Holocaust survivors for many years, it is only since 1995 that they have developed the expertise necessary to fully serve Holocaust survivors with a variety of community-based interventions.

Survivors tend to seek out service consistent with their experiences and reactions of mistrust for bureaucratic organizations and other formal entities. Suspicion, fear and anxiety are often barriers to survivors being open to assistance.

Professionals in community-based services, such as Jewish Family Services, are challenged to do outreach, promote independence and provide adequate and appropriate care for survivors; all the while focusing on preparing the client for an array of concrete services. Preparing survivors for concrete services as a process may itself may induce memories and trauma in the survivor. Many survivors experience the application procedures and methods for reparations and compensation as evoking feelings of re-victimization.

The Resiliency Model in social work is an important element to the ongoing success and practice of with survivors. Working effectively with Holocaust survivors requires qualified staff with specific training and supervisory expertise in the provision of services to Holocaust survivors. Cultural

competency is a critical component of work with victims of trauma, which involves professional knowledge and skill that stretches beyond mere empathy.

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