Towards a Framework for Practice:
A Phenomenological Study of Community Dwelling
Holocaust Survivors’ Social Work Service Needs

by

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Abstract

This phenomenological study explores the needs of community dwelling Holocaust survivors and proposes a framework for social work practice with this population. Data from qualitative interviews with Holocaust survivors and family caregivers of Holocaust survivors suggest that there are at least two different cohorts of Holocaust survivors in this study. These cohorts, referred to as classic and contemporary survivors in this dissertation, differ with regard to their age as well as the extent to which they are affected by numerous barriers relating to their health and physical ability as well as to language, education, and work background. A small number of respondents demonstrated characteristics belonging to both of the cohorts. A continuum, with classic survivors on one end of the scale and contemporary survivors on the other is therefore suggested as the best way to understand the differences between the two cohorts of Holocaust survivors in this study. Research findings compare and contrast these two ends of the continuum, as well as the cases which fit somewhere in the middle, and suggest the following five themes: 1. There are important similarities and differences between classic and contemporary survivors, 2. Individual Holocaust survivors, their family members and the larger community have all been affected by the Holocaust, 3. Identities and values have been impacted by the trauma associated with the Holocaust, 4. Survivor characteristics can be classified as characteristics of resiliency
and/or vulnerability, (The sub-themes uncovered in this study relating to resiliency include fierce independence, a “never give up” mentality and a strong social conscience. The sub-themes relating to vulnerability include guarded trust, a “going without” mentality, increased vulnerability to loss, and loss of secure identity), and 5. The needs of the study population can be better understood by considering resiliency and vulnerability characteristics. The life course framework and individual and community trauma theories are applied to understand these research findings which inform the proposed framework for social work practice.
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Completing this dissertation while caring for my two young children has, in some ways, been a challenging balancing act. At the same time however, the merging of these two experiences has made each experience a richer and more manageable one. Being immersed in literature and data related to the Holocaust over many years has been helpful in remembering to appreciate every moment with my children and to not “sweat the small stuff”. At the same time, living life with my kids by my side, has added so much joy, laughter, and love to my life, and has been a constant reminder of all that is good in this world, while studying this very difficult topic.

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CHAPTER 1: INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

This dissertation will address the needs of Jewish community dwelling Holocaust survivors. This introductory chapter will describe the problem this study addresses and the limited way in which this issue has been addressed to date. A rationale for pursuing this research, including the potential benefit of this research to the field of social work with trauma survivors and a brief summary of the limitations of the currently available literature on this subject, also will be provided. The goal of this dissertation, which is to develop and propose a framework for social work practice with regard to community dwelling Holocaust survivors, will also be discussed. Finally, this chapter will explain the organizational structure of this dissertation.

This chapter will illustrate that although many aging Holocaust survivors living in the community may be extremely vulnerable, very little is actually known about this group’s current needs. Furthermore, it will be noted that social workers have minimal information to assist in their work with this traumatized population. The purpose of this research is therefore to explore the current situation and needs of community dwelling Holocaust survivors and to investigate how social workers can best assist this population.

1 The needs explored will include physical welfare (food, shelter, health care, and safety), belonging and relationships with others, provision for spiritual needs, and opportunity for emotional and intellectual growth (Towle, 1946, Johnson, 1995).

2 In this dissertation, the discussion of Holocaust survivors relates only to Jewish Holocaust survivors. Other groups of people labeled ‘racially inferior’ by the Nazis were also victims of the Holocaust. Because the issues facing these other groups may be different from those of Jewish Holocaust survivors, these groups are not addressed in this study.
1.2 The Problem

1.2 a) Background Information about the Holocaust and Holocaust Survivors

During the Holocaust, six million Jewish people were systematically killed as a result of official Nazi policy to eliminate every Jew in occupied Europe (Bernick, Grinberg et al. 2001). Those who escaped death became known as Holocaust survivors (Wyatt-Brown 2000; Bernick, Grinberg et al. 2001). Holocaust survivors are defined, in Canadian census terms and in this work, as persons who were born prior to 1945 in countries which were occupied by the Nazis and who immigrated to Canada after 1939 (Tорczyner, Brotman et al. 1995). Survivors do not only include those who endured and survived in concentration camps, but also those in “forced-labour camps, [in] ghettos, [in] hiding, affiliated with partisans, and living with false papers” (Shmotkin and Barilan 2002) (p.119).

By 1945, two out of every three European Jews had been killed (Museum 2005). While statistically, Holocaust survivors were “lucky” to have survived, they suffered tremendously, before, during, and after the period officially known as the Holocaust. Before and during the Holocaust, they lost rights to self-determination. They lost their homes and their belongings, they witnessed horrific crimes and killings, they were left starving, and they were separated from their families and other loved ones. At liberation or soon afterwards, most Holocaust survivors discovered that most, if not all of their family members and loved ones, had been killed. Their lives were destroyed. Many survivors “still had nowhere to go” and “no home to return to” (Weiss and Durst 1994) (p.83). They immigrated to new countries, where they had to learn an entirely new culture and language (Weiss and Durst 1994; Ben-Zur and Zimmerman 2005), and were often surrounded by a less than welcoming

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3Austrian and German Jews became victims as early as 1933. For the purposes of this work, survivors also include the small number of Austrian and German Jews who managed to escape to Canada between 1933 and 1939 (Tорczyner, Brotman et al. 1995).
community which did not experience the Holocaust and did not want to hear the gruesome stories of Holocaust survivors (Danieli 1982). Moreover, often these host communities also harboured issues with regard to immigrants, as well as deep rooted anti-Semitism (Abella and Troper 1991; Giberovitch 1999; Ben-Zur and Zimmerman 2005).

Holocaust survivors were most often in their twenties and thirties at the time of liberation. The young and old were the first to be killed (Bernick, Grinberg et al. 2001). Some Jewish children did survive, many by going into hiding (Museum 2003). Exact survival rates for the children cannot be known due to the circumstances inherent in their going into hiding. It is believed that between six and eleven percent of Jewish children living in Europe prior to the war, survived (Museum 2003). For comparison sake, it is believed that thirty three percent of Jewish adults survived (Museum 2003).

1.2 b) Rationale for the Study

As already described, Holocaust survivors have endured extremely painful experiences throughout their life courses. While there is quite a large age spread amongst Holocaust survivors, those still living have either already reached old age (Torkczyner, Brotman et al. 1995; Bernick, Grinberg et al. 2001) or will within the next one or two decades. The very youngest child survivors are now in their sixties (David 2004) and the oldest could very well be over one hundred years old. Much of the existing literature notes that the normal issues associated with aging are likely to increase the emotional pain for survivors and re-awaken past feelings associated with loss (Rosenbloom 1985; Krystal 1995; Brandler 2000; Landau and Litwin 2000; Malach 2001; David 2003; Shmotkin, Blumstein et al. 2003). It is therefore increasingly critical to learn about the needs and issues of concern
for this population, and how social workers can assist them in coping with the additional stress and pain that aging is thought to cause them.

The existing literature has also described Holocaust survivors as an extremely difficult population for professionals to work with (Rosenfeld 2001), and more specifically as being distrustful of the professionals who treat them (Joffe, Joffe et al. 1996). Inadequate information available to professionals about Holocaust survivors and the experiences they have endured can result in a negative perception of survivors, an inability to understand this population’s needs and ultimately a poor clinician-client relationship (Rosenfeld 2001). Being informed about Holocaust survivors’ traumatic experiences, understanding their typical reactions, and being vigilant of their potential needs, would however be useful in building trust and rapport with this population, and constitute the necessary pre-requisites for assisting clients to achieve their goals (Johnson 1995; Rosenfeld 2001).

Clinicians and researchers have begun to study and/or write about the effects of institutional living on Holocaust survivors (Shour 1990; Zilberfein and Eskin 1992; David 2003; David and Pelly 2003). This work has led to increasing evidence about the needs of institutionalized Holocaust survivors and to some useful guidelines and advice for social workers and other professionals when working with Holocaust survivors in institutional environments (Shour 1990; Zilberfein and Eskin 1992; David 2003; David and Pelly 2003). However, this work has rarely addressed the status of community dwelling Holocaust survivors and a significant gap continues to exist in what we know about their needs (David 2000).

Community dwelling Holocaust survivors have been noted as being a largely neglected group in the research literature including the field of social work (David 2000).
This gap in knowledge is worrisome. While residents of a care facility have the advantage of direct and automatic access to assistance with their daily needs, which is inherent in the structure of a facility environment, community dwelling Holocaust survivors are dependent on themselves and/or their support network for locating and receiving appropriate assistance when needed. In some cases, survivors who are living in the community are still independent and have no major care needs. In other cases, family and/or a personal support system can care for them adequately in a home environment. However, other Holocaust survivors living in the community may be at risk. In general, survivors have fewer extended family members than the average senior (Giberovitch 1999) and some Holocaust survivors may not have family or friends that can assist them, and/or they may not yet be linked up with appropriate community services. These individuals may not know where to begin seeking help and they may not have the language and educational background necessary to navigate the public service system to find the help they need (Giberovitch 1999).

Numerous support networks do exist in the Greater Toronto Area (GTA) which provide services to Holocaust survivors. For example, many Jewish organizations and Jewish organizations for seniors (i.e. Jewish Family and Child Services, The Jewish Community Centre, The Holocaust Education Centre, Circle of Care, synagogues, Baycrest, The Bernard Betel Centre for Creative Living and the Landsmanshaft⁴) specifically cater much of their programming to Holocaust survivors. Existing services include discussion groups, lectures, counselling, support groups, commemoration services, lunches and other social events. Some of the needs of Holocaust survivors are also serviced by mainstream and government institutions such as Community Care Access Centres (CCAC), Wheel-Trans,

⁴ "When survivors resettled they often joined a society of people from their home towns. Here they met landsman who came before and after the war. The society represented a link to the past, provided a social milieu for the present and a foundation for the future" (Levitt, 2000) (p.4).
Senior’s Centres, community centres, hospitals, and other more generic services (Ontario 2004).

In spite of the number of available services attempting to meet the needs of Holocaust survivors, very little is known about the effectiveness of these existing services in meeting the needs of this population. Hassan (1998) and Giberovitch (1999) note that Holocaust survivors often consciously choose to not use Jewish community and/or public sector services because of a fear of government bureaucracy and/or longstanding anger towards Canadians for their lack of concern and action, both during and after the Holocaust (Hassan 1998; Giberovitch 1999). Questions such as, “Do services need to be more sensitive to survivors and if so, why?”, “What are the benefits of specialized services for community Holocaust survivors?” and “How can generic community services become more sensitive to the emotional needs of Holocaust survivors?” are still largely unanswered. Other unanswered questions relate to what innovative new forums of help can best assist social workers in their work with Holocaust survivors.

Studying the needs of Holocaust survivors, the effectiveness of current services available to them, and how social workers can provide good and useful service to this population could potentially assist approximately 12,815 Holocaust survivors who are living in the GTA (or one in every three Jewish seniors) (Torczyner, Brotman et al. 1995; Shahar and Rosenbaum 2001; Shahar 2004) and another estimated 10,845 Holocaust survivors residing throughout the rest of Canada (Bernick, Grinberg et al. 2001; Shahar 2004). Sadly, over the next few decades, this total estimate of 23,660 survivors nationwide will decrease quite dramatically (Shahar 2004). As Hassan (1998) puts it, "We are constantly working against time" (Hassan 1998) (p.141).
We are working against time for at least two important reasons. First, we need to work as fast as possible to collect missing research data so that we can use the findings to help Holocaust survivors while they are still here to be helped. "Despite the interest and urgency in approaching very old Holocaust survivors while they are still alive, the studies that have so far addressed them are extremely rare" (Landau and Litwin 2000; Shmotkin, Blumstein et al. 2003) (p.224). Second, we are also working against time to learn what we can from Holocaust survivors, while they are still here to learn from, about assisting other similarly traumatized populations.

The literature contains a dearth of information relating to the effects of earlier life traumas on aging (Sadavoy 1997; Malach 2001; Rosenfeld 2001). Therefore, any findings on this specific population of aging Holocaust survivors may also prove to be very helpful for other groups of aging populations who have experienced trauma earlier in their lives. In the fullness of time, when all Holocaust survivors have passed on, their legacy, including what we learn about their service needs, may be useful to assist social workers in working with other traumatized populations. The "...generalizability from the Holocaust experience to other extreme traumatic experiences is still somewhat unclear" (Landau and Litwin 2000) (p.485). However, "[t]he idea of comparing Holocaust survivors to other ethnic groups who suffered severe persecution, with a different history and a different social, religious, and cultural background..." (Savin and Robinson 2002) (p1-2) is an important one with potentially significant implications for the future of social work practice.

1.3 Limitations in the Existing Research Literature

In spite of the critical and timely need for information about the social work service needs of the community dwelling Holocaust survivors, almost no relevant literature could be
found. Even in the most general sense, there is clearly a lack of research to help guide the practice of social work with Holocaust survivors (Rosenbloom 1995; Brom, Durst et al. 2002). As noted above, the research which does exist, mostly addresses working with Holocaust survivors in institutional settings, rather than those living in the community. The small number of empirical studies on social work with survivors in institutional settings are atheoretical, and lack rigour. A more substantial anecdotal literature on this topic is, however, available. All of this literature, relating to social work with Holocaust survivors in institutions, empirical and otherwise, is based on the perceptions of professionals, rather than on the views of the Holocaust survivors or their loved ones (Shour 1990; Zilberfein and Eskin 1992; Adams, Mann et al. 1994; Safford 1995; Greenglass 2002; David 2003).

The situation regarding the literature examining the needs of Holocaust survivors living in the community is even more unfortunate. With the exception of one very informal needs assessment of community dwelling Holocaust survivors in Montreal, (Giberovitch 1999), no work investigating the social work service needs of Holocaust survivors living in the community could be located. In the GTA a significant number of social services certainly exist, however no sound research could be located which explored and identified whether the existing set of social services available to community dwelling survivors are appropriate for their needs. In addition, no methodologically sound studies have examined whether these survivors feel that there are gaps in the existing services, or whether the available services are even accessible to those who need them.

Finally, the existing research literature relating to the social work service needs of Holocaust survivors, scant to begin with focuses predominantly on what will be referred to throughout this dissertation as classic Holocaust survivors. Classic Holocaust survivors are
generally fairly easy to spot. They can often be identified by their heavy European accents, lack of formal education, tattooed numbers on their left arm, as well as certain stereotypical behaviours such as distrust of medical professionals, hoarding, and exaggerated anxiety about medical procedures (Safford 1995; Joffe, Joffe et al. 1996; David 2004). In contrast, contemporary survivors have largely been ignored by social work researchers (Kestenberg 1985; Dasberg 2001). Contemporary survivors are generally much younger than classic survivors, have no or very little detectable foreign accents, are often well educated, and cannot easily be identified as Holocaust survivors without knowledge of their personal history.

1.4 Development of a Framework for Social Work Practice

Social workers have very little in terms of empirical findings or theoretical frameworks to guide their practice in this area since few proper studies have yet been carried out which investigate the social work service needs of community dwelling Holocaust survivors. Social workers currently work with this population in a ‘best guess’ approach. The purpose of this research is therefore to explore the current situation and needs of community dwelling Holocaust survivors and to investigate how social workers can best assist this population. It is intended that by combining what is already known about the life course experiences of Holocaust survivors’ with knowledge gained through this research about community dwelling Holocaust survivors, a practice framework can be devised which will provide social workers with prompt access to more complete information for working with this population.
1.5 Organization of the Dissertation

This dissertation consists of eight chapters. This first chapter introduces the general research topic and described the problem this study addresses as well as the limited ways it has been addressed to date. The rationale for this study is provided, including i) aging is thought to make survivors more vulnerable and therefore more in need of services, ii) social workers currently lack adequate information to assist them in their practice with this population, and iii) time is running out to assist Holocaust survivors and to learn from Holocaust survivors about other massive psychic traumas and how to best assist other traumatized aging populations. A further rationale for this study is to help improve the significant limitations in the existing literature, most significantly the substantial gaps relating to Holocaust survivors living in the community. This introductory chapter concludes by explaining the goal of this dissertation, which is to propose a framework for social work practice with community dwelling Holocaust survivors.

The second chapter will review the empirical literature relating to the social work service needs of community dwelling Holocaust survivors. Since there has been virtually no research on this specific topic, the related applicable research literature focusing on the social work service needs of Holocaust survivors more generally will also be explored. The literature available in this broader area of review is only slightly more extensive, with the majority of the literature being based on anecdotal evidence, or poorly designed or described studies. Since the literature in the area of Holocaust survivors and social work is so sparse, other professional literatures including medical and the allied health professions will also be reviewed. The literature relating to Holocaust survivors who reside or experience short term stays in institutions and to community dwelling Holocaust survivors will also be discussed.
This chapter will also explore the literature which considers the long-term effects of the Holocaust on survivors, on their family members, and on their larger community.

The third chapter will examine the relevant theoretical literature. Initially, theories which were considered, but not selected, for understanding the needs of community dwelling Holocaust survivors will be summarized. Explanations will be provided to explain why these theories are not suitable. Following this, the life course framework, trauma theory, and community trauma will each be described in turn. As well, critiques of these theories will be presented. Chapter three will conclude with a rationale to explain how the selected theories relate to this research topic.

Chapter four will outline the research methodology used in this study, and will provide the rationale for the various methodological decisions made, including those relating to sample selection and size, recruitment, and inclusion criteria. An argument for the use of a phenomenological approach over other potential qualitative methods will be provided. An explanation for the inclusion of a brief survey at the conclusion of the open ended interview will also be given. Data analysis methods will be described, a variety of ethical issues will be addressed, and methodological limitations will be summarized.

Chapters five, six and seven, will provide the findings of this dissertation. Chapter five will provide a profile of study participants. Demographic survey results will be summarized. Following this summary of demographic information, data from the qualitative interviews will be shared to illustrate that there are actually at least two very different cohorts of Holocaust survivors in this study. These cohorts differ with regard to their age as well as the extent to which they are impacted by numerous barriers relating to their health, physical ability, language, education, and work background. This chapter will
further suggest that there is actually a ‘continuum of characteristics’ which describes the differences among these survivors. Chapters six and seven will describe how traumatic life course events of Holocaust survivors have resulted in a series of survivor characteristics. Chapter six will focus on resiliency characteristics and chapter seven will focus on vulnerability characteristics. Each of these chapters will suggest how these survivor characteristics have affected Holocaust survivors, their family members and in some cases even the larger Jewish community. Chapters six and seven will conclude with a discussion of implications for social workers who work with these populations.

Chapter eight will summarize the findings from this research study and will discuss how these findings relate to the life course framework, trauma theory and community trauma theory. Based on the integration of study findings and these theories, a framework for social work practice with community dwelling Holocaust will be proposed. This chapter will conclude with a brief discussion of recommendations for future research in this area.
CHAPTER 2: THE LITERATURE REVIEW

2.1 Introduction

This second chapter will review the existing literature which may assist in understanding the social work service needs of community dwelling survivors. Unfortunately, even in the most general area of Holocaust survivor studies, researchers have noted significant concerns about the validity of the majority of this work, as it is largely based on clinical observations, overgeneralizations and a dearth of empirical studies which lack methodological rigour (Harel, Kahana et al. 1993; Shmotkin, Blumstein et al. 2003). Shmotkin, Blumstein et al. (2003) write:

Empirical studies, even in the broad area of Holocaust survivor studies, constitute a minority in this literature, and they exhibit a variety of methodological flaws such as very small samples of survivors, questionable procedures of sampling, lack of comparison groups or the use of inappropriate ones, and a failure to adequately inquire into the characteristics of participants (Shmotkin, Blumstein et al. 2003) (p.224).

The situation is worse with regards to the more specific area of the social work related needs of community dwelling Holocaust survivors. Only one article addresses this subject. Since there is such a limited literature available, other areas related to Holocaust survivors will be explored.

To begin, the literature which considers the long-term effects of the Holocaust on survivors, their family members, and their larger community will be reviewed. Following this, the pertinent health and allied health professional literatures will be summarized. This will include subsections which will examine the literatures relating to social work with Holocaust survivors, and direct therapy and counseling with Holocaust survivors, and the work of other health care professionals who serve with this population. There will also be a
review of the literature relating to Holocaust survivors who reside in or experience short term stays at institutions as well as those Holocaust survivors who dwell in the larger community.

2.2 The Long-Term Effects of the Holocaust

2.2 a) Long-term Effects of the Holocaust on Holocaust Survivors

Much of the early Holocaust literature pathologized survivors as all sharing what Niederland and Krystal (1964) have referred to as the “survivor syndrome” (Niederland 1964; Niederland 1968; Harel 1995; Krystal 1995) or what Chodoff (1963) referred to as the "typical concentration camp syndrome" (Chodoff 1963; Harel 1995). These syndromes were defined by symptoms such as fear, depression, lack of trust, guilt, nightmares, chronic anxiety, agitation, traumatic reminders, personality changes and inability to verbalize traumatic events (Niederland 1964; Niederland 1968; Rosenbloom 1985; Malach 2001). In short, early research was often based in the field of psychiatry and usually found that the Holocaust caused many long term mental health problems in survivors, including post traumatic stress syndrome (PTSD) (Chodoff 1963; Niederland 1964; Krystal 1968; Niederland 1968; Krell and Sherman 1997).

More recent findings, which have studied survivors in relation to comparison groups, indicate that, these early studies based in the psychoanalytic tradition may have overstated the effects of the Holocaust on the mental health of survivors (Weinfeld and Sigal 1981; Harel 1995; Conn, Clarke et al. 2000; Shmotkin, Blumstein et al. 2003). Landau and Litwin (2000) compared elderly Holocaust survivors with non-Holocaust survivors of similar ages and socio-cultural backgrounds. They found Holocaust survivors are more vulnerable and more susceptible to symptoms of post traumatic stress disorder but in general they have similar personal resources as their non-survivor counterparts (Landau and Litwin 2000). Other recent studies have even found that "there were no concentration camp syndromes
identifiable” (Harel 1995) (p.34) and that survivors have recovered astonishingly well (Harel 1995). In fact numerous writers have pointed to the tremendous resilience of Holocaust survivors (Danieli 1981; Rosenbloom 1983; Danieli 1994; Hass 1995; Rosenbloom 1995; Brandler 2000; Brom, Durst et al. 2002; Suedfeld, Soriano et al. 2005).

Shmotkin, Blumstein et al. (2003) found no significant differences between Holocaust survivors and one comparison group (postwar immigrants) (Shmotkin, Blumstein et al. 2003). They note that Holocaust survivors fared worse than another comparison group (prewar immigrants) in certain psychosocial domains but not in health related variables. This study will be described in more detail in section 2.2.a i). In contrast, Keinan-Boker, Vin-Raviv et al. (2009) more recently found that the incidence of all cancers “was higher among Israeli Jews who were potentially exposed to the Holocaust than among those who were not” (Keinan-Boker, Vin-Raviv et al. 2009) (p.1489).

Landau and Litwin (2000) found that female Holocaust survivors have statistically significant greater health-related difficulties than a comparison group of persons of similar age and socio-cultural background who did not experience the Holocaust (Landau and Litwin 2000). In Landau and Litwin’s (2000) study, the sample was divided almost equally between Holocaust survivors and a comparison group who did not experience the Holocaust. Almost 80% of their participants who met the criteria for PTSD were Holocaust survivors. These findings suggest that while survivors have made remarkable recoveries, they are still more vulnerable than other people of similar age and socio-cultural background (Landau and Litwin 2000). The degree to which these study findings can be generalized to the larger population of survivors is debatable. Although a random selection process was used, 50% of those initially selected either refused to participate or could not be reached or located. The
researchers note that they were unable to determine if the non-participants were different in any significant ways from the participants. They also admit that women were less likely to agree to participate in their study than men. In addition, the study’s participants were limited to elderly Israelis from a European socio-cultural background and therefore findings might not apply to survivors in other parts of the world.

In spite of the numerous studies that have attempted to examine just how different Holocaust survivors are from others their age, there is still no definitive answer to this question. Commonly accepted views relating to the long-term mental and physical health effects of surviving the Holocaust continue to change as survivors age and as new research findings emerge. Many continue to argue for "a pattern of universal [psychiatric] symptoms" (Waxman, 2000) (p.59) and “psychological morbidity” (Joffe, Brodaty et al. 2003) (p.39) in Holocaust survivors in spite of the growing evidence demonstrating this population’s resilience, adaptability, and normal social functioning (Yehuda, Elkin et al. 1996; Waxman 2000; Brom, Durst et al. 2002; Joffe, Brodaty et al. 2003).

It is important to note that many Holocaust survivors are faced with life-long psychological and emotional issues. However, a disproportionate amount of research which aims to diagnose Holocaust survivors with psychiatric labels floods the literature at the expense of work that attempts to understand their experiences (Hassan 1998) and/or how to help them. In addition, most of the studies that examine the psychological, emotional and/or health effects of the Holocaust utilize assessment tools, including scales and inventories to assess survivors. These studies have not generally included any qualitative elements allowing survivors the opportunity to describe and explain their feelings and experiences. The inclusion of qualitative data in these types of studies could help clarify the quantitative
research findings and possibly even highlight just how normal their reactions were/are under their unique set of circumstances (Boss, Beaulieu et al. 2003). Harel (1995) notes that while being viewed as having “pathological problems” may be useful to advocate for funding and for the provision of services, it more likely carries a devastating burden of being “labeled as ‘damaged’, [and of] being emotionally and socially impaired” (Harel 1995) (p.32).

i) Effects of Aging on Holocaust Survivors

Traumas, such as the Holocaust, are thought to have effects on the aging process (Sadavoy 1997; Malach 2001; Rosenfeld 2001). However, inadequate attention has been placed on understanding the implications of the Holocaust on aging. The existing literature relating to the area of aging Holocaust survivors predominantly focuses on the belief that Holocaust survivors are more vulnerable to the changes and losses inherent in the aging process (Rosenbloom 1985; Brandler 2000; David 2003). Unfortunately, the majority of this literature is not empirical but rather based on the perceptions and observations of professionals experienced in working with the Holocaust survivor population. Rosenbloom (1985) for example, suggests that those working with survivors should recognize this population’s increased vulnerability to loss and illness (Rosenbloom 1985). Brandler (2000) similarly notes that the normal struggles of aging may complicate the psychological difficulties associated with surviving the Holocaust (Brandler 2000). Krystal (1995) also indicates that aging has worsened, not improved, the emotional pain and psychiatric symptoms associated with having survived the Holocaust (Krystal 1995).

In a large scale empirical study, Kahana, Harel et al. (1989) did actually study this question and found that surviving the Holocaust appears to affect people in different ways. Findings from this study indicate that the Holocaust made aging more difficult for 45% of
Holocaust survivors while 26% said it made it easier to cope (Kahana, Harel et al. 1989). This finding is significant because it suggests that both “vulnerability and resilience perspectives” might apply in understanding aging Holocaust survivors. That is, some survivors may be left with permanent psychological damage that makes them more vulnerable to the stresses of aging, while others may find that having withstood the initial trauma has made them more resilient and able to endure subsequent traumas associated with aging (Danieli 1981; Harel 1995; Kahana, Kahana et al. 1997; Danieli 1998). Interestingly, a significant proportion, i.e. the remaining 29% of respondents in this study, said that being a Holocaust survivor makes no difference to the aging process (Kahana, Harel et al. 1989). This finding implies that the numerous anecdotal accounts which claim that surviving the Holocaust affects the aging process might not be accurate in all circumstances. Rather, this finding suggests that being a Holocaust survivor appears to affect the aging process for many, but not all, Holocaust survivors.

Shmotkin, Blumstein et al. (2003) conducted a study examining the effects of the Holocaust on survivors who are at least 75 years old. They found that aging Holocaust survivors endure ongoing trauma from their Holocaust experiences while experiencing new concerns, such as worrying about the availability of somebody to help them in an emergency (Shmotkin, Blumstein et al. 2003). This study, as with the vast majority of work in this field, does not provide longitudinal data (Shmotkin, Blumstein et al. 2003). The comparison of experiences and feelings over time would have been interesting and useful, particularly in a study which is aimed at examining the effects that aging has had on these trauma survivors.

The literature further notes that survivors are likely to make associations between their current health issues related to aging and their experiences during the Holocaust. Many
writers have noted that it is understandable that survivors become fearful as they age and begin to feel less physically strong (Rosenbloom 1985; Malach 2001; Williams 2002) given their earlier traumatic experiences where they witnessed the demise of the most vulnerable.

For example, Walker and Chaban (1999) explain:

[I]n the camps a role call would take place randomly through the course of the day or night. When the role calls occurred, members of the camp had to appear in formations of three. If one member of a formation was too weak to appear, the remaining two would be shot (Walker and Chaban 1999) (p.148).

These writers make a compelling and plausible argument. However, this argument is anecdotal and reflects the voices of these practitioners rather than of the survivors themselves.

2.2b) Long-Term Effects of the Holocaust on Family Members

i) Caring for Holocaust Survivors and the Impact on Familial Relationships

The literature relating to family members who care for their Holocaust survivor relatives is sparse. It was hoped that a review of the literature would provide information relating to the needs of Holocaust survivors from the perspective of these family members and/or answer questions relating to the unique nature of caregiving for Holocaust survivor relatives. However, only a dearth of literature relating to caregiving for Holocaust survivors could be found, and the vast majority of this information, like much of the literature relating to Holocaust survivors, is anecdotal. Safford (1995), one of the few writers to address the topic of caregiving for Holocaust survivors in any detail, notes that the challenges associated with aging, such as retirement, health problems and loss of family members and other loved ones, superimposed on the already vulnerable survivor, place the family members caring for survivors “…at risk for emotional and physical breakdown" (Safford 1995; Johnson and
Lev-Wiesel and Amir (2001) have examined the effects of caring for survivors through a research study. In their study, “Secondary traumatic stress, psychological distress, sharing of traumatic reminiscences, and marital quality among spouses of Holocaust child survivors” they examined the effects of spouses caring for Holocaust survivors. This research investigated the phenomenon of secondary traumatic stress, and factors that may influence its development, including the sharing of traumatic reminiscences by the survivor with his/her spouse and posttraumatic stress disorder in the survivor (Lev-Wiesel and Amir 2001). This study also aimed to uncover how these variables affect marital quality (Lev-Wiesel and Amir 2001).

A nonclinical sample of husbands and wives of child Holocaust survivors responded to a series of instruments, including a PTSD scale, a symptoms checklist, the Enrich scale for marital quality, and a demographic data questionnaire, in an attempt to answer these questions (Lev-Wiesel and Amir 2001). Study findings suggest that Holocaust-related distress often exists within the couple system. Even though spouses did not physically experience Holocaust trauma, they do suffer trauma-related symptoms (STS Disorder) “such as intrusive thoughts, avoidance of and heightened arousal with respect to Holocaust issues" (Lev-Wiesel and Amir 2001) (p.441). More specifically, Lev-Wiesel and Amir’s (2001) findings suggest that the survivor who demonstrates ongoing symptoms of PTSD and who also talks about his/her traumatic experiences, “creates the least positive marital environment" (Lev-Wiesel and Amir 2001) (p.442). Survivors who do not exhibit symptoms of PTSD are able to talk to their spouses about their experiences without affecting the marital
relationship in the same way. The authors suggest that this is likely the case because survivors who do not suffer from PTSD are able to discuss their traumatic experiences with less emotional intensity (Lev-Wiesel and Amir 2001). However there was no qualitative component whereby participants were asked to describe their experiences, feelings, or understanding and therefore the researchers’ explanation of this finding does not necessarily reflect the respondents’ realities. While Lev-Wiesel and Amir’s (2001) work was the only study found in this area of inquiry which related specifically to Holocaust survivors, other researchers examining the topic of caregiving for individuals who have undergone traumatic experiences with different populations, such as difficult medical diagnoses, have also found that the less a spouse knows about their partner's difficulties, the higher his/her rating of marital quality (Peyrot, McMurry et al. 1988).

Other studies have noted that communication and disclosure about a traumatic event to one’s spouse may be essential to the well-being of the marriage (Broman, Clifford et al. 1996). The broader research in caring for people who have experienced highly stressful, negative life events suggests that the caregivers (e.g. spouses, parents, rescue teams) are generally at risk for developing stress-related symptoms similar to those of the victims (often referred to as Secondary Traumatic Stress or STS) (Stamm 1995; Barnes 1998). The majority of such studies have focused on the wives of war veterans or of soldiers (Williams and Williams 1987; Solomon 1989; Mikulincer, Florian et al. 1995; Lev-Wiesel and Amir 2001). These studies indicate that in general, higher levels of Post Traumatic Stress Disorder (PTSD) in husbands result in higher levels of STS in wives (Williams and Williams 1987; Solomon 1989; Mikulincer, Florian et al. 1995; Lev-Wiesel and Amir 2001).
Harel, Kahana et al. (1993) found that the availability of social support of one’s family and/or friends contribute to the increased psychological well-being of Holocaust survivors (Harel, Kahana et al. 1993). However, findings from this study cannot be applied to all Holocaust survivors because respondents in this study were all consumers of mental health services (Harel, Kahana et al. 1993).

While Harel, Kahana et al.’s (1993) study focuses on the positive impact that supportive family members and friends may have on survivors’ well-being, another study by Nahmiash (2004) addresses the relationship between caregiving and abuse and neglect of older adults. In her qualitative study, “Powerlessness and abuse and neglect of older adults”, 14 abused older adults and 2 abusers of diverse backgrounds were recruited through social service agencies and interviewed (Nahmiash 2004). Only one participant in this study, who was abused by her son, was a Holocaust survivor and there is no evidence in the literature that abuse is common among Holocaust survivor families. Still, Nahmiash (2004) suggests some thought-provoking points. She notes that this case reveals that Holocaust survivors may be susceptible to letting themselves be abused, even by family members, because of their past (Nahmiash 2004). She hypothesizes:

> In this case study, we see the direct relationship to the oppression experienced by the interviewee in the concentration camp and her present abusive situation with her son...[S]ocietal oppression is transmitted from generation to generation and in some cases creates an abusive situation which keeps the victim in the status of victim even though she or he survived the historical oppression. [In addition the] victim's goal in life becomes survival of their abusive experiences to preserve the family at all costs (Nahmiash 2004) (p.30-31).

The abuse of Holocaust survivors by their family members is not a theme commonly noted in the literature and this finding is based on the study of only one Holocaust survivor. However, other writers have argued the same more general point, that the way in which
family members interact with their Holocaust survivor relatives can be traced back to the trauma of the Holocaust (Bar-On 1995; Wiseman 2008).

Very little research examines caregiving for Holocaust survivors and so the literature regarding the relationships between survivors and their relatives was also explored. Wiseman, Metzel et al. (2006), in their study using narrative analysis, “Anger, guilt, and intergenerational communication of trauma in the interpersonal narratives of second generation Holocaust survivors”, used standardized measures to study 52 children (26 men and 26 women) of female Nazi concentration camp survivors. Participants were recruited from a random sample of Israeli-born Jewish men and women (Wiseman, Metzel et al. 2006). The authors emphasize that the socio-cultural context, for example, the strains of anti-Semitism being less likely in a predominantly Jewish community while the stresses of living in a country where wars and acts of terrorism are a usual part of life, may mean that the findings from this study are not generalizable to survivor families living in the Diaspora (Wiseman, Metzel et al. 2006). This study presupposes that an abnormal degree of guilt exists between survivors and their children. It then specifically looks for reasons which support this hypothesis; that is, this study aims to uncover sources of guilt among the children of Holocaust survivors. The findings indicated that subjects were prone to feelings of guilt as a result of the transmission of survivor guilt from their parents, and also from feeling guilty about their parents’ suffering during and after the Holocaust (Wiseman, Metzel et al. 2006). An additional source of guilt among the children of survivors identified in this study was knowing that they had at times caused emotional triggers, albeit unwillingly, for their parents throughout their lives (Wiseman, Metzel et al. 2006). Study findings also
suggest that because of their guilt, the children of survivors are reluctant to oppose their parents and are afraid to let them down (Wiseman, Metzel et al. 2006).

In a separate article based on this same research study (Wiseman, Metzel et al. 2006; Wiseman 2008), Wiseman (2008) also addressed the topic of communication about the Holocaust in survivor families. She found that "...the lack of open communication about the parents' traumatic losses...appears to amplify the child's experience of being left all alone to deal with [their thoughts and feelings relating to] the parental trauma...." (Wiseman 2008) (p.357-358). Bar-On (1995), professor of social-psychology at Ben Gurion University in Israel, studied three generations of 12 survivor families using discourse and narrative analysis. He similarly found that a silence has been mutually maintained by survivors and their children. The survivors believed that being silent about the atrocities they experienced would help them cope, and would also be beneficial for the healthy development of their children. Their children therefore learned to become sensitive to their parents’ wishes of keeping silent (Bar-On 1995; Wiseman, Metzel et al. 2006). Bar-On (1995) notes that a convenience sample was used. He also acknowledges that the data from his study could be analyzed differently depending on any given analyst’s interpretation (Bar-On 1995). Kidron’s (2009) study provides additional insight into the topic of communications among survivor families. She argues that the lack of communication in survivor homes should actually be understood as functional non-verbal communication. Kidron’s (2009) work will be discussed further in section 2.2 b ii, as it also relates to the trans-generational impact of the Holocaust.

Most of the literature indicates that survivors did not talk to their children about the Holocaust. Their children therefore learned not to ask about it (Bar-On 1995). It has also
been noted that in other cases survivors talked about it incessantly in the home. As a result, the children of these survivors have noted that they felt like "prisoners of their parents' endless stories..." (Chaitin 2000) (p.290).

ii) Trans-generational Impact of the Holocaust

The literature regarding the trans-generational impact of the Holocaust is extensive, and, as Rosenbloom (1995) notes, along with coping and the long-term effects of the Holocaust on survivors, it is actually one of the most studied areas relating to Holocaust survivors (Rosenbloom 1995). This literature suggests that children reared by Holocaust survivors have developed a host of unique characteristics (Danieli 1988) and that many children of survivors suffer from anxiety, guilt similar to their parents’ ‘survivor guilt’, a more than average awareness of their mortality and difficulty expressing aggression (Freyberg 1980; Nadler, Kav-Venaki et al. 1985; Solomon 1990; Safford 1995; Wiseman, Metzel et al. 2006). Many children of survivors have even been noted to experience a milder version of PTSD symptoms of their Holocaust survivor parents (Solomon 1990; Wiseman, Metzel et al. 2006). Furthermore, some evidence suggests that even the third generation has been affected, although to a lesser degree (Sigal, DiNicola et al. 1988; Safford 1995; Chaitin 2000). In contrast, some of the studies described below indicate that overall, many of the family members of Holocaust survivors appear to have fared quite well.

In an extended case description which illustrates "identificatory trauma", Brok (2005) describes a psychoanalysis client who has not been directly traumatized, but who as a child of Holocaust survivors learned to identify with her parental trauma. He explains that his client, like many other children of survivors, was constantly made aware of her role as a "living link" to the past (Brok 2005). The client was named after her father’s first wife, who
was killed during the Holocaust (Brok 2005). Brok (2005) suggests that as a result of this strong identification with her parents’ traumatic experiences, this client developed characteristics similar to those of her parents. These included: learning to go without, having difficulty sharing, and demonstrating a significant fear of being left behind. He concludes that through therapy his client was increasingly able to locate herself in the present, and to feel linked to, but not part of, the past (Brok 2005) (p.66).

It is important to note that Brok’s work is based on clinical observations and that methodological issues are not addressed in this work. Although interesting, his work is not considered empirical research. More controlled studies have not actually found a significant degree of psychopathology among the second or third generations (Alexandrowicz 1973; Rose and Garske 1987; Solomon, Kotler et al. 1988; Solomon 1990; Baider, Peretz et al. 2000; Sagi-Schwartz, Van Ijzendoorn et al. 2003) except when confronted with traumatic situations of their own (Solomon 1990; Bar-On, Eland et al. 1998; Sagi-Schwartz, Van Ijzendoorn et al. 2003).

Solomon (1990) examined the trans-generational effects of the Holocaust in her study, “Does the war end when the shooting stops? The psychological toll of war”. In this longitudinal research study which is based on a large and representative sample, Solomon (1990) asked subjects who had combat stress reaction (CSR) to indicate if they had parents who were Holocaust survivors and compared their PTSD rates (Solomon 1990). Using standardized measures, she found that this comparison was able to confirm the trans-generational impact of trauma. The veterans of the Lebanon War who were the offspring of Holocaust survivors had significantly higher rates of PTSD than those who were not related to a Holocaust survivor (Solomon 1990) two to three years later. She found that the post
traumatic stress symptoms of veterans who were the children of Holocaust survivors lasted longer and were more severe than the other veterans, whose symptoms had usually abated by the third year after their participation in war (Solomon 1990). This study suggests that "[t]he exposure to combat of the second generation seems to have unmasked a latent vulnerability that was not activated by more run-of-the-mill life events" (Solomon 1990) (p.1742).

Other evidence in the literature suggests that rather than being damaged by the trans-generational effects of the Holocaust, many children of survivors find that their values have been strengthened by their family’s legacy of trauma. Chaitin’s (2000) qualitative study, “Facing the Holocaust in generations of families of survivors: The case of partial relevance and interpersonal values” addresses the importance of the family unit to survivors and their descendants. In this study, participants were asked to share their life stories in an open ended interview. Ten Israeli families were interviewed for this research (32 individuals) (Chaitin 2000). Chaitin (2000), notes that she had previously interviewed these same ten families in another larger study, and that these families were selected for this study based on a specific set of criteria. Significant biases relating to the study sample are therefore possible (Chaitin 2000). Findings from the study suggest that survivor families believe that being united as a family is the most important lesson of the Holocaust. The second generation also shares this value with their parents, although to a much lesser degree (Chaitin 2000). The study findings also suggest that the third generation are less reluctant to learn about the effects of the Holocaust than the second generation as a result of being further removed from the trauma (Chaitin 2000).

In their study, “Attachment and traumatic stress in female Holocaust child survivors and their daughters”, Sagi-Schwartz, Van Ijzendoorn et al. (2003) also examined the effects
of the Holocaust on the following generations. Ninety-eight Holocaust survivors and their daughters were interviewed and given a series of questionnaires in the hopes of learning more about the transmission of Holocaust related trauma. Holocaust survivor subjects who were born in Europe between 1926 and 1937 and who immigrated to Israel as orphans, were matched with a comparison group of subjects in the same age range, who were also born in Europe but did not experience the Holocaust. The comparison group subjects also immigrated to Israel as children but did not suffer the loss of any close family members. To meet inclusion criteria, subjects also had to have female children and grandchildren meeting specific age criteria (Sagi-Schwartz, Van Ijzendoorn et al. 2003). Unavoidable differences remained between the two groups and are attributed to be a result of the Holocaust. These differences include: education (survivors had less), residence (survivors were more often welcomed into Kibbutzim), religion (survivors were more often secular) and background of partner (survivors more often married survivors) (Sagi-Schwartz, Van Ijzendoorn et al. 2003). Findings indicate that, for the most part, Holocaust survivors were able to successfully avoid transmitting the traumatic effects of their experiences across generations to their daughters and grandchildren (Sagi-Schwartz, Van Ijzendoorn et al. 2003). The authors hypothesize that "[f]or Israeli Holocaust survivors, being part of a large community with a collective memory of the Holocaust may have served as a potentially protective factor" (Solomon 1998; Sagi-Schwartz, Van Ijzendoorn et al. 2003) (p.1091). However, since first and second generation participants of this study did not include men, the study findings cannot not be generalized to the male population.

Kidron’s (2009) work, “Toward an ethnography of silence: The lived presence of the past in the everyday life of Holocaust trauma survivors and their descendants in Israel”
similarly found that children of survivors were not psychologically damaged as a result of the transmission of traumatic effects of the Holocaust. Using a snowball method, Kidron (2009) conducted in-depth interviews with 55 participants currently living in Israel (Kidron 2009). Her findings revealed that while most subjects experienced silence about the Holocaust in their family of origin, they still experienced significant non-verbal communication relating to the Holocaust in the survivor home (for example watching a father look through a dresser drawer holding his Holocaust memorabilia or overhearing a mother cry herself to sleep every night) (Kidron 2009). Her data suggests that, rather than viewing silence as a psychological problem to be overcome, silence about the Holocaust in the survivor home should actually be understood as a functional and non-pathological form of transmitting the knowledge of the traumatic events (Kidron 2009). The non-verbal communication that occurred was meaningful and sustained the family unit in spite of the tragic past (Kidron 2009). Kidron (2009) writes:

Instead of making the past "publicly" present, the majority would be sufficed by the silent presence of surviving remnants of the Holocaust in their domestic life world. Silent parent-child interaction, person-object relations, and mundane practices of survival would suffice...these silent traces maintain an intimate and nonpathological presence of the Holocaust death-world in the everyday life-world....Could this silent transmission engender a tacit knowledge of genocide (Kidron 2009) (p.6)?

2.2c) Long-Term Effects of the Holocaust on Community

Thus far this literature review has addressed the personal and familial effects of trauma associated with the Holocaust. However, a discussion of the trauma resulting from the Holocaust would not be complete without the exploration of the effects that this trauma has had on the larger community. A search of the existing literature relating specifically to the effects of the Holocaust on community (both the Holocaust survivor community and the
broader Jewish community) revealed only a dearth of work. Therefore the literature relating to other traumatized collectivities, such as First Nations communities, and Somali refugees was also reviewed. A search of this broader literature on traumatized communities indicates that significantly less has been written on this topic than on personal trauma. As Updegraff, Cohen Silver et al. (2008) point out, "[f]ew studies have examined coping with collective adversities" (Updegraff, Cohen Silver et al. 2008) (p.710).

Burstow (2003) notes that trauma does not only have an effect on individuals but that entire communities can also be affected (Burstow 2003). She explains that this does not only mean that most or all of the members of a traumatized community are affected by the traumatic event(s) but also that the community as a whole is traumatized (Burstow 2003). Erikson (1995) describes traumatized communities as having had their tissues torn (Erikson 1995) and also explains that “traumatic wounds inflicted on individuals can combine to create a mood, an ethos-a group culture, almost-that is different from (and more than) the sum of the private wounds that make it up” (Erikson 1995) (p.185). Likewise, Alexander (2004) explains that community trauma is not simply the result of a group experiencing pain but rather is the result of this collective pain “entering into the core of the collectivity's sense of its own identity" (Alexander 2004) (p.10).

The same traumatic event(s) can affect individuals and an entire community (Erikson 1995; Burstow 2003; Hutchison and Bleiker 2008). The existing empirical literature highlights both the distinctions and overlap which exists between personal and community trauma. Warfare, for example, often results in the death of family members (a personal experience), but at the same time is part of a collective phenomena (Jorden, Matheson et al. 2009). Cole (2004) further notes:
We often think of pain as irreducibly private and physical, a process that occurs within individual bodies and has little to do with the social world. But as several scholars have pointed out (Erikson 1976; Good, Brodwin et al. 1994), the experience of pain and suffering is also fundamentally social (Cole 2004) (p.87).

Updegraff, Cohen Silver et al. (2008) found that the terrorist attacks of September 11th constituted both a collective trauma for the entire American population and a individual trauma for a much smaller number of Americans who were directly affected (Updegraff, Cohen Silver et al. 2008). In Updegraff, Cohen Silver et al.’s (2008) longitudinal study of the 9/11 terrorist attacks, they used a national probability sample of 931 participants, to uncover the meaning that Americans placed on this widespread cultural trauma. The participants of this study completed self-administered surveys on the internet once in the few months post-9/11 and again around the first and second year anniversaries of the attacks (Updegraff, Cohen Silver et al. 2008). The majority of the sample in this study were not directly exposed to the attacks, and instead learned of them through the media. The authors found that Americans’ search for meaning in the 9/11 attacks was more often than not unsuccessful. However, they also found that those who were able to find meaning in the trauma coped better (Updegraff, Cohen Silver et al. 2008). Study findings also suggest that adversity, whether the result of personal or collective trauma, has similar psychological effects (Updegraff, Cohen Silver et al. 2008).

Study limitations include the fact that their representative sample was compromised by study attrition which was biased towards certain groups including younger respondents, people who were single and members of certain ethnic groups, including African Americans and Hispanics. As well, using a representative sample of Americans resulted in only a very small number of respondents who were directly exposed to the attacks and therefore the
authors note having a very limited capacity to detect statistically significant effects in this group (Updegraff, Cohen Silver et al. 2008).

Like Updegraff, Cohen Silver et al., Erikson (1995) also describes the ways that trauma impacts both those directly affected and those affected more peripherally. Various research projects led him to this conclusion, including work at Buffalo Creek where a number of residents were far from home when a devastating flood struck. They did not witness the event first-hand, but were still traumatized by what had happened and by the loss of what previously had been a sustaining community (Erikson 1995).\(^5\)

Erikson also points out that collective trauma, although inherently negative, results in both positive and negative effects. Erikson (1995) writes of this paradox, “…[T]rauma shared can serve as a source of communality in the same way that common languages and common backgrounds can. There is a spiritual kinship there, a sense of identity, even when feelings of affection are deadened and the ability to care numbed” (Erikson 1995) (p.186).

The existing literature suggests that members of a community may develop a common purpose as a result of coming together and sharing their suffering during and in the aftermath of a trauma (Alexander 2004; Hutchison and Bleiker 2008). In addition, a “culture of pain” (Morris 1993) can become instrumental to the community’s sense of identity after experiencing traumatic events (Hutchison and Bleiker 2008) (p.390). Sonn and Fisher (1998), in their work “Sense of community: Community resilient responses to oppression and change” discuss the Colored South African community of mixed ethnic and racial origin during Apartheid. These authors also suggest that a “shared bond, a kind of brotherhood or a sense of togetherness” come about among members of a community who have shared a

\(^5\) Chapter 3 will discuss the ‘layers’ or composition of a traumatized community, as well as other theoretical constructs relating to community trauma in more detail.
traumatic experience (Sonn and Fisher 1998) (p.467). They write, “even though the community was quite diverse...these shared experiences, the meaning of those experiences, and understandings of reality contributed to a sense of solidarity and connectedness” (Sonn and Fisher 1998) (p.468).

Wicke and Cohen Silver (2009), in their study “A community responds to collective trauma: An ecological analysis of the James Byrd murder in Jasper, Texas6”, also found that a community may marshal “social assets when facing...sudden crisis” (Wicke and Cohen Silver 2009) (p.247). In the majority of empirical work examining trauma and resilience, the individual is the subject of study (Sonn and Fisher 1998). This study is unique in that it regards the entire community as the subject of study (Wicke and Cohen Silver 2009). In the study’s quantitative analysis, social indicators of the community before and after the crime were compared. Open ended qualitative interviews were also used to explore the effects on and the reaction of community members to this traumatic event (Wicke and Cohen Silver 2009). Wicke and Cohen Silver (2009) found that although there were some negative effects, (i.e., increase in divorce rates and number of mental health patients) no significant change was found in the majority of variables after the crime. Therefore “the larger picture presented by the data suggests a remarkable degree of [community] resilience” (Wicke and Cohen Silver 2009) (p.244). This study presumes that little change in these social indicators reflects a high degree of resilience and does not discuss other possible reasons, such as confounding factors, for these results.

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6 “On June 6, 1998 James Byrd Jr., a 49 year-old African American, was walking home after attending a family event. Three white men offered to give him a ride [and then] assaulted, savagely beat and chained him to their pick-up truck, eventually dragging him to his death...the severity of the crime quickly ignited a political, social and media storm that gripped Jasper...Normal life came to a halt as Jasper attempted to respond to the world’s reaction to the crime” (Wicke and Cohen Silver, 2009) (p.234).
Findings from Hanson and Hampton’s (2000) qualitative study titled “Being Indian: Strengths sustaining First Nations peoples in Saskatchewan residential schools”, also suggest that numerous positive reactions were actually common among those experiencing the devastating collective trauma associated with the residential school system. In this study, purposive sampling was used to locate six respondents who participated in qualitative interviews. In spite of this being a qualitative study, this small a number of participants may have limited the scope of these findings. Nevertheless, Hanson and Hampton (2000) found that the strengths of research participants uncovered in this work do not only reflect these individuals’ personal characteristics but also qualities which occur on an interpersonal and collective level within their community (Hanson and Hampton 2000). For example, these researchers found that the individual and collective strengths of their participants, such as autonomy of will and spirit, sharing, respect, acceptance, spirituality, humor, compassion and pride in being First Nations, were one and the same (Hanson and Hampton 2000).

Burstow (2003) and Gagne (1998) similarly note that individual members of oppressed groups and their larger community are often affected in similar ways (Gagne 1998; Burstow 2003). However, these authors note quite the opposite effects than those of Hanson and Hampton (2000) (and from Weaver and White (1997) who also discuss the resiliency among First Nations people victimized by the residential school system) (Weaver and White 1997), in terms of the nature of these personal and community characteristics that developed from a history of colonialism. Rather than focusing on the personal and collective strengths that resulted from acts of colonialism, Burstow (2003), Gagne (1998) and other writers suggest that as a result of their traumatic experiences, First Nations communities have suffered by a loss of tradition and direction, by people losing connection with other
community members and by the common usage of drugs and alcohol (Haig-Brown 1993; Frideres 1998; Gagne 1998; Burstow 2003; Whitbeck, Adams et al. 2004).

Community trauma does not only result in strengths such as resilience and solidarity. It also results in problems such as those already noted. It can also affect individuals from living and functioning well within their community (Erikson 1976; Herman 1992; Erikson 1995; Burstow 2003; Whitbeck, Adams et al. 2004; Jorden, Matheson et al. 2009). Burstow (2003) notes:

...[p]eople or communities tend to become frozen in time, periodically re-experiencing the past or responding to the present as if it were the past. Different types of dissociation and disconnection occur, with individuals and communities dissociating from aspects of the past that are associated with the trauma...with people disconnecting from others; and with the ties that bind a community coming asunder (Burstow 2003) (p.1303).

She also notes that traumatized individuals or communities often feel isolated and lack much needed social support (Burstow 2003).

Jorden, Matheson et al.’s (2009) study, “Supportive and unsupportive social interactions in relation to cultural adaptation and psychological distress among Somali refugees exposed to collective or personal traumas” found this to be the case. Their research findings suggest that collective trauma may result in diminished social relations rather than increased social bonds and feelings of solidarity. Jorden, Matheson et al. (2009) write:

Although the interviews suggested that the community had a shared interpretation of their experiences, this did not necessarily translate into tangible support. In fact, rather than being related to greater perceived support, collective trauma appeared to be associated with more frequent unsupportive interactions with members of both their own cultural community and the host society (Jorden, Matheson et al. 2009) (p.870).

In this study, 169 participants from the Ottawa Somali community were asked to answer a questionnaire measuring constructs including traumatic stressor experiences,
acculturation stress, dimensions of social support, cultural adaptation, depressive symptoms and trauma symptoms (Jorden, Matheson et al. 2009). In addition, a subset of 23 participants answered qualitative research questions. The authors note possible limitations in their study which included the self-selection of participants, who as a group appeared relatively high functioning and well adapted, and the use of self-report methodology. The authors also note that while correlational findings were certainly noted, it is “premature to suggest unsupportive interactions were causally linked to psychological distress” (Jorden, Matheson et al. 2009) (p.871).

A review of the literature on collective trauma therefore indicates that a community may be strengthened, weakened, or some combination of the two, as a result of any given trauma (Erikson 1995; Neal 1998; Smelser 2004). The only probable finding presented in the literature is that, for better and/or for worse, a community’s identity is altered after a major trauma occurs (Neal 1998). Hutchison and Bleiker (2008) note that a collective trauma alters “the constitution of identity and…community” (Hutchison and Bleiker 2008) (p.387) and they add, "…trauma shatters our sense of belonging. It uproots deeply entrenched…patterns and expectations” and “marks the beginning of a new…era” (Hutchison and Bleiker 2008) (p.390). Wicke and Cohen Silver (2009) similarly write, "Undoubtedly, [the traumatic events] impact the entire web of human endeavor including economics, health, education, social order, infrastructure and the well-being of the individual, family and neighbourhood” (Wicke and Cohen Silver 2009) (p.233).
2.3 Health and Allied Health Care Professionals Working with Holocaust Survivors
2.3 a) Social Work with Holocaust Survivors

It is obviously important for social workers practicing in this area to have an understanding about the long-term effects of the Holocaust on survivors, their family members, and the larger community. However, this information may be even more valuable than initially anticipated given the significant gaps that were uncovered in the literature about practicing social work. Only an extremely limited literature that relates to social work services and Holocaust survivors exists. Since "psychosocial services for Holocaust survivors have been established, for the most part, only in the past 10-15 [now 18-23] years" (Brom, Durst et al. 2002) (p.189) this literature is incomplete and flawed in many respects. Rosenbloom (1995) and Levine (2001) both note that the majority of the limited research that has been developed to address the relationship between early traumatization and the later life social work service needs of Holocaust survivors, suffers from serious methodological limitations (Rosenbloom 1995; Levine 2001). Levine (2001) explains that studying this issue is challenging because of the numerous complex variables needing to be addressed (Levine 2001). Social work services are believed to be critical in the overall care of Holocaust survivors (Adams, Mann et al. 1994) and therefore the services rendered by these health professionals merit systematic investigation. Yet, no proper study could be located that asks survivors or their caregivers about their satisfaction with and needs for social work services.

Most of the literature relating to the long-term care and other social work service needs of survivors is not based on systematically gathered research data but rather on anecdotal evidence deduced by the informal observations and inferences of health care
professionals. As Malach (2001), previously a social worker and more currently Program Director for Community Services at Baycrest Centre for Geriatric Care, notes:

Although there is a substantial amount of literature on the Holocaust, the majority of writing is descriptive and relies on anecdotal data. Few pieces of the literature are based on empirical tests, qualitative or quantitative, and therefore, there is little mention of samples, hypotheses, methodologies, control groups and statistical findings. Therefore, readers have little idea as to how authors collected their data, or who provided the information (Malach 2001) (p.7).

Adams et al. (1994) for example, did not consult with the five survivors whom they utilized as case studies in their work. Instead, only the authors’ perceptions and opinions are known regarding the effectiveness of social work services on the lives of these care facility residents (Adams, Mann et al. 1994). Yet, they indicate that through proper assessment of these residents’ life histories, current needs, and coping abilities, they, and other social workers at the Hebrew Home of Greater Washington have been able to intervene to help make the institutional experience a warmer and more flexible one for these residents (Adams, Mann et al. 1994).

The edited book *Caring for Aging Holocaust Survivors: A Practice Manual* (David and Pelly 2003), provides an extremely valuable contribution to the literature, and is a very useful resource for social workers, and other health and allied health professionals working with this population. It is based on the clinical experiences, observations and anecdotal evidence of many experienced professionals and caregivers from around the world, but it is not research based. Another example is the work of Zilberfein and Eskin (1992) who discuss social work with Holocaust survivors who are hospitalized in an acute tertiary care medical center (Zilberfein and Eskin 1992). Their article “highlights principles, dynamics, and generalizations useful to…health care workers dealing with this group” (Zilberfein and Eskin
For instance, the authors suggest “offering patients the opportunity to recall and recount their past experiences before, during, and after the war” (Zilberfein and Eskin 1992) (p.68). However, the development of these themes and recommendations did not involve any systematic research study, review, or analyses, but rather only the informal sharing of cases among thirty-six social work colleagues on the medical/surgical units of the hospital.

Hassan (1998) also provides anecdotal information about social work with Holocaust survivors. While her advice is also not based on empirical evidence, she does offer valuable insights based on a wealth of professional experience with Holocaust survivors. She argues that the problem with past approaches to clinical work with Holocaust survivors is that “the emphasis was…on diagnosis rather than understanding” (Hassan 1998) (p.124). Hassan also summarizes the reasons why Holocaust survivors have generally kept away from the Jewish social service agencies whose mandate it is to assist them:

[A]nger towards the Jewish community for not having done enough to help them when they needed it after liberation; the indifference of Jews towards their suffering; their feelings towards authority and institutions; their fears of weakness and vulnerability which asking for help would imply (Hassan 1998) (p.126).

She notes that a turning point in her work occurred when she was asked to help set up a self-help group for survivors. This informal mutual support group was a non-clinical party-like atmosphere where Holocaust survivors felt a sense of belonging (Hassan 1998). Hassan notes that this is the best type of environment for ‘therapeutic’ work with this population to take place. She further suggests that work with survivors should include informal environments and activities such as playing cards, celebrating holidays, and eating together rather than traditional psychodynamic counseling and therapy. Social workers, she argues,
must think beyond one-to-one counseling as the only form of therapy with this population (Hassan 1998). Furthermore, Hassan explains that when one-to-one work does occur, social workers should emphasize getting to know the unique experiences and background of the particular survivor. For example, she recommends that therapists should begin the therapeutic process by taking out a map of Europe as it was during WWII and talking about it with their Holocaust survivor client (Hassan 1998).

Hassan also suggests that therapists take on the role of the ‘memorial candle’, (Wardi 1992) allowing an outlet to which Holocaust survivor clients can give meaning to their survival, by sharing their experience. She explains, “As each second passes, the survivor grows older and comes nearer to death. If their message is not transmitted, the meaning in their survival is threatened. The therapist therefore, as witness, becomes the temporary bridge for the survivors” (Hassan 1998) (p.137). She further notes that it is particularly important for social workers to take on the this role in cases where survivors won’t share their stories with their children because of wanting to protect them (Hassan 1998).

Weinstein (2002) similarly notes the importance of reminiscence in working with Holocaust survivors. Weinstein’s observations also are based on anecdotal evidence from her experience as a professional interviewer of Holocaust survivors for the ‘Survivors of the Shoah Visual History Foundation’ and the ‘Holocaust Documentary and Education Center’ (Weinstein 2002). Weinstein explains that reminiscence, or “the recounting of memories, (Weinstein 2002) (p.29) has been found to assist “people adjust to life changes, and provides a sense of continuity, integrity and purpose within the person's current life” (Weinstein 2002) (p.29). Others similarly note that reminiscence and “bearing witness” are effective coping
mechanisms for Holocaust survivors (Kahana, Harel et al. 1989; Brink 1994; Giberovitch 1999).

Mazor, Gampel et al. (1990) conducted semi-structured qualitative interviews with 15 Holocaust survivors and through content analysis found that for most of their respondents, the process of opening up and documenting their experiences helped bring recognition and therefore some relief. They note that in some cases individuals, who did not want to address their experiences directly, benefited from writing their story. Other useful outlets noted include conversations with friends who experienced the same events or who were at the same locations, or even by just reading books about other’s experiences (Mazor, Gampel et al. 1990). The findings from this study suggest that, at least for the survivors in this study, allowing themselves to remember the past is important even though the memories are extremely painful. A large body of literature on narrative therapy exists that supports such findings (Randall and Kenyon 2004; Freeman and Couchonnal 2006; Cepeda, Chapman et al. 2008). On the other hand, Abramowitz, Lichtenberg et al. (1994), a team of Israeli psychiatrists, suggest that supportive work with Holocaust survivors means realizing when a client’s personality is not amenable to broaching the subject of the Holocaust at all (Abramowitz, Lichtenberg et al. 1994).

2.3 b) Direct Therapy/Counselling and Holocaust Survivors

The literature available dealing with direct therapy with Holocaust survivors is probably more closely related to the fields of psychology and psychiatry than social work. Many social workers do engage in therapy and counseling with Holocaust survivor clients, and this literature is important to address. It is important to note however, that based on her vast professional experience working with survivors, Hassan (1998) argues, that
“[c]ounseling would come quite low down on a scale of priorities for severely traumatized people” (Hassan 1998) (p.139). She believes that, given the unique history of Holocaust survivors, and because of their resulting difficulties trusting authorities, professionals should aim to provide assistance through the most non-threatening and informal services possible (Hassan 1998). For some survivors, and especially before trust and rapport with a given therapist has been established, formal counseling may be intimidating. In addition, as previously noted, there is significant anecdotal evidence to suggest that many Holocaust survivors believe that accepting counseling services implies weakness (Hassan, 1998). As previously noted, during the Holocaust, survivors became accustomed, through necessity, to hide any signs of vulnerability, as survival was dependent upon strength (Malach 2001). Falk and Falk (1997) also noted that “the coping strategy used least by the old [in general] is professional help” (Falk and Falk 1997) (p.116).

While the vast majority of the literature addressing therapy with Holocaust survivors is anecdotal and based on clinical observations, some empirical research has looked at the effectiveness of therapy with Holocaust survivors. Cohen, Dekel et al. (2002) for example examined the effects of treatment with Holocaust survivors and found that survivors who received therapy “reported a higher level of post-traumatic residues as well as more intense and widespread fear of intimacy than both the non-treated survivors and the control group” (Cohen, Dekel et al. 2002) (p.306-07). The authors note that this finding can be interpreted two ways. Holocaust survivors who received treatment may have had more reason to get therapy in the first place as a result of experiencing more severe psychological issues than those who did not receive treatment (Cohen, Dekel et al. 2002). On the other hand, the treatment itself may be responsible for greater levels of reported distress for various reasons.
including that the Holocaust survivors receiving treatment may have become more conscious of and therefore more able to acknowledge and convey their emotional and psychological difficulties (Cohen, Dekel et al. 2002) (p.307). The authors note that their study has several limitations including the use of convenience samples that were relatively small. Generalizability of the findings is therefore limited (Cohen, Dekel et al. 2002) (p.308).

One study in particular, “The myth of creating an integrative story: The therapeutic experience of Holocaust survivors” by Shamai and Levin-Megged (2006) is worthy of in depth review because of the various potential implications its findings raise for social workers engaged in therapy with Holocaust survivors. Shamai and Levin-Megged (2006) engaged in phenomenological semi-structured in-depth interviews with eleven Holocaust survivors who had previously received therapy relating to their Holocaust experiences. The goals of the study were to explore how Holocaust survivors experienced the therapy, how the traumatic experiences affected the therapeutic process, and to evaluate the experience of the therapeutic process and its outcome.

Their primary finding was that successful therapy occurs when the traumatic narrative is separated from other parts of the life story. In this type of therapy, the clinician assists the client to “reconstruct some of the derivatives of the trauma, but without treating the trauma itself in most cases” (Shamai and Levin-Megged 2006) (p. 708). This approach to therapy might assist survivors “to create an alternative self by helping them to form a different perception of themselves that [gives] them the freedom to explore new things and challenges” (Shamai and Levin-Megged 2006) (p.707). The authors provide the example of Mrs. M., a survivor, who through this type of therapeutic intervention, decided to learn to play a musical instrument, something she had dreamed of pursuing earlier in her life but
could not because of her financial circumstances after the war. The authors note, that creating this type of alternate story adds another chapter to the life story thereby reducing the space allotted to their traumatic story (Shamai and Levin-Megged 2006).

Shamai and Levin-Megged’s (2006) findings contrast with previous research findings which stated that, the best therapy should aim to provide the client with the opportunity to reconstruct the trauma, by having him or her integrate the traumatic narrative with the entire life story (Mazor, Gampel et al. 1990; Bar-Tur and Levy-Schiff 1994; Weiss and Durst 1994; Shamai and Levin-Megged 2006). Supporters of this method believe that by integrating the traumatic narrative with the entire life story, this documentation of personal testimonies can assist Holocaust survivors in remembering stories of their past in order to create cohesion in their personal history (Mazor, Gampel et al. 1990).

Shamai and Levin-Megged (2006) also point to two important paradoxes of therapy: 1) “therapy creates a warm and secure place, but, at the same time, its very nature is to raise issues and stir up memories that might be threatening to survivors” (Shamai and Levin-Megged 2006) (p.701); 2) most Holocaust survivors’ believe that “you fix your own problems”, but the therapeutic situation is characterized by togetherness, or asking and receiving help with your problems (Shamai and Levin-Megged 2006) (p.703).

Shamai and Levin-Megged (2006) also note that Holocaust survivor participants mentioned three types of therapists. They preferred the first type who listened, supported, educated, reinforced and gave good advice (Shamai and Levin-Megged 2006). The second type, those with whom they had a mutual pain cycle, included therapists who pushed them too much to discuss painful issues. The third group of therapists caused feelings of loneliness and emptiness to resurface by abandoning their clients. This often related to
terminating the professional relationship at an improper time (Shamai and Levin-Megged 2006). It is important to point out that the first type of therapist mentioned would most certainly be preferred by, and the second and third types distressing to, all clients receiving therapy, not only Holocaust survivors.

The unusual strength of this study is that it provides the perspective of the survivors themselves, rather than only the perspective of therapists or other professionals. As noted above, the authors indicate that their main finding differs from previous research. They suggest that the reason for this may be that this study addresses the perspective of survivors themselves, or that this study uses a different methodological perspective, a phenomenological approach (Shamai and Levin-Megged 2006).

The literature, empirical and otherwise, relating specifically to social work, including therapy, is extremely limited. A review of the other professional health care literatures as they address the needs of Holocaust survivors will therefore also be reviewed. It is hoped that these other fields may help shed light on many of the critical issues relating to the needs of aging Holocaust survivors.

2.3 c) Other Health Care Professions and Holocaust Survivors

Joffe, Joffe et al. (1996) offer advice, again based on personal experience rather than on research findings. They provide some useful but still very generic guidelines for doctors and other health care professionals lacking the proper knowledge, training, and guidelines for working with Holocaust survivors (Joffe, Joffe et al. 1996). They note that being on the lookout for older patients with tattooed numbers on their arm, who are suspicious of doctors and other medical staff and/or who demonstrate extreme anxiety about medical procedures, will help doctors and other professionals identify Holocaust survivors and therefore intervene
appropriately (Joffe, Joffe et al. 1996) (p.519). They believe that the key to minimizing survivors’ anxiety and improving their treatment outcome is making medical personnel more aware of and more sensitive to the needs of Holocaust survivors (Joffe, Joffe et al. 1996).

Gordon (2001), Head of Geriatrics and Internal Medicine at Baycrest Centre for Geriatric Care, also alludes to the importance of identifying Holocaust survivor patients and learning about their backgrounds. Gordon notes that while this can often be challenging, partly due to language barriers, it is important in order to uncover their needs and best assist them (Gordon 2001). He writes about a patient who was eventually discovered to be a survivor:

The medical students told me they couldn’t do a history on the elderly patient. She was a recent Russian immigrant and spoke no English. They had done the physical exam, but they knew the history was key to figuring out her problem. On a surmise, I spoke to her in Yiddish. She understood (Gordon 2001) (p. 1239).

Gordon suggests that medical practitioners benefit from understanding their patients’ Holocaust experiences for various reasons. These include knowledge of certain diseases and other medical conditions that could have been contracted during their internment. He also notes that many survivors will make medical decisions based on their previous life experiences (Gordon 2001). However, Gordon’s work is also based on clinical experience rather than on an actual empirical study.

Rosenfeld’s (2001) work supports Joffe and Joffe et al. (1996) and Gordon’s (2001) anecdotal observations. Rosenfeld (2001), a head nurse at a geriatric psychiatric unit, attempts to answer a critical question, “Do professionals working with survivors require specialized education?” Rosenfeld (2001) hypothesized that if staff had increased understanding of Holocaust survivor patients’ past experiences, then they would be more
effective and more empathetic in working with them. Although initially resistant, twenty-eight out of thirty-seven staff members at her unit participated in an educational program for professionals at the Museum of Tolerance in Los Angeles. This included a tour, a seminar, an account by a survivor, and formal debriefing sessions (Rosenfeld 2001). Rosenfeld’s (2001) work appears to be more of a project than a study as she does not discuss any methodology for data collection or data analysis in this article. The findings she presents, both before and after the educational program, were collected through seemingly informal observations rather than systematically collected and recorded through some formal means of data collection and analysis. There is also no indication that Holocaust survivors were consulted about the quality of care they received before and after the staff educational program. In spite of these limitations, Rosenfeld (2001) notes that the program was worthwhile and useful and that staff became more empathetic towards the survivors as a result of the educational program.

Rosenfeld (2001) explains the reasons for undertaking her project. She relates that the staff she worked with in the psychiatric unit described Holocaust survivor patients as demanding and difficult. She also noted that the staff complained that interventions which were typically very useful with their other patients, did not assist them in caring for this particular population (Rosenfeld 2001). Once staff was trained and educated, Rosenfeld notes that these negative views of survivors ceased and that staff was more successful in meeting the needs of these survivors (Rosenfeld 2001). She points out that the staff learned to understand that interventions such as pet therapy, music therapy and restraints were not effective with this population because of the difficult Holocaust memories they often evoked (Rosenfeld 2001). As a result of this understanding staff became more open to using new
forms of interventions (Rosenfeld 2001). Rosenfeld (2001) concludes that professionals will do a better job treating Holocaust survivor patients if they have a better understanding of, and are therefore better able to empathize with, the trauma survivors experienced earlier in their lives (Rosenfeld 2001).

2.4 Holocaust Survivors in Institutions and in the Community

2.4 a) Holocaust Survivors in Institutions

Existing literature indicates that Holocaust survivors who require institutional care are in particular need of facilities that are safe, and care providers who understand their traumatic early backgrounds, and can cater to their individualized needs accordingly (Goldberg 2002; David and Pelly 2003; Hassan 2003; David 2005). David (2003), David and Pelly (2003), Greenglass (2002) and Safford (1995) have all identified “triggers”, or environmental factors that set off difficult memories for concentration camp survivors residing in institutions (Safford 1995; Greenglass 2002; David 2003; David and Pelly 2003). David (2003) notes that a unique set of triggers may exist for each individual Holocaust survivor (David 2003).

Medical establishments, including long-term care facilities, are a prime breeding ground for triggers. These may include a long list such as: the smell of urine or feces and/or other strong or unpleasant smells, lack of privacy, consulting or meeting with medical personnel, illness and feeling unwell, being forced to take a shower or bath, being shaved or given haircuts, wristband identification or being assigned a number, foreign languages or heavy accents, loud noises such as alarm bells, whistles, sounds of others crying or screaming, and routines and schedules (Safford 1995; Greenglass 2002; David 2003). This information relating to emotional triggers is, for the most part, anecdotal.
Shour (1990) did however conduct a research study that supports the existence of “triggers” among Holocaust survivors living in institutions. Shour (1990) compared reactions to institutionalization between Holocaust survivors and other Jewish residents of Baycrest Centre for Geriatric Care. She found that survivors were by and large comparable in their behaviour and psychosocial and physical needs to the other Jewish residents (Shour 1990). However, Holocaust survivors differed from those who did not experience the Holocaust in that many aspects of institutional life reminded them of their camp experiences (Shour 1990). For example, Shour notes:

In four cases, survivors in the Home said that the regimen around food or activities reminded them of their camp experiences. In one instance, a newly admitted resident, a survivor of Auschwitz, tore off the required identification labels on her dresses. She cried that it reminded her of having to wear the yellow star of the ghetto. In the other cases, residents compared the institution's regulations and restrictions on their freedom to those of the concentration camp (Shour 1990) (p.147).

Regrettably, chart notations, which only represent the opinions of the staff members who did the entries, and which could in some instances be misinterpreted, were this study’s only data source (Shour 1990).

2.4 b) Community Dwelling Holocaust Survivors

While the literature relating to the needs of Holocaust survivors within institutions is certainly not plentiful, the work relating to the social work service needs of community dwelling survivors presents an even more serious gap. While there is an ever growing literature relating to Holocaust survivors in various institutional settings, very little work examines elderly Holocaust survivors who are still in independent or semi-institutional living situations (David 2000). This is unfortunate.

Only one article was found relating specifically to the social work service needs of Holocaust survivors residing in the community. Giberovitch (1999) outlines a proposal for a
service network for Holocaust survivors in the Montreal area. Although this proposal is based primarily on the author’s vast professional experience working with this population, it also reports the findings of an informal needs assessment survey conducted at a drop-in center for Holocaust survivors. The author of this proposal was hired as a consultant to implement and coordinate programming. Survivors were asked to identify pressing issues and gaps in Holocaust related social services. Findings of her needs assessment are outlined in the article. It includes the need to organize support-discussion and social groups for survivors, develop ongoing educational and staff development workshops for professionals working with this population, and respond more effectively to survivors who live in poverty (Giberovitch 1999). This information, which has come directly from the survivors themselves, is an extremely helpful start. Regrettably, her article does not elaborate on any of the details relating to methodologies used in the collection and analysis of the survey data, or to other related issues such as sample size, inclusion criteria and demographic characteristics of the respondents. Furthermore, Giberovitch’s goal was to create suitable programming for Montreal’s Holocaust survivors, who may or may not have the same needs as Toronto based survivors. For example, in 1995 Torczyner, Brotman et al. reported that child survivors represented 33.5% of all survivors in Toronto and only 23.4% of all survivors in Montreal (Torczyner, Brotman et al. 1995). Montreal conversely had a higher percentage of elderly Holocaust survivors (Torczyner, Brotman et al. 1995).

2.5 Research Goals

This dissertation explores the general question, “What are the experiences and needs of community dwelling Holocaust survivors?” The above literature review has assisted in uncovering significant gaps in this general area of inquiry so that the specific purposes and
objectives of this work can be clarified. To summarize, the major gaps in the existing literature include 1. Information relating to the needs of community dwelling Holocaust survivors, 2. Research regarding the effects of the Holocaust on family caregivers, 3. Research relating to the long-term effects of the Holocaust on the larger community 4. Data reflecting the views of survivors and their family members and 5. Empirical knowledge about practicing effective social work with Holocaust survivors. (Johnson (1995) describes the field of social work as “a creative blending of knowledge, values, and skills” (p.43) whereby human transactions, roles, relationships, and interactions are all considered and applied toward the achievement of solving problems and meeting specific ends) (Johnson 1995). For the purposes of this research and dissertation, social work refers to the professional field of work dedicated to meeting needs and improving quality of life for individuals, families, groups, and communities through research, policy, education, community organizing and direct practice with individuals and groups.

Identifying the above mentioned gaps in the literature has assisted in selecting the focus and purpose of this work, which is to:

1) Determine if the study population’s (community dwelling Holocaust survivors) current needs, as identified by the individual survivor or family member are being met and how social workers might assist the study population in achieving these needs. The needs explored will include physical welfare (food, shelter, health care, and safety), relationships with others, provision for spiritual needs, and opportunity for emotional and intellectual growth (Towle 1945; Johnson 1995).

More specifically, the objectives of this study include:
I. Identify current needs and preferences of this population with regards to health care services, social services, and any other relevant community services and programs (exploring both specialized Jewish services as well as broader community services)

II. Identify any gaps and barriers in health care, social services, and other relevant community services and programs for this population.

III. Identify innovative ways that social workers may be able to contribute to improving the overall quality of the care delivered to this population.

Based on the limitations noted in the existing literature, this research will also attempt to develop a framework for social work practice with community dwelling Holocaust survivors which reflects the views of Holocaust survivors and their family members. Furthermore, while not the primary focus of this study, it is hoped that this work may also lead to some additional insight into the situation and needs of the caregivers of Holocaust survivors’ and perhaps even of the larger Jewish community.

2.6 Summary and Conclusion

This chapter noted that the majority of empirical studies relating to Holocaust survivors address the long-term effects of the Holocaust on survivors. This literature was reviewed and the findings are not entirely conclusive as to whether Holocaust survivors are at a disadvantage to the general population in old age. Both “vulnerability and resilience perspectives” have been described in the literature (Danieli 1981). However, the existing literature in this area focuses predominantly on the former, which is that the additional difficulties that are often associated with aging and declining health make aging survivors more vulnerable than others in their age group. The literature further suggests that the
traumatic long-term effects of the Holocaust extend beyond survivors themselves, to their family members, and even to the larger community.

The literature relating to the health and allied health care professions who work with Holocaust Survivors was also reviewed. The existing social work literature is small and the work that does exist is based on the anecdotal observations of professionals rather than on research studies involving survivors or their family members as participants. This social work literature and the literature relating to direct therapy and counseling with Holocaust Survivors emphasizes that work with survivors is most effective if done informally in party-like environments (Hassan 1998). The existing literature also suggests that therapeutic work with Holocaust survivors should include opportunities for reminiscence (Mazor, Gampel et al. 1990; Weinstein 2002). The literature pertaining to other health professions and Holocaust survivors suggests that both learning to identify Holocaust survivors and understanding what kinds of experiences they may have undergone is critical in achieving treatment goals with this population (Joffe, Joffe et al. 1996).

The literature relating to Holocaust survivors residing in institutions and communities was also explored. Characteristic reactions and problems that survivors experience when dealing with institutionalization (Zilberfein and Eskin 1992) including a host of “triggers” of difficult memories (Shour 1990; Safford 1995; Greenglass 2002; David 2003) were summarized. It was also noted that, according to the literature, knowledge of residents’ life histories and current needs are key to a better institutional experience (Adams, Mann et al. 1994). Previous research related to the needs of community dwelling Holocaust survivors is even more limited but the one pertinent article was summarized in the subsection relating to community dwelling survivors (Giberovitch 1999). It was noted that the need to organize
social and support-discussion groups for survivors, develop ongoing educational and staff
development workshops for professionals working with this population, and respond more
effectively to survivors who live in poverty (Giberovitch 1999) are three key concerns of
community dwelling Holocaust survivors in Montreal.

It was noted that this review of the literature uncovered significant gaps in knowledge. These gaps include empirical knowledge about practicing social work with this population and about the needs of community dwelling Holocaust survivors. Identifying these critical gaps in the existing empirical literature assisted in selecting the research purposes and objectives of this study.
CHAPTER 3: THE THEORETICAL LITERATURE

3.1 Introduction

Exceptionally little in depth theoretical work exists in the published literature to assist social workers in their work with Holocaust survivors. In fact, even theoretical literature pertaining more generally to social work services or to the field of gerontology is sparse (Rosenbloom 1995; Bengston, Burgess et al. 1997; Hagestad and Dannefer 2001; Nolan and Cooke 2002; Fry 2003). As George (1995) writes, “much aging research in the social sciences is theoretically sterile or unsatisfying” (George 1995) (p. S1).

An appropriate theoretical approach could assist social workers in better understanding the current situation and the needs of community dwelling Holocaust survivors. This is particularly true in this area of practice, in which there is such a clear lack of basic research. Theories attempt to provide “logical explanation[s] of the interrelatedness of a set of facts” including current thoughts, beliefs, feelings, and behaviours in an individual or population (Turner 1987) (p.2). When practitioners are better able to understand their clients, they will also have more information about how to best assist them.

This chapter will begin by summarizing theories which previously have been suggested for working with Holocaust survivors, and more generally with seniors. Explanations will also be provided to clarify why these theories are not ideal in understanding this particular issue. First, the appropriateness of social work theories including general systems theory, crisis theory, ecological theory, the strengths perspective, and Erikson’s theory of development and life cycle approach will be summarized and reviewed. Next, theories of aging, including the functionalist theories, and critical gerontology will be discussed. Following this, the combination of theories, including the life
course framework, trauma theory and community trauma theory, which seem to be the most appropriate to help understand and assist community dwelling Holocaust survivors from a social work perspective, will be described. An explanation of how these theories apply in understanding the needs of community dwelling Holocaust survivors will be provided.

3.2 Social Work Theories

To date, theories for social work practice with Holocaust survivors suggested in the literature, have been limited to generalist social work theories such as, general systems theory, crisis theory, ecological theory, the strengths perspective, and Erikson’s theory of development and life cycle approach (Mazor, Gampel et al. 1990; Zilberfein and Eskin 1992; Levine 2001). A brief summary of these previously suggested theories, and the rationale for discounting each of these theories in this particular study, is provided below.

3.2 a) General Systems Theory

General systems theory is a widely used theoretical perspective in the field of social work which emphasizes the interactions among people (Greene 1994; Johnson 1995). The basic premises of systems theory are that each member of a system influences and is influenced by all of the other members of that system (Hepworth and Larsen 1990) and that individual needs are dependent upon the larger systems of which they are a part (Johnson 1995). In addition, because system members are thought to be highly interdependent, proponents of system theory also believe that a change in any one member of the system impacts other members and the system as a whole (Greene 1994). Levine (2001) insists that because the effects of the Holocaust are systemic, it is imperative that social workers utilize a systems perspective in their work with this population (Levine 2001). However, a systems perspective does not emphasize an individual’s past life course events as the primary source
of current difficulties (Greene 1994). Instead, systems theory views difficulties as the result of “current patterns of interaction between family members and between the family and its environments” (Greene 1994) (p.152). It is widely accepted that current difficulties faced by Holocaust survivors are a direct result of their past experiences (Yehuda, Elkin et al. 1996; Waxman 2000; Brom, Durst et al. 2002; Joffe, Brodaty et al. 2003) and therefore systems theory does not adequately reflect and explain the needs of this traumatized population.

3.2 b) Crisis Theory

Golan (1974) defines crisis theory as a “discernable framework within which to examine stress situations, as well as a body of guidelines and techniques for intervention at such times” (Golan 1974) (p.420). Simply put, crisis theory is more of a practice method than a theory (Beaver and Miller 1992). The most important practice guideline for social workers engaged in crisis theory is identifying problem-solving tasks which will assist in resolving the crisis (Beaver and Miller 1992). Zilberfein and Eskin (1992) suggest the use of crisis theory when working with survivors in time-limited settings such as hospitals. In hospital settings crisis theory could potentially be the most suitable approach for social workers as they interact with Holocaust survivor clients. However, usually the intense state of distress resulting from crisis situations begins to improve after four to six weeks (Beaver and Miller 1992). Crisis theory is therefore not the correct approach when helping community dwelling Holocaust survivors address their long-term needs. Crisis theory, which by nature is intended to address short-term issues, would be unlikely to assist Holocaust survivors in addressing enduring issues such as coping with the loss of loved ones killed during the Holocaust, and the possible ensuing longstanding emotional pain which they continue to experience.
3.2 c) Ecological Theory

Ecological theory draws on concepts from ecology, general systems theory, stress theory, biopsychosocial theory, and many other bodies of knowledge (Greene 1991). Ecological theory can assist in understanding the effects of environments on the people who experience them. This theory recognizes that transactions and ‘goodness of fit’ between individuals and their environments can enhance, or interfere with life situations, and thereby be a source of support or of stress (Lewis and Greene 1994). Ecological theory proposes that a good fit between a person and his or her environment leads to improved quality of life and optimal functioning. Furthermore, this theory suggests that life problems develop when there is a lack of a “good fit” between the person and the qualities of the environment (Swenson 1979). This theoretical perspective also reminds social workers that reducing environmental barriers to growth and adaptation are foremost concerns (Germain 1981).

As noted in chapter two, the existing literature indicates that the Holocaust survivors who require institutional care are in need of facilities that understand their traumatic early backgrounds, and cater to the needs of these individuals accordingly (Goldberg 2002; David and Pelly 2003; Hassan 2003; David 2005). While ample evidence exists to suggest that the ecological perspective may be an ideal theory for understanding the needs of Holocaust survivors residing in nursing homes or other long term care environments (Goldberg 2002), it is probably not the most appropriate theory for understanding the needs of community dwelling Holocaust survivors. A poor fit between an individual, particularly a Holocaust survivor, and a residential facility is unfortunately predictable due to the lack of control of the resident with regard to the many details of daily living in such environments. Also, the most appropriate institutions are generally unavailable due to limitations of budgets and
space. Even in cases where such an individual is able to secure placement in the most appropriate institution, there will still likely be numerous environmental factors beyond his or her control, such as the location of the institution.

Environmental concerns would be much less of a relevant issue for Holocaust survivors living in the community. In their own homes, they would have the ability to mold the environment in which they live to meet their specific cultural needs. They would generally have a significant degree of control over such personal issues as food, décor, and those whom they may interact with. In most cases, community dwelling Holocaust survivors were involved in selecting the community in which they are living. While financial or other personal circumstances may result in certain limitations, community dwelling Holocaust survivors have, generally speaking, been able to choose to live in a particular community based on the most appropriate fit for their needs.

3.2 d) the Strengths Perspective

The strengths perspective suggests that everybody has personal strengths that can be drawn upon to help them cope with adversity (Johnson 1995). It has been suggested that social workers utilize the strengths perspective in their work with Holocaust survivors (Zilberfein and Eskin 1992; Levine 2001). Zilberfein and Eskin (1992), for example, encourage social workers to help their clients understand how “the strengths they have used to deal successfully with and survive their past traumas can help them mobilize their inner resources to facilitate recovery from [a] current illness” (Zilberfein and Eskin 1992) (p.64).

This strengths perspective may very well prove useful in social work practice with a portion of community dwelling Holocaust survivors by bolstering these clients’ self-esteem and diminishing their “feelings of victimization” (Levine 2001) (p.356). While the literature
indicates that some Holocaust survivors found increased strength from the challenges and traumatic experiences they endured, others have “been deeply scarred or affected for the rest of their lives” (Harel 1995) (p.47). Rather than the intended goal of increased strength and resilience, being reminded of their Holocaust experiences, may result in these individuals feeling more vulnerable (Danieli 1981; Harel 1995; Kahana, Kahana et al. 1997; Danieli 1998). Danieli (1998) further argues that while time often heals wounds for the general population, when it comes to trauma survivors, time may actually heighten their reactions to further trauma (Danieli 1998). Therefore, we cannot assume that all survivors can be convinced of their past strengths, nor can we expect to help them “just snap out of” their current difficulties. In reality, many Holocaust survivors feel that they survived only because of chance, and coped only because they had no other choice (Krell 1984; Chodoff 1997).

3.2 e) Erikson’s Theory of Development and Life Cycle Approach

Mazor, Gampel et al. (1990) suggest that Erik Erikson’s eight stages of development can be helpful in understanding the current needs of Holocaust survivors (Erikson 1968; Erikson 1982; Erikson, Erikson et al. 1986; Mazor, Gampel et al. 1990). According to Erikson (1982 & 1986), there are eight stages of development, which begin at birth and end with old age (Erikson 1982; Erikson, Erikson et al. 1986). Erikson’s eight stages rest on the principle of epigenesis. This principle states that “anything that grows has a ground plan, and out of that plan parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole” (Erikson 1959) (p.53). Epigenesis suggests that each new stage depends on the successful resolution of the previous stages (Erikson 1959; Erikson 1982; Erikson, Erikson et al. 1986; Kropf and Greene 1994). According to Erikson’s (1982) stages, and as Mazor, Gampel et al. (1990) suggest, Holocaust survivors
should all currently be engaged in the eighth stage of development named “integrity versus despair”, (Erikson 1959; Erikson 1982; Kropf and Greene 1994) this is “…a developmental stage which requires that they establish a sense of personal integration of their life” (Mazor, Gampel et al. 1990) (p.3) and “attempt to make some integration between past loss and present accomplishment” (Mazor, Gampel et al. 1990) (p.11).

Erikson’s theory of development, and its accompanying principle of epigenesis, is useful for understanding that the traumatic early life events of Holocaust survivors may have lifelong implications for the well-being of these survivors. However, the problem with using this, and other stage theories, is that they consider any progression different from the normal pattern as undesirable and deviant (Kropf and Greene 1994). According to this theory, Holocaust survivors may not be able to properly master later stages, since epigenesis requires the successful completion of each life stage in an orderly sequence. The lives of survivors were disrupted and set off course due to the Holocaust. Erikson and proponents of his theory might therefore pathologize Holocaust survivors who were unable to properly complete these stages of development in a more typical sequence (Kropf and Greene 1994).

The other critical problem with using Erikson’s theory of development in learning about the needs of Holocaust survivors, is that this model categorizes all individuals over the age of 60 into one group (Kropf and Greene 1994). The model assumes that all older adults should be “seeking to bring into balance the tension between a sense of integrity, of enduring comprehensiveness, and an opposing sense of despair, of dread and hopelessness” (Erikson, Erikson et al. 1986) (p.55). Such a broad categorization is, even in the general population, and even more so when studying Holocaust survivors, difficult to accept. There are plainly significant differences between Holocaust survivors in their early sixties and those in their
eighties, nineties or those over a hundred years old. For these reasons, among numerous others relating to the sexist and ethnocentric tendencies of this framework, this theory has long been discounted by most social workers (Wesley 1975; Foster and Perry 1982; Chestang 1984).

### 3.3 Theories of Aging

Theories of aging, including functionalist theories and critical gerontology will be briefly described in this section. As with those theories already discounted, these aging theories also present difficulties in understanding the social work service needs of community dwelling Holocaust survivors.

#### 3.3 a) Functionalist Theories

Theories of aging began in the functionalist tradition, during the 1940s (Parsons 1942; Walker and Minichiello 1996). These include role and activity theory, and disengagement theory, which focus on the activities, or lack of activities, of older people. These theories do not account for the relationship between aging and socio-economic structure or any other social structure (Walker and Minichiello 1996). These theories portray aging “as a social problem” (Walker and Minichiello 1996) (p.1) and emphasize the adjustments to aging and the “inherent” losses of aging (Walker and Minichiello 1996). As Uhlenberg (1996) notes, the flaws of such theories have been so well described by critics that there are no longer any serious defenders (Uhlenberg 1996). The most important reason that these theories are not useful for understanding the current social work service needs of aging Holocaust survivors, and probably why no author has recommended using such an approach to understand this issue, is that these theoretical perspectives concern themselves with the aged person only in their current context. Functionalist theories do not deal with the fact that
current needs of this particularly complex population are completely and inextricably intertwined with its previous traumatic life experiences.

3.3 b) Critical Gerontology

Theories of critical gerontology began to surface in the 1960’s (Walker and Minichiello 1996). These theories challenged earlier functionalist thought by attempting to contextualize old age by considering individual biographies in relation to economic, political, and other social contexts (Walker and Minichiello 1996). In general, critical gerontology aims to set older people free from all forms of social domination and control (Harrington and Kunkel 1996). More specifically, the example of the political economy of aging theory aims to uncover how the social construction of aging is caused by social policies and the ensuing structured dependency of later life (Harrington and Kunkel 1996; Walker and Minichiello 1996). This theory claims that social policies such as forced retirement, inadequate pensions, and the creation of residential care, have all created forms of social dependency in the aged population, which are artificial, and do not actually assist the older population, but rather suit the needs of a capitalist society (Harrington and Kunkel 1996).

Theories of critical gerontology could help in understanding the current needs of survivors in a context which recognizes the importance of personal lifetime biography as well as social, economic, political and social realities. The existing literature does not suggest the use of theories of critical gerontology to better understand Holocaust survivors. Perhaps, particularly in a field where so little reference to theory can be found, this is simply due to the fact that it has not yet been considered or explored.

The difficulty with using critical gerontology for this study is that it overemphasizes structural issues and underestimates the significance of individual biographies. While the
emphasizing of structural issues would help explain the root causes of the discrimination against Jewish people, and perhaps even explain why they were not adequately helped in the aftermath of their trauma, a structural approach would not alone explain the current needs of Holocaust survivors.

3.4 Theories that Fit

While the theories and practice frameworks already discussed can offer some important insights into various aspects of this issue, none are adequate for addressing the social work related needs of community dwelling Holocaust survivors. As Hassan (2003), Director of Services for Holocaust Survivors and Refugees for Jewish Care, in London, argues, “when we enter a world in which trauma is severe and prolonged, we need to question what we know, to unlearn our familiar approaches and relearn new ways which have meaning for those who have been traumatized” (Hassan 2003) (p.66). She also suggests, that while "there have been attempts to fit survivors into existing frameworks, “the fit is not quite right" (Hassan 1998) (p.124). Rosenbloom (1995) agrees. She notes that the experiences of trauma survivors extend far beyond typical human experience and that traditional social work approaches still lack suitable theories and interventions to assist these individuals. Rosenbloom (1995) further notes that the existing literature in this substantive area is conceptually limited. She also points out that it does allude to the significant connection between traumatic experiences and the lifelong adaption of survivors and of the generations who follow (Rosenbloom 1995).

Other authors have also suggested the importance of considering Holocaust survivors in the context of their life course (Ornstein 1981; Kahana, Harel et al. 1989; Lomranz 1990; Adams, Mann et al. 1994; Hassan 2003; Kangisser Cohen 2004). These authors’ insights
allow one to assume that a theoretical perspective, which will help social workers effectively work with this population, must somehow integrate survivors’ lifetime experiences with the extraordinary traumas they have experienced during the Holocaust. The life course framework and trauma theories may provide social workers with an effective theoretical tool for helping them achieve their practice goals in working with this traumatized population.

3.4.1 The Life Course Framework

Much of the early gerontological theory and research, viewed “old age” as a discrete stage of life, separate from other phases of life (Elder 1978; Neugarten 1978; Marshall 1993; Marshall 1995). The aged were previously regarded as a homogeneous group with shared interests and needs (Elder 1978; Neugarten 1978; Marshall 1993; Marshall 1995). This early work did not consider the relationship between individual life courses and the larger social structure (Marshall 1995). The concept and the terminology of the life course was first introduced to the social sciences by Leonard D. Cain Jr. in 1964 (George 1995). The use of this life course framework has truly only emerged over the past several decades (George 1993). It transformed research about the aged, into research on aging as a social process (Marshall 1995). The true power of this life course framework is the interrelationship between the individual and society and the ways that both past and present experiences, transitions, and barriers are all interdependent and able to influence our lives. As Jamieson (2002) points out:

This framework does not specify a particular stage in the life course as the focus. Rather, the focus is on the implications of the passing of time for individuals, on the implications and experience of being at a particular point in time, and the links between earlier and later points in time as well as the links between social structures and individual experiences (Jamieson 2002) (p.11).
While the life course framework was developed in response to critiques of existing theories in aging, the lack of theory in gerontological research continues to be criticized (Fry 2003). There is no “unified theory of the life course”, however life course perspectives or frameworks share several common principles (George 1993) (p.358). Understanding lives through time is the main principle behind the life course framework (Fry 2003). Also significant is that life course perspectives consider the intersection of individual biography and social structural factors; they are concerned with the interplay of micro, mezzo, and macro level factors in human lives (George 1993). They also emphasize linked lives, or the ways that the interdependence between people shapes their life course (Elder, George et al. 1996). Life course frameworks also attempt to explain how the aging process of individuals and of social groups is impacted by time, period and cohort (Bengston, Burgess et al. 1997). Bengston et al. (1997) summarize this perspective. They write, “the life course perspective attempts to bridge the macro- and micro-levels of social structural analyses by incorporating the effects of history, social structure, and individual meaning into theoretical models" (Bengston, Burgess et al. 1997) (p.80).

George (1993) notes that there are two subsets of life course studies. The first are population-based studies of transition 7 which are not the focus of this study. The second subset deals with individual based studies and it is these which are extremely relevant to this discussion. The emphasis of these studies is to explain the processes “by which early transitions exert enduring influences on later life patterns" (George 1993) (p.361). This allows for the opportunity to examine the impact of earlier life experiences and transitions on later outcomes (George 1993).

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7 According to George (1993) the three major issues examined by population-based studies are: 1. timing of transitions, 2. sequences of transitions, and 3. transitions as life course markers.
3.4.1 a) Individual Based Life Course Studies

According to George (1993), there are at least two types of individual-based life course studies: i) the effects of personal and familial events on subsequent life course patterns and ii) the effects of historical events on subsequent life course patterns.

i) The Effects of Personal and Familial Events on Subsequent Life Course Patterns

This first type of individual-based life course studies focuses on the ways in which personal or familial events experienced earlier in life affect subsequent life course patterns (George 1993). This can help clarify the ways in which personal or familial events experienced by Holocaust survivors can be linked to their subsequent personality characteristics and needs. For example, child Holocaust survivors commonly have lost one or both parents, and sometimes all of their extended family. George (1993) notes that childhood traumas have been linked to subsequent life course patterns such as, increased risk of clinical depression, lower socioeconomic achievements, and poorer quality marriages during adulthood (George 1993). Numerous theories and models have been put forward which attempt to explain the links that exist between early life traumas and adaptation in later life. Freeman (1992), attempts to explain this particular phenomenon. He argues that when a child faces an untimely trauma, such as the death of a parent, he or she will leave the family of origin “feeling shaky” and insecure. He further argues that when this occurs, this individual is likely to develop a “shaky self” which in turn shapes his or her needs later in life (Freeman 1992). These early life events and experiences, particularly traumatic ones, clearly can have long-term consequences.

The literature also notes that various mediators can have complicating impacts on such situations. It is critical to note that much diversity exists in what often has been
considered a homogeneous group (George 1993). For example, a child with at least one remaining supportive family member is thought to have a critical buffer (Palombo 1981; Edelman 1994). This child may be more resilient than those children who have experienced similar tragic losses without the benefit of any remaining adult support (Palombo 1981; Edelman 1994).

**ii) The Effects of Historical Events on Subsequent Life Course Patterns**

The second type of individual-based life course studies, as George (1993) explains, links historical events, life transitions and outcomes (George 1993). She notes that some of the most obvious examples of such historical experiences are wars, the Great Depression, the development of major public policies and human rights legislation, and the effects of technological change (George 2003). Elder (1974, 1979) was one of the pioneers to study the effects of significant historical and social events, such as the Great Depression on subsequent life patterns and achievements (Elder 1974; Elder 1979). Elder’s (1974, 1979) works were among the first to suggest that living through traumas associated with historical events, significantly influenced characteristics such as: a) patterns of work and leisure b) values and c) life and familial roles (Elder 1974; Elder 1979; George 1993; Safford 1995).

A review of the literature on child Holocaust survivors supports these findings. An important theme noted in the existing literature is that child survivors were often extremely successful in the work they pursued (Dasberg 2001). These survivors also experienced lifelong difficulties with trust (Moskowitz 1983; Dasberg 2001), identity (Moskowitz 1983; Krell 1985; Shoshan 1989; Dasberg 1992; Dasberg 2001) and loss (Vegh 1979; Dasberg 2001). In addition, these survivors had difficulty adapting when their grown children left home (Mazor, Gampel et al. 1990).
It is very important to note that much diversity also exists among those experiencing similar world events (Elder 1974; Elder 1979; George 1993; Safford 1995). It is therefore necessary to keep in mind that the above-mentioned findings did not apply to all of their respondents (Vegh 1979). Additionally, some of these findings may be biased as a result of methodological limitations. For instance, the findings of Mazor, Gampel et al. (1990) noted above, were based on only 15 Holocaust survivors, all of whom came forward and volunteered to participate in the study. As well, Moskowitz’s (1983) and Krell’s (1985) above-mentioned findings are based on follow-up studies from a second interview occurring several decades later. Findings therefore only include those survivors who were still alive, who could still be located, and who were still willing to participate (Moskowitz 1983; Krell 1985).

3.4.1 b) A Critique of the Life Course Framework

The life course framework has great potential to help social gerontologists understand the needs of the aged, however, "dealing with the complexity of whole lives in context remains very challenging" (Elder and Kirpatrick Johnson 2003) (p.73). Many gerontologists have commented how seldom the life course framework has actually been applied, in spite of its strengths. For example, McDonald (2002) writes:

The life course perspective, with its emphasis on the complex interrelationships among biographical time, social time, and historical time and its potential to link the individual and the structural, has rarely been used in the study of ethnicity and aging. The perspective has been flagged as having promise but there appears to be more discussion than application (McDonald 2002) (p. 37).

Bengston et al. (1997) further note that, while social gerontological researchers have been collecting an ever growing amount of data in recent years, they have been slow to integrate this data within a life course framework, or any other explanatory framework (Bengston,
Burgess et al. 1997). In the field of social gerontology, very limited work exists that has attempted to link findings with explanations (Bengston, Burgess et al. 1997). This is also true for studies of Holocaust survivors. Ample evidence exists to suggest that the current needs of Holocaust survivors are linked to their early life experiences (Ornstein 1981; Kahana, Harel et al. 1989; Lomranz 1990; Adams, Mann et al. 1994; Hassan 2003; Kangisser Cohen 2004). The literature does not, however, actually utilize a life course perspective to provide a more in depth explanation of the research findings or of the life course events and connections otherwise alluded to (Bengston, Burgess et al. 1997).

In addition, Marshall (1996) has commented that while the life course perspective is valuable because of its effort to view personal biography within a societal context and to utilize a historical perspective to better understand both the individual and society, he also suggests that this perspective does not actually place its “focus on the dynamics of social structural change itself” (Marshall 1995; Marshall 1996) (p.22). He notes that, “the perspective is better suited as a theoretical model on aging than as a model of the social structure in which aging takes place” (Marshall 1996) (p.22).

The life course is a critical conceptual framework for understanding the current needs of Holocaust survivors in the context of their entire histories. The life course framework is not considered to be a pure theory (George 1993; Marshall 1996; Bengston, Burgess et al. 1997), but it is considered to be a framework, and therefore it is amenable to the ‘nesting of theories’ (Bengston, Burgess et al. 1997). It’s very essence “represents a convergence of thinking” (Bengston, Burgess et al. 1997) (p.79). Trauma theories can therefore be nested within the overall life course framework, thereby assisting significantly to examine and
understand the current social work service needs of community dwelling Holocaust survivors.

*Trauma Theories*

*a) Trauma Theory*

Traumatic events are those that “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman 1992) (p.33). Herman (1992) notes that such events result in survivors’ questioning their previous relationships, re-evaluating their identity, challenging their basic belief systems, and violating their faith (Herman 1992). Exposures to prolonged trauma, such as those which Holocaust survivors endured, resulted in profound alterations in the victims’ identities (Herman 1992). In fact, Herman (1992) argues that in surviving such horrific traumas, “all the psychological structures of - the self - the image of the body, the internalized images of others, and the values and ideals that lend a person a sense of coherence and purpose - have been invaded and systematically broken down” (Herman 1992) (p.93). She also suggests that these changes to the core of the victims’ identities were not restored even years and decades after liberation occurred (Herman 1992).

In fact, Herman (1992) notes that traumatic events can never be put away (Herman 1992). Harvey (2002) also suggests that future losses would result in cumulative effects on the survivors (Harvey 2002). As noted in chapter two, clinicians who work with Holocaust survivors in institutions have frequently noted the tendency for their clients to be affected by triggers, events, experiences, smells, and other things that may bring back difficult memories for a survivor (Safford 1995; Greenglass 2002; David 2003; David and Pelly 2003). Herman writes:
Long after the danger is past, traumatized people relive the event as though it were continually recurring in the present...small, seemingly insignificant reminders can also evoke these memories, which often return with all the vividness and emotional force of the original event (Herman 1992) (p.37).

In other words, even though there may be breaks in suffering, the impact of the initial trauma will continue to reappear throughout the traumatized individual’s lifecycle (Herman 1992).

Still, according to the existing literature, some level of recovery seems achievable. Herman (1992) points out that not all trauma experts categorize the process of recovery, and therefore the recommended treatments, in the same way (Parson 1988; Putnam 1989; Herman 1992). In addition, in matters as complex as trauma, individuals will not follow a completely predictable and linear sequence to recovery (Sgroi 1989; Herman 1992). Still, Herman (1992) points out that some typical progressions of recovery have been noted (Hart, Brown et al. 1989; Putnam 1989; Herman 1992). In an “attempt to impose simplicity and order upon a process that is inherently turbulent and complex”, she suggests three stages that the health care professional might consider, to assist in the recovery of trauma survivors (Herman 1992) (p.155).

The central task of the first stage is the establishment of safety. Herman (1992) explains that establishing safety includes focusing on control of the body as well as on the control of the environment (Herman 1992). The central task of the second stage of recovery to trauma survivors is remembrance and mourning (Herman 1992). A context within which the meaning of trauma can be understood is necessary in this stage. Therefore, Herman (1992) suggests reviewing the events that preceded and led up to the trauma in order to reconstruct the trauma story (Herman 1992). Herman (1992) also notes that this discussion should include talking about the survivor’s important relationships, values, goals, struggles and conflicts prior to the traumatic event (Herman 1992). Nevertheless, as Hassan (1998)
suggests, trauma survivors should be encouraged and helped to find a balance between remembering their trauma, so that they can properly memorialize their loved ones who perished, and forgetting it so that they can carry on and even enjoy their lives (Hassan 1998) (p.140). Herman (1992) therefore advocates that the central task of the third stage should be re-connection with ordinary life. She also suggests that since the "the old beliefs that gave meaning to [the survivor’s] life have been challenged; [he or she] must find anew a sustaining faith" (Herman 1992) (p.196). Herman (1992) also advises that it is important to keep in mind throughout all of these stages that, "the core experiences of psychological trauma are disempowerment and disconnection from others" (Herman 1992) (p. 133). All three stages of recovery are therefore also based upon empowerment of the survivor and the creation of new connections (Herman 1992).

b) Community Trauma Theory

While traditional trauma theory is helpful in understanding the current situation and needs of individual Holocaust survivors, it tends to overlook the effects of trauma on community. When traumatic events occur, it is not only individual members of a community who are affected, but also the community as a whole (Erikson 1995; Burstow 2003; Alexander 2004; Kasiram and Khosa 2008). As with the life course framework, community trauma theory emphasizes linked lives (Erikson 1995; Elder, George et al. 1996). For example, community trauma theory suggests that the intermingling of a series of personal traumas can change the constitution of a community as a whole. As Erikson (1995) notes, “…traumatic wounds inflicted on individuals can combine to create a mood, an ethos - a group culture, almost – that is different from (and more than) the sum of the private wounds that make it up” (Erikson 1995) (p.185).
i) The Social Context of Collective Trauma

Burstow (2003), professor of adult education and counseling psychology at University of Toronto’s Ontario Institute for Studies in Education (OISE), discusses the social context inherent in trauma. She writes, “Specific traumatic events happen to specific people in specific locations and within specific contexts, and they invariably involve other human beings. As such trauma is inherently political…trauma inherently involves others and societal structures” (Burstow 2003) (p.1306). While the role of social experiences involving human perpetrators and oppressive societal structures is more obvious, Burstow (2003) argues that this is so even in cases where collective traumas are the result of natural disasters (Burstow 2003). She argues that in such cases the social context of people or governments helping or not helping the victims still remains (Burstow 2003) and that the trauma can take on whole new dimensions as a result of the help they do or do not receive (Burstow 2003). Erikson (1995) similarly notes that, “The mortar bonding human communities together is made up, at least in part, of trust and respect and decency and, in moments of crisis, of charity and concern. It is profoundly disturbing to people when these expectations are not met…” (Erikson 1995) (p.193). Burstow (2003) also points out that the reactions of others are largely shaped by societal structures and values (Burstow 2003). In other words, the social context of trauma impacts survivors in numerous significant ways (Burstow 2003).

The existing theoretical literature also points to social forces being the key element responsible for the development of collective trauma (Erikson 1995; Burstow 2003; Alexander, Eyerman et al. 2004). Smelser (2004) discusses the role which social context plays in collective trauma. He notes that collective traumas, "are, for the most part historically made, not born" (Smelser 2004; Smelser 2004) (p.37) and "...are a complex
process of selective remembering and unremembering, social interaction and influence, symbolic contestation, and successful assertions of power” (Smelser 2004) (p.279).

Wicke and Cohen Silver (2009) explain that it usually takes some time for the true understanding of the impact of a trauma on a community to be understood (Wicke and Cohen Silver 2009). Erikson (1976) further notes that unlike personal traumas, collective trauma does not usually occur suddenly. Instead, collective trauma usually works its way into the awareness of the community slowly and subtly (Erikson 1976). Smelser (2004), on the other hand argues that the social process which transforms a series of personal traumas into collective trauma can take a significant period of time or can occur almost immediately. For example, he explains that events related to September 11th were determined to be a collective trauma immediately, however, it was decades before the traumatic events related to the Holocaust were widely recognized as a collective trauma (Smelser 2004).

**ii) The Recovery Period for Traumatized Communities**

However long it takes for a collective trauma to develop, the existing literature suggests that it probably takes even longer for the community to recover from these traumatic events. The majority of the literature indicates that the resolution of community trauma, if such a resolution is possible\(^8\), is a long-term process. Hajer and Walsh (2005), for example, feel that the wait for such a resolution for the community who suffered from the South Asia tsunami could be long, and that the impact, or legacy, of this trauma may possibly remain for centuries (Hajer and Walsh 2005). Landau, Mittal et. al. (2008) similarly note that it can take generations for a community to heal and rebuild after a trauma has challenged its integrity (Landau, Mittal et al. 2008). In addition, Whitbeck, Adams et al.

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\(^8\) Sztompaka (2004) believes that just like individual trauma, collective trauma is a process of typical stages (*traumatic sequence*), and as such has a beginning, and at least potentially a resolution.
(2004) suggest that the acts of genocide which began more than 400 years ago, continue to affect American Indian people today (Whitbeck, Adams et al. 2004). They explain that this longstanding community trauma is the result of facing current discrimination, which is also coupled with ongoing daily reminders of their historical trauma, for example living on a reservation (Whitbeck, Adams et al. 2004). In essence, Whitbeck, Adams et al. (2004) note, the American Indian people have experienced a continual process of loss and that their losses, such as the loss of language, loss of traditions, loss of religious practices, loss of traditional family systems, and loss of healing practices, are still very actively present (Whitbeck, Adams et al. 2004).

iii) The Layers of Community Trauma

The fact that American Indian people are still suffering from acts of genocide which occurred over 400 years ago, begs another important question relating to community trauma. Just how far does the ‘community’ in community trauma extend? This and numerous other examples (Erikson 1976; Erikson 1995; Burstow 2003; Rosenman and Handelsman 2005; Updegraff, Cohen Silver et al. 2008) suggest that perhaps one does not even have to experience the traumatic event(s) firsthand, for example it is not necessary to be a survivor of the Holocaust oneself, in order to be part of a traumatized community. In fact, one might not even have to be related to the trauma survivor, be living within a specific geographical area at the time of the disaster(s)/traumatic event(s) (or at any time), or even to have been born before the traumatic events occurred, to be part of a traumatized community. Kasiram and Khosa (2008) suggest that the effects of trauma extend far beyond the individuals who directly experienced the event (Kasiram and Khosa 2008). They note that family, friends,
neighbours, communities and even the larger society may all be impacted (Kasiram and Khosa 2008). Likewise, Alexander (2004) notes:

Insofar as they identify the cause of trauma, and thereby assume such moral responsibility, members of collectivities define their solidarity relationships in ways that, in principle, allow them to share the sufferings of others (Alexander 2004; Alexander, Eyerman et al. 2004). Is the suffering of others also our own? In thinking that it might in fact be, societies expand the circle of the we (Alexander 2004) (p.1).

As discussed in chapter two, considerable research and anecdotal literature suggest that in addition to Holocaust survivors themselves, the family members of survivors, over several generations, have also been affected by the Holocaust (Danieli 1988; Safford 1995; Brok 2005). A dearth of theoretical work also addresses the ways in which the broader Jewish community has been touched by the trauma of the Holocaust. Burstow (2003) explains that the historical trauma of the Holocaust “is the lens through which current events are understood and current trauma experienced” by much of the existing Jewish community (Burstow 2003) (p.1309). She writes:

By way of example, not just [Holocaust survivors and their children] but world Jewry is traumatized by the Holocaust. The vast majority of Jews who I have asked, myself included, have acknowledged asking themselves what they would do if Jews were rounded up again, have nightmares about the Holocaust, and have imagined themselves in the death camps. By virtue of history and having the identity of Jew, Jews are subject to this transgenerational trauma. In turn, these questions and these images form a part of what it means to be a Jew. Moreover, they are lenses through which everyday life, especially current anti-Semitism, is experienced (Burstow 2003) (p.1309).

James Diamond, the Chair of Jewish Studies at the University of Waterloo, similarly notes that Jewish identity is often associated with the Holocaust (Poliakov 2010). Rosenman and Handelsman (2005) add that the trauma of the Holocaust are existential issues for many Jewish people (Rosenman and Handelsman 2005). They further argue that the Holocaust has
strengthened the identity of Jewish people who were not themselves Holocaust survivors or even the relatives of survivors. They write:

Through personal memoirs of the Holocaust large numbers of Jews who are neither survivors nor their children are rooted in the Holocaust, engaged in its occurrences…The experience becomes part of the common identity of many Jews…For these Jews, although apparently not for all Jews, the Holocaust permeates their being, the manner in which they represent themselves and others. How they lead their lives, their choices of love and occupation, are influenced by this shared agony…Its traces are disclosed in styles of perceiving and thinking, expressions, postures, and language…Partly as a consequence, the community itself-its survival and identity-have replaced the Deity as the venerated object for many group members…[F]ive decades later, Jews do appear to reach avidly for these reminiscences that inform them as to who they were and the places assigned them in the world of the first half of the twentieth century (Rosenman and Handelsman 2005) (p.152-154).

Rosenman and Handelsman (2005) argue that the identity and solidarity of the Jewish community at large was strengthened significantly by the Holocaust.

Paradoxically, Rosenman and Handelsman (2005) argue that many Holocaust survivors became ambivalent about their Jewish identity, and some even wished to no longer be Jewish, as a result of being faced with extreme situations whereby Jewish people were tortured and killed (Rosenman and Handelsman 2005). A review of the broader Holocaust survivor literature suggests that for many Holocaust survivors, sense of Jewish identity was actually damaged as a result of the Holocaust (Danieli 1981; Safford 1995; Sagi-Schwartz, Van Ijzendoorn et al. 2003). Erikson (1995) explains, “the experience of trauma, at its worst, can mean not only a loss of confidence in the self, but a loss of confidence in the surrounding tissue of family and community…and often…in God” (Erikson 1995) (p.198).

Clearly, Holocaust survivors and many other members of the larger Jewish community have all been significantly affected by the Holocaust. In a sense, Holocaust survivors and members of the Jewish community at large who did not experience the
Holocaust firsthand are a united community sharing the same historical trauma. In this sense, the larger Jewish community may be considered part of the traumatized community.

In other ways Holocaust survivors are obviously quite distinct from other members of the Jewish community. Most notably, only survivors experienced the Holocaust firsthand. Additionally, as discussed above, the reactions of the larger Jewish community to the Holocaust may be different from the reactions of individual Holocaust survivors in some significant ways (Rosenman and Handelsman 2005). At the same time however, there is also evidence to suggest that a community at large and the individual traumatized members of that community sometimes share a host of feelings, values, worldviews, strengths and vulnerabilities with one another (Erikson 1995; Gagne 1998; Hanson and Hampton 2000; Burstow 2003).

Theoretical arguments exist both for and against including members of the Jewish community at large as part of the community traumatized by the Holocaust. Burstow’s (2003) analysis is helpful in deliberating this issue:

We often talk about trauma as if a person or community is either traumatized or not. Although at times this is useful, another way of conceptualizing trauma is as a complex continuum on which we are all located, with the trauma of each bearing what Wittgenstein (1972) called a ‘family resemblance’ to the trauma of others. People further along on the continuum are more traumatized, but the situation is not straightforward (Wittgenstein 1972; Burstow 2003) (p.1302-03).

Thinking of a community, and/or the people who are members of that community, in a manner similar to what Burstow (2003) and Wittgenstein (1972) propose, as a continuum or as a series of layers, each lying at different distances from the traumatic event(s), helps to explain how Jewish people who did not experience the Holocaust firsthand may still be part of the traumatized community (Danieli 1981; Safford 1995; Burstow 2003; Sagi-Schwartz,
Van IJzendoorn et al. 2003; Rosenman and Handelsman 2005). These layers would include the Holocaust survivor community and its various sub-communities such as concentration camp survivors and hidden children; the community of family members of Holocaust survivors and its sub-communities including the second, third, and perhaps even fourth generations; and members of the Jewish community at large who did not experience the Holocaust firsthand and who are not related to a Holocaust survivor (Solomon 1990; Safford 1995; Wiseman, Metzel et al. 2006). While all of these communities and sub-communities are affected by the trauma of the Holocaust, the effects of the trauma may vary depending on one’s location on this continuum. In fact, the existing literature suggests that there are sometimes significant differences in reactions between those who experienced the trauma firsthand and those who are further removed from it (Solomon 1990; Chaitin 2000; Sagi-Schwartz, Van IJzendoorn et al. 2003; Brok 2005). The literature also suggests that when there are similarities in the effects of the Holocaust among different sub-communities, for example survivors and their children, the intensity of these reactions tends to vary (Solomon 1990; Chaitin 2000; Brok 2005).\footnote{A host of other circumstances, for example demographic factors such as year and place of birth and gender may also play a role in how the trauma is experienced (Danieli 1998; Safford 1995; Joffe, Joffe et al. 1996; Hassan 1998; Kangisser Cohen 2004; Brok 2005).}

3.4.2 a) A Critique of Trauma Theories

As noted above, Burstow (2003) argues that traditional understandings of trauma have attempted to categorize people as either suffering or not suffering from trauma, rather than considering that all people lie on a continuum of trauma suffering (APA 2000; Burstow 2003). The Diagnostic and Statistical Manual of Mental Disorders (DSM) for example puts forth specific diagnostic criteria or a “constellation of symptoms” (APA 2000; Brean 2010) that an individual must experience in order to suffer from trauma, or more specifically from
PTSD. Given the current DSM criteria, a person must “[experience, witness, or be confronted] with an event or events that involved actual or threatened death or serious injury and [the person’s] response [must involve] intense fear, helplessness, or horror” (APA 2000; Kasiram and Khosa 2008) (p.221). Such a definition does not account for those affected more peripherally by a traumatic event.

As part of a larger anti-psychiatry movement, feminists and other oppressed groups have pointed out that these traditional understandings of trauma, through the use of formal diagnostic criteria for PTSD in the DSM pathologize people who have undergone severe trauma (Root 1992; Gilfus 1999; Lewis 1999; Burstow 2003). As well, the DSM views individual troubles as personal deficiencies when larger social problems may actually be the cause of the victims’ distress (Root 1992; Gilfus 1999; Lewis 1999; Burstow 2003). There is no mention of community trauma in the DSM, nor is there any section which accounts for the types of trauma which can be experienced at a community level, such as the trans-generational effects of trauma, or oppression resulting from belonging to a specific social group (Burstow 2003). Burstow (2003) explains that the significance of belonging to groups is not mentioned in the DSM even though trauma can occur as a result of belonging to certain social groups (e.g. Natives or Blacks), or to families or subsets of a group (e.g. children of Holocaust survivors) (Danieli 1998; Duran and Duran 1998; Burstow 2003). Burstow (2003) further notes that the DSM does not account for the more insidious trauma that is experienced by oppressed groups as a result of living day after day in a society that is sexist, racist, classist, homophobic, ableist etc. (Burstow 2003).

The vulnerability and resilience of Holocaust survivors have both been well documented in the existing literature (Danieli 1981; Harel 1995; Kahana, Kahana et al. 1997;
Danieli 1998). It was noted in an earlier section of this chapter that the strengths perspective is not thought to be appropriate in working with this population because it does not account for how debilitating trauma can potentially be. Conversely, a significant critique of trauma theory is that it does not always adequately recognize the strengths that survivors develop and exhibit as a result of the trauma they have experienced (Gilfus 1999). The work of community trauma theorists has however acknowledged both the strengths (Sonn and Fisher 1998; Hanson and Hampton 2000) and the vulnerabilities of traumatized communities (Erikson 1995; Gagne 1998; Jorden, Matheson et al. 2009).

There are numerous advantages in applying trauma theory to this work. Firstly, trauma theory focuses on the victim(s), and also on those who work with survivors and/or their families, who may experience vicarious trauma (Gilfus 1999). In addition, community trauma theory addresses the effects of the trauma on the larger community. Secondly, in contrast to more traditional victim-blaming psychoanalytic explanations, trauma theory does not charge the sufferers of traumatic events for their current troubles (Gilfus 1999). Thirdly, trauma theories provide some guidelines for working with individual survivors of trauma, with their families, and even with traumatized communities (Herman 1992; Kasiram and Khosa 2008; Gone 2009). Fourthly, this theoretical perspective validates the fact that our major losses have cumulative effects (Harvey 2002) and that these emotional effects can be severe and long lasting (Gilfus 1999). Finally, while it is true that many trauma theorists do not consider the broader context of trauma and look only at the psychological aftermath of the victim (Gilfus 1999) (p.1242), Herman’s (1992) analysis as well as the work of community theorists, demonstrate that it is certainly possible to incorporate the social,
political or cultural context of the victimization within trauma theory (Herman 1992; Erikson 1995; Burstow 2003).

3.5 Linking the Life Course Framework with Trauma Theories

The diagram below, illustrates that the life course framework and trauma theories share several common constructs that are all interconnected. As previously explained, the life course framework emphasizes the significance of individual biography and historical events, their interdependence, and the influence that these past events have on individuals and on the larger society over time. Trauma theories similarly discuss how past events result in changes to the individual and to the collective group. These outcomes, or cohort effects, include changes in values and belief systems, in strengths and vulnerabilities, and more generally in the identity of the individual and of the larger group. While the life course framework does not specifically address trauma, the construct of trauma certainly fits within this framework because traumatic events become part of the individual’s biography and/or of the community’s history.
3.6 Applying the Life Course Framework and Trauma Theories to Holocaust Survivors

The life course perspective may be a useful framework for understanding the current needs of many Canadians. It suggests the importance of understanding each person within the context of his or her own unique life experiences (Adams, Mann et al. 1994). In particular, it is essential to understand the events an individual has experienced earlier in his or her life in order to understand this individual and his or her needs in older adulthood (Neugarten 1996).

In spite of its limitations and the lack of actual application to date, a key tenet of the life course framework is that early life experiences may be linked to needs in later life (Uhlenberg and Miner 1996; Smith and Moen 1998). The life course framework has the potential to greatly assist in understanding the social work service needs of aging Holocaust
survivors in relation to their history, including, but not limited to, their experiences during the Holocaust. However, Holocaust survivors’ identities and life courses are so integrally linked with their past traumatic experiences that they cannot separate themselves from being a survivor (Herman 1992). As Mazor, Gampel et al. (1990) point out, “[a]ny massive traumatic event which involves tremendous loss creates a deep break and irrecoverable emotional injury in the lives of individuals who experienced this trauma” (Mazor, Gampel et al. 1990) (p.10). All life course events are thought to likely have some type of impact on the following years, but undergoing a trauma as significant as the Holocaust can be truly life and identity altering, not only for the individuals who experienced these events but also for the families and communities to whom these individuals belong. For this reason, it has been concluded that, together, the life course perspective and trauma theories can best explain the degree to which the values, identities and needs of Holocaust survivors, their family members, and their communities, can be linked to the Holocaust.

Without taking the traumatic experiences associated with the Holocaust into account, the life course framework would not accurately reflect the situation of Holocaust survivors, or the situations of their family or community members. On an individual level, Holocaust survivors’ lives and personalities were forever altered by the Holocaust. Roles were lost or changed as children were left without parents and parents were left without children. Survivors who lost their nuclear families may have started new families or remained unmarried for the remainder of their lives. Often identities were hidden or names and birthdates altered due to continuing fear. Survivors suffered irreparable damage in matters of trust. These lives were driven off the course they would normally have enjoyed. Prior dreams and life goals were abandoned and only survival mattered. On another level,
“tissues” of communities were torn (Erikson 1995; Cohen 2010) and many Jewish communities throughout Europe vanished during the Holocaust (Weiss and Durst 1994; Cohen 2010) (p.83). Jewish communities outside of Europe were also affected. For example, Abella and Troper (1991) note that as a result of the Holocaust, and widespread fear imposed by government officials that Canada was at risk of being inundated by Jewish people (Abella and Troper 1991) (p.8), even Jewish people in Canada suffered from “debilitating”, although “not life-threatening”, anti-Semitism (Abella and Troper 1991) (p. x-xiii). The Holocaust affected the life course that followed for the survivors, their family members and even for the larger Jewish community around the world.

The life course framework, trauma theory and community trauma theory have never been explicitly used together as the theoretical background for research examining Holocaust survivors and/or the communities to which they belong. However, the literature has certainly pointed to a connection between the traumatic early life course experiences of Holocaust survivors and the current characteristics and needs of these individuals. The existing literature has also noted a relationship between the collective historical trauma experienced by the Jewish community and the existing set of shared values and needs of this community. For example, as noted in chapter two, the literature relating to the long term effects of surviving the Holocaust suggests that atrocities experienced 60 years ago continue to impact upon the quality of life experienced by Holocaust survivors and their communities today (Harel, Kahana et al. 1993; Landau and Litwin 2000; Ben-Zur and Zimmerman 2005; Hajer and Walsh 2005) and that extreme traumatic events can impact survivors many years and decades later (Sadavoy 1997; Ben-Zur and Zimmerman 2005). There is no shortage of examples to illustrate this point. One such example is an individual who was forced to wear
the “yellow star” in the ghetto or who had an identification number tattooed on his or her arm in a concentration camp and who now understandably becomes frightened, angry, and/or upset when asked to wear an identification label by an agency or an institution (Shour 1990; David 2003). Professionals who are unaware of this individual’s history or the meaning of the “yellow star” or the tattooed numbers might try various approaches to persuade the individual to wear the identification label rather than understanding his or her determination not to wear an identification label.

A similar type of relationship between past traumatic events and current values and/or needs may also occur at the community level. For example, because of the Holocaust, and ongoing discrimination including being denied access to mainstream agencies and institutions, Jewish communities have a long history of uniting to form and fund their own agencies, a “propensity for self-help” which continues in Jewish communities around the world today (Rubinstein 1994) (p.70). As Jamieson (2002) notes, “an understanding of people's past is seen as a clue to an understanding of their wishes, feelings and activities in their later lives” (Jamieson 2002) (p.13). The trauma this population endured during the Holocaust cannot possibly be separated from their current situation and needs. At the same time, it is also important to note that entire life contexts, and not just Holocaust experiences, must be considered in attempting to best meet the needs of a given individual, family, or community.

3.7 Summary and Conclusion

This chapter began by summarizing various theories that have previously been suggested in the existing literature for working with Holocaust survivors including general systems theory, crisis theory, ecological theory, the strengths perspective and Erikson’s
theory of development and the life cycle approach, and theories of aging including the functionalist theories and critical gerontology. It demonstrated that these theories are not the most appropriate for this study. It was noted that general systems theory and functionalist theories lack adequate focus on past life course events. Crisis theory is better suited for work in time-limited settings and ecological theory is more relevant to survivors residing in institutions than to those living in the community. The strengths perspective disregards the extreme vulnerability that some survivors feel. Erikson’s life cycle approach is likely to pathologize Holocaust survivors and to categorize them all into one group. Finally, theories of critical gerontology do not adequately take into account individual biographies.

Next, the life course framework was described. The life-course framework attempts to understand lives through time and acknowledges that earlier life experiences may be linked to one’s needs, choices, and transitions later in life (Uhlenberg and Miner 1996; Smith and Moen 1998). A brief critique of this perspective was provided. McDonald (2002) feels that when it comes to the life course framework there is still “more discussion than application” (McDonald 2002) (p. 37) and Marshall (1996) states that “the perspective is better suited as a theoretical model on aging than as a model of the social structure in which aging takes place” (Marshall 1996) (p.22).

Next, trauma theory was discussed. It was noted that experiences considered traumas “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman 1992) (p.33). Key tenets of trauma theory were noted, including i) trauma theory suggests that prolonged trauma results in profound alterations in the victims’ identities (Herman 1992), ii) traumatic events can never be “put away” (Herman 1992) and iii) future losses would result in cumulative effects on the survivors (Harvey 2002). A three
stage practice model for working with trauma victims which recommends assisting clients to: i) establish safety, ii) remember and mourn, and iii) re-establish re-connection with ordinary life (Herman 1992) was described. Community trauma theory was also described and it was noted that social context plays a significant role in the development of collective trauma. It was also suggested that one does not have to experience the original traumatic events firsthand to be part of a traumatized community and that victims of trauma may be made up of numerous layers or sub-communities, each lying on a continuum, at different distances from the trauma.

The limitations of trauma theories were briefly noted and these include the risk of pathologizing people who have undergone severe trauma (Root 1992; Gilfus 1999; Lewis 1999; Burstow 2003); not adequately recognizing the strengths that survivors develop and exhibit as a result of the trauma they have experienced (Gilfus 1999); and that some trauma theorists do not consider the broader context of trauma and look only at the psychological aftermath of the victim (Gilfus 1999). Some advantages of trauma theory were also listed which include: not blaming the victims for their current troubles, providing guidelines for working with survivors (Herman 1992), validating that the effects of trauma are “severe and long lasting” (Gilfus 1999) (p.1241) and that trauma can have cumulative effects (Harvey 2002).

It was concluded that to responsibly understand the needs of community dwelling Holocaust survivors, trauma theories must be considered in conjunction with the life course framework. Without taking into account the trauma endured by this population, the life course framework would not accurately reflect the current situation of survivors and of the communities to which they belong.
CHAPTER 4: METHODOLOGY

4.1 Introduction

This chapter will outline the research methodology used in this study. It will also provide a rationale for the various methodological decisions made. An explanation for the use of a qualitative research approach, the phenomenological method, will be provided. Issues relating to research participants, including, sample selection, sample size, and inclusion criteria will also be described. This chapter will outline the data collection procedures and tools used in this study. These include the ‘Mini Mental Status Exam’ (MMSE), which was administered to ensure participants’ mental competence, a one-on-one open-ended interview using a general interview guide, and a demographic survey. Trustworthiness and validation, and data analysis procedures will all also be discussed. This will be followed by a review of ethics related issues including a) the ethics review process, b) potential risks and benefits, c) confidentiality and privacy issues, and d) informed consent. This chapter will conclude with a brief review of the methodological limitations of this study.

4.2 Qualitative Research

The exploratory nature of this study requires the use of a qualitative research method (Rubin and Babbie 1993). The focus of this inquiry concerns complex human emotions and interactions in a social context that could not be completely explained with quantitative measures (Kuckelman Cobb and Forbes 2002). Therefore, the findings of this study will be best communicated through detailed examples and rich narratives (Kuckelman Cobb and Forbes 2002).
“Qualitative inquiry is not a single thing” (Patton 1990) (p.65), and “the questions being asked affect the qualitative methods being used” (Patton 1990) (p.65). Qualitative research encompasses many different strategies of inquiry (Kuckelman Cobb and Forbes 2002). According to Creswell (2007), at least five types of qualitative inquiry with systematic procedures exist in the social, behavioural and health sciences literatures (Creswell 2007). These include: narrative research, ethnography, case study, grounded theory, and phenomenology (Creswell 2007).

Narrative research is “best for capturing the detailed stories or life experiences” (Creswell 2007) (p.55) usually of one or two individuals (Creswell 2007). Case study research involves gathering large amounts of information about the client system, generally one individual or group, and describing it in detail (Alter and Evens 1990). “Ethnography refers to the description of a culture based on an extended stay in the field, where the researcher’s goal is to understand the way of life of this other culture from the point of view of those living within it” (Spradley 1980; Singleton and Straits 1999) (p.321). Grounded theory is “directed toward the development or ‘discovery’ of theory” (Singleton and Straits 1999) (p.349) and it is used “when a theory is not available to explain a process” (Creswell 2007) (p.66).

Narrative research, case study research, ethnography, and grounded theory were not appropriate research methods for this study. The goal of this research is not to uncover the life stories or examine in detail the case of one or two participants, to determine how the ‘Holocaust survivor culture’ works (if there is such a thing), or to generate a new theory. Rather, the purpose of this study is to understand how various participants’ life stories,
particularly relating to their experiences during the Holocaust, have impacted their current social work service needs.

4.2 a) Phenomenology

Phenomenological inquiry originated from the fields of philosophy and psychology. A founder of phenomenology, the German philosopher Edmund Husserl (1859-1938) described phenomenology as the study of how people describe things and experience them through their senses (Zahavi 2003). In phenomenological research, qualitative researchers identify an experience and group of people who have lived this experience, in this case community dwelling Holocaust survivors, and then collect data from people who have experienced this phenomenon (Creswell 2007). Through this data, the researcher is able to develop “a composite description of the essence of the experience for all of the individuals” (Moustakas 1994; Creswell 2007) (p.58).

Patton (1990) explains that, “phenomenological inquiry focuses on the question ‘what is the structure and essence of experience of this phenomenon for these people?’” (Patton 1990) (p.69). Kuckelman Cobb and Forbes (2002) similarly explain that the goal is to portray the essence of the phenomenon as experienced by those who have lived it (Kuckelman Cobb and Forbes 2002). The researcher also aims to uncover meaning in the experiences that are described by respondents (Munhall 1994). Van Manen (1997) describes a good phenomenological description as “resonating with our sense of lived life” and being “something that we can nod to, recognizing it as an experience that we have had or could have had” (Van Manen 1997) (p.27).

The phenomenological method will be used in this research, because as Creswell (2007) notes, “it is important to understand several individuals’ common or shared
experiences of a phenomenon...in order to develop practices or policies, or to develop a
deep understanding about the features of the phenomenon” (Creswell 2007) (p.60). In
addition, the phenomenological method is effective when attempting to get “deeper” to
explain how people describe their experiences, in order to reveal the actual meaning and
essences of those experiences (McCulloch 1997). The phenomenological method therefore
suits and supports the goal of this research. The recommendations in the literature related to
research with Holocaust survivors, states that investigators working with this population
should aim to “understand, as deeply and as clearly as possible, the experience of the person
being interviewed" (Greenspan and Bolkosky 2006) (p.435).

It is important to achieve as deep an understanding as possible about Holocaust
survivors’ feelings, experiences, and needs. Evidence exists to suggest that Holocaust
survivors may be more likely than other older adults to refuse, to discontinue, or to be
uncomfortable using services as a result of fear, distrust and the propensity to experience
difficult emotional reactions (or “triggers”) in certain environments or sets of circumstances
(Shour 1990; Zilberfein and Eskin 1992; Joffe, Joffe et al. 1996; Greenglass 2002; David
more about Holocaust survivors’ feelings and experiences is necessary in order to learn how
to modify practice and services so that this population will more readily accept assistance
when required and will feel safer when doing so.

No other study could be located that examined the social work service needs of
Holocaust survivors through a purely phenomenological method. However, Shamai and
Levin-Megged (2006) did combine phenomenological and psychodynamic methods in their
work, “The myth of creating an integrative story: The therapeutic experience of Holocaust
survivors”. Shamai and Levin-Megged (2006) explained that they used this combination of methods in their study because they aimed to “understand the subjective experiences of the therapeutic process and meaning assigned to it by Holocaust survivors” (Shamai and Levin-Megged 2006) (p.695) and that “both approaches focus on the individual experience and the meaning he or she attaches to it” (Shamai and Levin-Megged 2006) (p.698). These authors included the psychodynamic tradition because they were studying a psychodynamic therapeutic context and because their personal “clinical background, was strongly influenced by psychodynamic theories” (Shamai and Levin-Megged 2006) (p.695). Shamai and Levin-Megged (2006) do not however discuss using a specific type of phenomenology in their study.

Types of Phenomenology

Within phenomenology, there are two broad approaches: i) Transcendental Phenomenology (also referred to simply as Phenomenology) (Moustakas 1994; Laverty 2003) and ii) Hermeneutic Phenomenology (Van Manen 1997).

i) Transcendental Phenomenology

Based on Edmund Husserl’s (1859-1938) ideas of phenomenology, transcendental phenomenology focuses less on the researcher’s interpretations and more on a description of the participants’ experiences (Moustakas 1994; Creswell 2007). While all phenomenologists attempt to suspend “judgments about what is real…until they are founded on a more certain basis” (Creswell 2007) (p.58), transcendental phenomenology places relatively more emphasis on the process of bracketing out (or “epoche”) one’s preconceived notions about the phenomenon under examination (Creswell 2007). According to Moustakas (1994), in transcendental phenomenology everything should be perceived as if it were the first time
(Moustakas 1994). When “bracketing”, researchers should aim to put their personal values, biases, and experiences aside so that they can learn about the research topic with a fresh perspective (Creswell 2007). Laverty (2003) notes that “Husserl’s goal in doing this was to actually see things ‘as they are’” (Laverty 2003) (p.6).

A significant drawback of transcendental phenomenology is that “bracketing” personal experiences and values can be difficult, if not impossible (Creswell 2007). Gladwell (2005) notes, “the giant computer that is our unconscious silently crunches all the data it can from the experiences we’ve had, the people we’ve met, the lessons we’ve learned, the books we’ve read, the movies we’ve seen, and so on, and it forms an opinion” (Gladwell 2005) (p. 85).

ii) Hermeneutic Phenomenology

Martin Heidegger (1889-1976) initially studied phenomenology under Husserl, and then moved away from Husserl’s transcendental philosophy, or processes of reduction, in order to found hermeneutic phenomenology (Van Manen 2002). Transcendental and hermeneutic phenomenology are both concerned with examining lived experience (Laverty 2003). However, hermeneutic phenomenology differs from transcendental phenomenology because, as Laverty (2003) notes, “…the biases and assumptions of the researcher are not bracketed or set aside, but rather are embedded and essential to [the] interpretive process” (Laverty 2003) (p.17). According to hermeneutic phenomenology, a person’s background helps them determine what is ‘real’, and all ‘facts’ of lived experience are meaningfully experienced (Polkinghorne 1983; Van Manen 2002; Laverty 2003). The individual and the world the individual lives in are inextricably linked (Munhall, 1989, Laverty, 2003).
Van Manen (1997) suggests that researchers who conduct hermeneutic phenomenology are attempting to accomplish an unattainable task (Van Manen 1997) because capturing the true lived experiences of research participants is impossible (Van Manen 1997). He explains that because of the boundaries inherent in language and in any interpretive process, research findings may point in the right direction, but would probably not be able to fully explain respondents actual experiences or needs (Van Manen 1997).

iii) Transcendental or Hermeneutic Phenomenology?

In research, transcendental phenomenology seeks to discover truths which should not be dependent on the position of the interpreter, while hermeneutic phenomenology maintains that many different interpretations could be found, dependent on the interaction between the data and the position of the interpreter (Allen 1995; Laverty 2003).

From the onset of this study, a goal of this research was that findings would attempt to represent the essence of respondents’ experiences, as lived and described by them. It was hoped that the researchers’ values, biases and assumptions would not cloud the findings and that the same general findings would have been found if a different researcher had examined this data. For this reason, components of transcendental phenomenology were built into this study. Even though it was understood that “bracketing” could not be perfectly achieved, it was viewed as important to attempt to put the researcher’s assumptions and views aside, as much as possible, before interviewing study participants in order to minimize bias in the findings (Laverty 2003). To do this, Creswell (2007) suggests that “researchers…write about their own experiences and the context and situations that influenced their experiences” (Creswell 2007) (p.61). Therefore, time was spent thinking and writing about the researcher’s assumptions relating to Holocaust survivors and their social work service needs,
as well as about the researcher’s personal and professional experiences which probably led to these assumptions (Polkinghorne 1989; Creswell 2007). This list of assumptions about Holocaust survivors included experiencing language barriers, lack of formal education, belonging to small families, witnessing significantly more losses in their lives than other people their age, suffering from PTSD, and having difficulty trusting professionals. Once these assumptions were noted, special effort was made to keep these biases contained and to keep explicit mention of them out of the research interviews. In this way, if respondents did not mention these themes on their own, it was hoped that these biases would not find their way into the research findings.

4.3 Participants

Thomas (1993) suggests that in order to obtain the fullest and most honest accounts possible, “it is crucial to identify the types of informants who are most likely to possess an insider’s knowledge of the research domain” (Thomas 1993) (p.37). However, many academic analyses of social policies and service provision for the aged are devoid of the opinions of the subjects themselves and are most often only shaped by policy makers’ and service providers’ assumptions (Wilson 1991; Wilson 1997). As previously noted, this is the case for studies relating to Holocaust survivors. There is a dearth of relevant literature which actually utilizes Holocaust survivors themselves as informants. This study concerns the needs of community dwelling Holocaust survivors and it is they who are the most likely to possess “the insider’s knowledge” of these needs which are being investigated (Thomas 1993). For this reason it is felt that their opinions are critical for this study.

It was also determined, for several reasons, that it would be beneficial to include family caregivers in this study. Firstly, it was anticipated that the people caring for
community dwelling Holocaust survivors on a regular basis would also have a significant insider’s understanding about the needs of this population. It has been noted that the family members of survivors usually feel an “intense loyalty” towards their survivor relatives (Klein-Parker 1988; Wilson, Harel et al. 1988; Safford 1995) (p.137). In most cases, these concerned and loyal family caregivers have probably already devoted much time and energy commiserating with and helping address the many issues which affect their relatives. As Safford notes, “…family members play an incredibly critical role in the lives of Holocaust survivors and can be an "important mediator" in keeping their survivor relatives emotionally well (Safford 1995) (p.143). Secondly, as noted in chapter two, some evidence exists to suggest that the trans-generational effects of the Holocaust potentially provide family caregivers with a significant window into the feelings and needs of their survivor relatives. For example, Danieli (1988) notes that, "Children of survivors seem to have consciously, and unconsciously absorbed their parents' Holocaust experiences into their lives" (Danieli 1988; Safford 1995) (p.282). Others have suggested that this is also the case for the third generation, although to a lesser degree (Sigal, DiNicola et al. 1988; Safford 1995; Chaitin 2000). It is likely that this shared understanding will assist the family caregivers of survivors in empathizing with and being able to articulate the needs of their relatives. Thirdly, while in many respects having a shared understanding with their relatives, family caregivers may also be able to offer a rather different perspective, and as such might help to identify some needs that the Holocaust survivor respondents hadn’t considered. Thus, combining the insights of community dwelling survivors with those of their family caregivers might provide a more complete understanding of this population’s needs. Fourthly, being further removed from the trauma of the Holocaust, family caregivers may be more willing to speak about certain
topics. Addressing some of these difficult topics could also be vital to best meeting the needs of community dwelling survivors (Chaitin 2000). Finally, it was anticipated that, in most cases, family caregivers have better English language skills, and would therefore be better able to more clearly and fully articulate their thoughts. The hope was that some of the gaps or difficulties in understanding Holocaust survivor respondents’ explanations might be made more clear by family member participants’ explanations.

While the advantages of including family caregivers in this study clearly outweighed the disadvantages, it is important to note these potential disadvantages. Wells (1997) notes that it has been found that elderly people are the best estimators and reporters of their own situation (Wells 1997). In some circumstances, family caregivers’ responses to interview questions may not most accurately represent the views and/or needs of their Holocaust survivor relatives, but may instead might focus more on their own needs. For example, a family caregiver might have suggested that Holocaust survivors require increased assistance because this individual actually required respite from his or her own caregiving duties. While some differences in perspective between survivors themselves and their caregivers are to be expected, overall it was felt that the benefits of being able to combine these perspectives would outweigh the limitations of seeing this issue from only one point of view.

Holocaust survivor and family caregiver respondents were not matched in this study for several reasons. Firstly, there was concern over potential ethical implications of matching study participants. Participants might worry about the implications for their relationship with their matched family member should he/she correctly or incorrectly guess, which comments in the dissertation were made by whom. Secondly, the above-mentioned concern might have the additional implication of respondents being guarded and/or
inaccurate with their responses in order to protect these valuable relationships. This might negatively affect the truthfulness of responses. Thirdly, it would have been considerably more difficult to locate and interview a matched set of respondents willing and able to participate in the study.

4.3 a) Sample Selection and Recruitment

The study sample was one of convenience. Contact was initiated with representatives at Jewish Family and Child Services (JFCS), the Bernard Betel Centre for Creative Living, and the Holocaust Education Centre in order to locate Holocaust survivor and family caregiver participants. Eight participants were recruited with the assistance of JFCS and the Bernard Betel Centre and by attending the Café Europa, a once a month joint venture between these two agencies. Five participants were recruited from the Holocaust Education Centre. Two participants were recruited through postings in a shopping plaza servicing primarily the Jewish population. In addition, a “snowball technique”\(^{10}\) was also used in order to locate additional interviewees (Rubin and Babbie 1993). At the completion of each interview, participants were given several copies of the posting, which, if they wished, they could distribute to any acquaintances whom they felt might be interested in participating. Any interested individuals were thus able to contact the interviewer. Six participants were located through the snowball technique. In addition, five respondents were located through ‘word of mouth’, whereby individuals, who were not participants of the study themselves, passed on information about the study to their friends and/or other acquaintances that met the inclusion criteria.

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\(^{10}\) Snowball sampling, whereby participants are asked for their help in locating additional respondents who match the study’s inclusion criteria, is commonly used in qualitative research and “is appropriate when the members of a special population are difficult to locate” (Rubin & Babbie, 1993, Mason, 1998) (p.257). This sampling procedure is primarily used for exploratory purposes because it results in samples that have questionable representativeness (Rubin & Babbie, 1993) (p.257).
4.3 b) Sample Size

While Kuckelman Cobb and Forbes (2002) suggest approximately six cases for a phenomenological study (Kuckelman Cobb and Forbes 2002), other researchers recommend sampling with a range of five to twenty-five, or five to thirty, participants in phenomenological studies (Polkinghorne 1989; McCulloch 1997). In general, a strict sample size is not predetermined. Rather, the criterion for "how many" and when to quit, is when redundancy\textsuperscript{11} occurs (Kuckelman Cobb and Forbes 2002; Laverty 2003). In this study, while the original intent was to interview approximately 15 community dwelling Holocaust survivors and 15 family caregivers for a total of approximately 30 participants, the study was halted after interviewing 14 Holocaust survivors and 12 family caregivers for a total of 26 participants. It was felt that the study could be stopped at this point because new themes were rarely arising (saturation of themes) and very large amounts of data were being collected on the same themes (redundancy of themes) (Kuckelman Cobb and Forbes 2002). For example, under the theme of service needs, the same 19 needs (which for example included the categories of transportation, and translation/interpreter services) continued to be explored by participants.

4.3 c) Inclusion Criteria

After receiving verbal consent to participate in this study by the potential participant, the researcher and the participant spoke on the telephone to ensure that he or she met the study inclusion criteria. The inclusion criteria in this study for Holocaust survivors included living in the community (as opposed to living in a care/residential facility or nursing home), living in the Greater Toronto Area, and identifying themselves as being a Jewish Holocaust

\textsuperscript{11} Redundancy refers to the point when new information is no longer emerging from the data (Kuckelman Cobb & Forbes, 2002).
survivor. A broad definition of Holocaust survivor was used for inclusion in this study. This included individuals who experienced any forced relocation, including, but not limited to, a concentration or extermination camp, who performed forced labour in a work camp, who were restricted to a ghetto, or who lived in hiding in Europe during the Holocaust (Landau and Litwin 2000; Williams 2002). Family caregivers consisted of any relative, including, but not limited to, children, grandchildren, spouse/partner, sibling, or even a very close friend, who provided unpaid emotional and/or physical care to a community dwelling Jewish Holocaust survivor.

In both groups of participants, individuals who could not understand or be understood in the English language, those who were not verbal, or those who had significant hearing deficits that could not be corrected with an assistive device, were excluded from this study. In addition, as will be discussed in section 4.4, participants were required to be adequately cognitively alert, to provide informed consent, and to understand and properly articulate their responses to the interview and survey questions.

4.4 Data Collection

4.4 a) the Mini Mental Status Examination (MMSE)

The Mini Mental Status Examination (MMSE) was conducted on all survivors and family caregivers who were over 60 years of age, prior to beginning the actual interview. Individuals with any form of moderate to severe dementia, i.e. those with scores of less than

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12 For a review of critical issues related to the use of translators and interpreters when conducting qualitative interviews with elderly of minority cultural backgrounds refer to Matsuoka (1993).

13 It would definitely be preferred to include non-English speaking individuals in the proposed study as language issues and other barriers related to communication are critical to the nature of this research. However, those who were not adequately conversant in the English language, as well as those who were not verbal or who had significant hearing deficits that could not be corrected with an assistive device, were excluded from this study due to time and financial constraints which made it impossible to obtain adequate translation and/or interpreter services.

14 There were only three family caregivers over the age of 60 at the time of the interview.
24 on the MMSE (Folstein 1975) were not to be included in this study for both ethical and feasibility reasons. However, no volunteer had to be turned away from the study for this reason. (Refer to appendix D to view the MMSE).

Reliability of the MMSE has been shown to be high among clinically stable individuals over different periods of time (Mitrushina and Satz 1991). For example, Folstein et al. (1975) found test-retest scores for clinically stable elderly patients to be $r = .99$ over a 28 day period (Folstein 1975). Anthony, LeResche et al. (1982) reported test-retest reliability of $r = .85$ for patients without diagnosis over a 24-hour period (Anthony, LeResche et al. 1982). A variety of approaches have been used to measure the validity of the MMSE, and these have found considerable validity of the MMSE (Mitrushina and Satz 1991). One common approach has been to compare test performance on the MMSE with performance on other valid tests that measure tasks related to memory, learning, and intelligence. Mitrushina and Satz (1991) found, in a sample of community-residing elderly participants without clinically diagnosed cognitive impairment, that “a majority of neuropsychological measures correlated significantly with MMSE” (Mitrushina and Satz 1991) (p.541). For example, correlation coefficients of the MMSE with the Rey Auditory Verbal Learning Test (trials 1-6) ranged between .31 and .39 (Rey 1964; Mitrushina and Satz 1991).

4.4 b) the Interview

In-depth one-on-one interviews are generally the method of choice for phenomenological studies (Kuckelman Cobb and Forbes 2002; Creswell 2007) and therefore data for this research was collected in this way. The interview with each participant was restricted to only one session, as directed by the University of Toronto’s Research Ethics
In preparation for using the general interview guide approach, the set of issues to be explored was prepared in an outline format to ensure focus. It also served as a checklist to ensure that all relevant topics were covered (Patton 1990). Themes examined in the interview guide included participants’ current service use, gaps and barriers in these services, and their feelings regarding their future service needs. Numerous probes were included with each question in order to gather as much information as possible. The open-ended interview was completed orally and respondents were asked for permission to digitally record the interview. Digital recording will be discussed further in section 4.4 e). The general interview guide can be viewed in Appendix A.

To meet the University of Toronto’s Ethics committee’s concerns regarding confidentiality and emotional vulnerability, respondents were not asked to describe their, or in the case of family caregivers, their relatives’, experiences during the Holocaust. Interview questions in this study were still able to reflect the life course framework and trauma theories by addressing a variety of issues which focused on current and perceived future Holocaust related needs. For example, participants were asked whether these special needs were currently being met by community services. They were also asked whether social workers and other professionals working with survivors were adequately informed about the life

15 The ethics review process will be discussed in more detail in section 4.6
history of these clients and if and how this information is/could be helpful to these care providers in their work with this population. Each respondent was able to address these research questions in a manner that he or she felt comfortable with. Some respondents chose to use examples from their personal experiences during the Holocaust to help illustrate their points while answering these and other questions. They were never asked for this information nor prompted to elaborate on Holocaust experiences.

Greenspan and Bolkosky (2006) suggest, that when interviewing Holocaust survivors it is paramount for the interviewer to ask the right thing at the right time (p.441) and have "the willingness to go where memory leads" (Greenspan and Bolkosky 2006) (p.442). The issues in the outline were addressed in any order or manner necessary to ensure the greatest comfort and sensitivity possible toward each respondent. Greenspan and Bolkosky (2006) do, however, note the need for a “commitment to get back on some sort of track” (Greenspan and Bolkosky 2006) (p.442). The general interview guide allowed this by providing a series of guiding themes and prompting questions to refocus the interview at a suitable time. Using a general interview guide also allowed the interviewer to probe further on issues that a participant raised in response to the themes in the outline (Patton 1990). This method of interviewing allowed the process to be a "mutual engagement," a "shared commitment," and a "collaboration” (Greenspan and Bolkosky 2006) (p.432) which Greenspan and Bolkosky (2006) suggest should be the aim when interviewing Holocaust survivors (Greenspan and Bolkosky 2006). At the same time, the prepared outline format helped to avoid the interviews becoming a "hodgepodge", and the tendency to wander “all over the place" (Greenspan and Bolkosky 2006) (p.443).
Interviews ranged in duration from approximately 40 minutes to two and a half hours. Most interviews however, ran approximately an hour to an hour and a half. In general, interviews with Holocaust survivors were longer in duration than interviews with family caregivers.

4.4 c) the Survey

A very brief demographic survey was conducted after the open-ended interview was completed. This questionnaire was done after the interview to ensure respondents could focus their resources on the interview (Bowsher, Bramlett et al. 1993; Oldman and Quilgars 1999; Rybarczyk and Lopez 1999). This survey consisted of closed-ended questions about demographic and other issues of interest in this study, including participants’ year and place of birth, marital status, religious affiliation, living situation and satisfaction with familial and other community support systems. This survey was intended to facilitate learning more about, and/or filling important gaps about each interviewee’s personal background.

This demographic questionnaire was completed by both Holocaust survivor and family caregiver respondents. The Holocaust survivor version of this survey consisted of 19 questions and the family caregiver version consisted of 14 questions. This survey took approximately ten to fifteen minutes to administer to Holocaust survivors and approximately five to ten minutes to family caregivers. (Refer to Appendix B to view the demographic survey.) The interviewer asked these questions aloud and filled in the blanks on the survey form. The “oral administration of tests has the added benefit of reducing non-responses and 'don't know' answers frequently encountered in paper-and-pencil testing” (Rybarczyk and Lopez 1999) (p.675). Results from the demographic survey will be summarized in chapter five.
4.4 d) Pre-Testing

The interview guides and demographic surveys were pre-tested with two family caregivers and two community dwelling Holocaust survivors. Notes were made during these pre-tests about any questions that were confusing to participants. After these pre-tests were conducted, very minor revisions were made to the interview materials. One example involved an index card about community services that was initially employed as a visual prompt to direct respondents regarding the types of services that were of interest to the interviewer. However, during the pre-tests respondents noted that this index card took a long time to read through, and/or was not necessary, particularly for those who used very few services. In addition, one of these respondents admitted that she had difficulty reading English and that using this index card was an onerous task. This index card was therefore revised, categorizing services into several sections (for example Jewish community services, mainstream health and allied health services etc.), and alphabetizing the services within each category. In addition, in future interviews brief verbal descriptions of each category were provided and respondents were also asked if they would like these services to be read aloud. Since there were very few changes made during the pre-test and all of these changes were of a minor nature, this data was included as part of the actual analysis.

4.4 e) Digital Recording

All participants were asked for permission to record the interview portion of this study prior to turning on the digital recorder. The majority of respondents (24 of the 26) readily agreed to be recorded. Two participants, one Holocaust survivor and one family caregiver, were not comfortable being recorded. Both of these respondents were, however, comfortable with the researcher taking notes during their interview. Unfortunately, in these
cases, some details and/or direct quotes may not have been recorded fully. For the most part, note taking was sufficient to capture these respondents’ main points. In addition, several other respondents asked that the recorder be turned off for a short period during the interview to provide some “off the record” information, often concerning other individuals. This “off the record” information was not relevant to the study.

4.4 f) Trustworthiness and Validation

i) Triangulation

Mason (1998) notes that “in its broadest sense, triangulation refers to the use of a combination of methods to explore one set of research questions...to measure the same phenomenon” to get a more accurate reading of it (Mason 1998) (p148). However, she cautions qualitative researchers that using triangulation does not mean that there is necessarily “one, objective and knowable social reality” (Mason 1998) (p.149). Rather, she encourages researchers to consider various sources of data collection, as it does enhance validity by shedding light on the various dimensions of the issue being studied (Mason 1998).

In this study, triangulation was attempted in several ways. The first way was by using a diverse sample of Holocaust survivors and family caregivers. This sample varied in terms of age, place of birth, gender, type of Holocaust experience, as well as the type of relationship caregivers had to a Holocaust survivor. This assisted in ensuring that a broad range of issues and interests were covered. Secondly, both a survey and an open-ended interview were used to interview the group. The issue of main concern in this study, i.e. services for community dwelling Holocaust survivors, was addressed on both instruments in the interview for triangulation purposes. For example, during the open-ended interview,
respondents were asked to describe the services they used, their perceived gaps in these services, and any barriers they have experienced in attempting to secure these needed services. During the survey they were asked to rate their satisfaction with community services. Thirdly, as was discussed in more detail in section 4.3, by speaking with Holocaust survivors and their caregivers, two groups of opinions on the same topic were investigated. This provided a broader range of perspectives on the relevant issues.

ii) Member Checking

Member checking is commonly used in qualitative research to enhance the trustworthiness and confirmability of findings. In a member check, the researcher submits relevant materials, such as interview transcripts, to the informants, to ensure that the essence of what they meant to convey was properly captured in the written document (Bryman 2007). While member checking is useful in establishing credibility in qualitative research findings (Lincoln and Guba 1985), it was not used in this study for several reasons.

Engaging respondents in the member checking process would have involved additional contact with respondents. The researcher was instructed by the University of Toronto Ethics Board to have only one contact with respondents because this population is believed to be more vulnerable than most. Furthermore, even if additional contacts with survivors were ethically permissible, it was anticipated that many respondents, particularly those in the Holocaust survivor group, might have difficulty reading English. Asking these individuals to comment on written material might put undue pressure on them in either trying to find someone to assist them with this activity, or by requiring them to discuss their difficulties with reading English.
iii) Independent Data Collection, Transcription and Analysis

It is important to note that all interviews were conducted, transcribed and analyzed solely by the researcher. While this could potentially allow for increased researcher bias, there were definite advantages to this decision. The primary advantage of performing these tasks independently was to ensure confidentiality. Furthermore, in qualitative research, reliability is enhanced by a consistent approach that becomes more difficult to attain as more people are involved in the research process. Having others involved in the research process, particularly if the same people were not available throughout the entire study, may have also left more room for misunderstanding data and/or omitting other critical information, such as the complete context behind a respondent’s words.

4.5 Data Analysis

It was intended that the SPSS statistical package (version 10.0) was to be used to analyze the survey data. After data collection was completed, it was determined that this was unnecessary. The survey data was analyzed without a statistical package because the small sample size made this unnecessary for single variables. Examining complex relationships between study variables, which would warrant the use of a statistical package, was not determined to be useful, because of the limited number of participants. However, because of the tremendous quantity of qualitative data gathered, NUD*IST N-VIVO (version N6) for Qualitative Research, was used to code, classify and analyze the open-ended interview data.

Specific qualitative data analysis procedures that were used in this study, were based upon Colaizzi’s (1978) suggestions for the treatment of the data16, and are summarized by Riemen (1986):
1. All the subjects' descriptions were read in their entirety in order to acquire a feeling for them.

2. Significant phrases, sentences, and statements that directly pertain to the investigated phenomenon, were extracted from each description.

3. The meanings of each significant statement was spelled out and formulated. The meanings did not sever the connection with the original text.

4. Clusters of themes were organized from the aggregated formulated meanings. This allowed for the emergence of themes common to all of the subjects' descriptions.

5. An exhaustive description of the phenomenon was generated from the integration of themes (Colaizzi 1978; Riemen 1986; Moustakas 1994; Creswell 1997).

"Phenomenological data analysis…proceeds through the methodology of reduction, the analysis of specific statements and themes, and a search for all possible meanings" (Creswell 1997) (p.52). “Phenomenological reduction” allows the data to be treated as an instance of the phenomenon (Patton 1990; Moustakas 1994). First, all aspects of the data are treated with equal value and are “organized into meaningful clusters” (Patton 1990) (p.408). The researcher then attempts to identify the themes within the data and to understand these themes in various ways (Patton 1990; Moustakas 1994).

With these themes and interpretations, the final steps of phenomenological analysis involve “structural synthesis”. In the structural synthesis, the researcher looks beneath the
experience to find deeper meanings for the individual. This process reveals the true essence of the phenomenon (Patton 1990; Moustakas 1994).

The ultimate goal of this phenomenological analysis was to arrive at an exhaustive description, and thus a more complete understanding, of the social work service needs and preferences of community dwelling Holocaust survivors. It was further hoped that innovative roles for social workers and a framework for social work practice with community dwelling Holocaust survivors could also be deduced.

### 4.6 Ethical Issues

#### 4.6 a) the Ethics Review Process

As noted throughout this chapter, the University of Toronto’s Research Ethics Board (REB) had numerous concerns relating to the well-being of research participants. Clearly, the best interests of these individuals were the paramount concern of the REB and of the researcher. Many concerns and requests of the REB therefore assumed a very extreme vulnerability in both Holocaust survivors and their family caregivers, while overlooking the well-documented resiliency of these populations (Danieli 1981; Rosenbloom 1983; Danieli 1994; Hass 1995; Rosenbloom 1995; Brandler 2000; Brom, Durst et al. 2002; Suedfeld, Soriano et al. 2005).

As a result of their desire to protect participants, numerous modifications to the study proposal were required by the Research Ethics Board. These modifications probably affected this research in important ways. For example, restricting the direct request for participation of respondents (the study could be advertised but the researcher had to wait for volunteers to offer to participate) may have resulted in some significant participant bias. It is possible that those who volunteered to participate on their own initiative may be different in
some important respects from those who did not come forward on their own. As previously noted, another modification was being permitted to meet only once with each participant. Having more than one contact with participants could have provided the opportunity to fill gaps in information and the opportunity to check with participants about the accuracy of the findings through the member checking process. Additional requests made by the REB are discussed below.

4.6 b) Potential Risks and Benefits

The literature notes that ethical issues, including the weighing of potential risks and benefits, is much more critical among elderly traumatized people than it is for other groups of respondents (Bowsher, Bramlett et al. 1993; Rybarczyk and Lopez 1999). The potential to trigger painful memories for survivors was certainly a concern of this study. Fortunately no interviewee communicated uncertainty or hesitation regarding their participation. Nevertheless, all participants were provided with contact information for counseling, and/or debriefing services in the event that they became distressed as a result of their interview. The social work department at Circle of Care, a community based charitable organization servicing all populations, but most commonly Jewish seniors and their caregivers, (416-635-2860) agreed to provide debriefing services. No participant suggested that he or she required debriefing services as a result of this study. However, upon her request, one Holocaust survivor client was referred by the researcher to Circle of Care for social work services related to other issues in her life for which she required ongoing assistance and support.

The possibility of trauma for the researcher as a result of listening to the respondents speak about their Holocaust related needs was also considered as per the request of the ethics committee. Paula David, Coordinator of the Holocaust Resource Project and Social Worker
at Baycrest Centre for Geriatric Care at the time of this study agreed to offer debriefing services for the student researcher in the event that this service was required. However, this was not found to be necessary.

In addition, the REB was concerned about safety issues for the student researcher while carrying out the interviews in respondents’ homes. These safety concerns were addressed by using guidelines in the document “Crime Prevention for Professional Home Visitors” (prepared by the Community Policing Support Unit, Crime Prevention Section, Toronto Police) (Toronto Police). The investigator always informed a reliable contact of her destination, and what to do if she did not report within a certain time frame. This contact was notified on her arrival at her destination. The address and phone number of her location was provided with an estimated time requirement for the interview. She also notified this contact when the visit had been completed (Toronto Police).

Another potential risk with any qualitative research method involving older people is that they may tire quickly and/or become agitated by long interview sessions due to frailty, physical weakness, low energy, acute or chronic illness, increased cognitive fatigue, decreased attention span, and sensory impairments (Bowsher, Bramlett et al. 1993; Oldman and Quilgars 1999; Rybarczyk and Lopez 1999). It has also been suggested that older adults without significant impairments tend to expend more energy as research participants, due to increased cautiousness and performance anxiety (Rybarczyk and Lopez 1999). Therefore, recommendations in the literature were followed which suggest methods to minimize or eliminate fatigue associated with transportation and adaptation to a new environment in older research participants (Rybarczyk and Lopez 1999). The interviewer traveled to the participants’ preferred location and offered them frequent rests throughout the interview. In
addition, attempts were made to schedule these interviews early in the day when elderly people are generally more cognitively alert (Hasher, Chung et al. 2002). Furthermore, interview questions were kept to a manageable number and reasonable time frame. As noted in section 4.4, the open ended interview questions were completed by the majority of respondents within approximately one to one and a half hours. The demographic survey required an additional five to fifteen minutes for most participants to complete. (Refer to appendices A and B to view interview and survey questions).

It is still unknown if and/or to what degree participants will receive any direct benefit from having participated in this study. However, several respondents did indicate that they were grateful that someone, and in particular someone from a younger generation, was taking an interest in their needs and/or more generally in the needs of Holocaust survivors. Others also noted that they appreciated the chance to vent about certain difficulties they had been experiencing. It is also hoped that the information obtained from this study will contribute to improved social work services for this population, for other groups of traumatized elderly, such as refugees and victims of terror, and more generally for other seniors.

4.6 c) Confidentiality and Privacy Issues

Every effort was made to keep data and other personal information confidential. In order that individuals could not be identified, code numbers were used for all recordings, and on all other interview and survey materials. All names and other identifying information were excluded from the interview transcripts. In addition, all materials, including the researcher’s password protected lap top computer, was kept in a locked filing cabinet at the researcher’s home office when not in use. Data was analyzed and reported in the aggregate so that identification of any particular individual was not possible. Furthermore, as this
research focused on the service needs of Holocaust survivors rather than their experiences during the Holocaust, specific experiences during the Holocaust which might identify participants, were not included. Where it was necessary to discuss common life course experiences of Holocaust survivors, only very general quotes about the Holocaust, which could not identify participants and/or the existing literature, were used. Digital recordings and transcripts were only accessible to the investigator and her supervisor. All materials will continue to be stored in the secure manner described until they are destroyed. Materials will be kept for no more than two years after the thesis examination committee accepts the final draft of the dissertation.

4.6 d) Informed Consent

Upon meeting each participant, but prior to beginning the interview, the interviewer read the consent and information forms aloud, and ensured that the participant understood and agreed to all of this information. When this understanding was assured, each participant was asked to sign two copies of the consent form. One copy of this consent form was left with the participant for his or her records. The second copy remains in the researcher’s files, separate from the participants’ surveys, transcripts and other interview materials.

It is important to note that older research subjects are more likely to be "intimidated by…legal language” (Bowsher, Bramlett et al. 1993) (p.875) and that “they often hesitate or refuse to sign informed consents" (Bowsher, Bramlett et al. 1993) (p.875). With this very special population, it was particularly important that respondents felt comfortable signing the consent form and that they were not coerced in any way to do so (Bowsher, Bramlett et al. 1993). For this reason, the consent and information forms used in this study aimed to be as brief, clear and non-threatening as possible. (Refer to appendix C to view consent and
information forms). Some respondents did request more in depth explanations and/or reassurance of points noted on the information and consent forms. For example it was clearly explained that they could decline to answer any questions they did not feel comfortable with. Also, as previously noted in section 4.4 e), two respondents indicated that they were not completely comfortable with having their interview recorded. An agreement to note-taking rather than recording was made, and their consent forms were altered accordingly, prior to obtaining their consent to participate. No participants objected to signing the consent forms.

4.7 Methodological Limitations

Many of the decisions made in this research were beneficial or necessary in one respect, but at the same time resulted in methodological limitations. The exploratory nature of this study and the focus of this inquiry which concerns complex human emotions, required the use of a qualitative research method (Rubin and Babbie 1993). However, findings in qualitative research are generally less objective than in quantitative research. As noted in section 4.2 a) “bracketing out” one’s previous experiences and assumptions prior to beginning the research process may help in limiting researcher bias, but eliminating it completely is not likely (Moustakas 1994; Gladwell 2005; Creswell 2007).

Study participants received information about the study from a variety of sources outlined in section 4.3 a). Many participants were located with the assistance of community agencies that serve Holocaust survivors. Individuals involved with these agencies may be different in some respects from those who are not. For example, study participants may have a greater social conscience or be more likely to seek out support than the general population of community dwelling Holocaust survivors in the GTA. In addition, study participants may
be different in some important ways from those individuals who although informed of the study, did not choose to participate.

In addition, as noted in section 4.3 c), community dwelling Holocaust survivors with significant English language and/or other communication barriers, were excluded entirely from this study. As previously noted, the decision to exclude these groups was made due to feasibility issues. If possible, their voices would have been a beneficial addition to this study.

Finally, as already discussed in section 4.6 a) due to ethical concerns participants were not asked questions relating specifically to the type of experiences they endured during the Holocaust. While many study participants volunteered some information during the open-ended interviews, there are certainly gaps of information related to this topic.

4.8 Summary and Conclusion

This chapter summarized the study’s research methodology and provided a rationale for the various methodological decisions made. It was decided that a qualitative research method was necessary to investigate the social work service needs of community dwelling Holocaust survivors because this topic remains insufficiently understood and because complex human emotions and needs could not be adequately explained with quantitative measures. The reasons that other approaches, such as narrative research, grounded theory, ethnography and a case study were not suitable to study the current social work service needs of community dwelling Holocaust survivors were noted. The phenomenological method was described and was noted to be the most fitting approach for this study. Two types of phenomenology, transcendental and hermeneutic, were described and it was noted that the transcendental approach best met the goal of this research.
Issues related to the research participants, including sample selection, sample size, and inclusion criteria were also summarized. It was noted that participants were located through various agencies that cater to Holocaust survivors and their families. The sample was augmented by using the ‘snowball technique’ and through word of mouth. The researcher intended to interview up to 30 participants, however, redundancy and saturation was reached at 26 participants.

Next, the data collection tools used in this study, the general interview guide and the survey were described. The reasons for selecting these data collection tools were summarized. Topics relating to trustworthiness and validation were also discussed, including: i) Triangulation, ii) Member Checking and iii) Independent Data Collection, Transcription and Analysis.

Data analysis procedures were also described. This section noted that while the use of a statistical package such as SPSS was not deemed necessary to analyze simple survey data, the large quantity of qualitative data did necessitate utilizing NUD*IST N-VIVO (version 6) to efficiently organize and analyze interview findings. Qualitative data was analyzed using procedures recommended by Colaizzi (1978) (Colaizzi 1978; Rieman 1986).

It was also noted in this chapter that Holocaust survivor research participants are potentially vulnerable. For this reason, considerable care was placed on ethical issues including potential risks and benefits, confidentiality and privacy issues, and informed consent. With proper attention to these ethical issues, the information obtained from this study, and therefore the potential improvements which might be made to social work services with this population, largely outweighed any risks to participants. In the final section of this chapter important methodological limitations of this study were summarized.
CHAPTER 5: A PROFILE OF THE PARTICIPANTS

5.1 Introduction

This chapter will provide a profile of this study’s research participants. To begin, the results of the survey will be summarized to provide an overview of the demographic characteristics of the Holocaust survivor and family caregiver participants. Following this summary of demographic information, data from the qualitative interviews will be shared to illustrate that there are actually at least two very different cohorts of Holocaust survivors in this study. These cohorts differ with regard to their age as well as the extent to which they are impacted by numerous barriers relating to their health, physical ability, language, education, and work background. Other than their traumatic Holocaust experiences, members of the first cohort share many of the same types of experiences in these areas as other older Canadians and/or other older immigrants. The data also suggests that the second cohort of Holocaust survivors in this study has not experienced these barriers to the same degree. This chapter will however also note that a small number of respondents demonstrated certain characteristics belonging to both of the cohorts described above. Therefore, a continuum, with classic survivors on one end of the scale and contemporary survivors on the other, will be suggested as the best way to understand the differences between these two cohorts of Holocaust survivors.

The existing social work and allied health literature in this area has either discussed the characteristics and needs of all Holocaust survivors as if they were one large group, has focused on only one of these cohorts at a time, and/or has briefly mentioned that Holocaust survivors are a diverse group without going into any detail about this diversity (Dasberg 1992; Joffe, Joffe et al. 1996; Bernick, Grinberg et al. 2001; Dasberg 2001; Rosenfeld 2001;
David 2004). In contrast to this previous work, the analysis in this chapter indicates the need to compare and contrast these different cohorts of Holocaust survivors in this study.

5.2 Demographic Survey Results

i) Holocaust Survivors

Fourteen Holocaust survivors were interviewed for this study. As seen in Table 5.1, at the time of their interview in 2006, Holocaust survivor participants’ ages ranged from 67 to 94 years (date of births 1912-1939). The average age of Holocaust survivor participants was 79 years. Twelve Holocaust survivor respondents were female and only two were male. The majority of survivor respondents were born in Poland (six of the 14) while the others were born in Romania (two), Lithuania (one), Austria (one), Belgium (one), France (one), Czechoslovakia (one), and Holland (one). The survivors in this study included individuals who were in hiding, performed forced labour, or were detained in concentration camps, during the Holocaust. Over half of survivor respondents arrived in Canada between 1948 and 1950 (eight of the 14), two arrived between 1951 and 1960, and the others immigrated to Canada many years later, between 1976 and 2001. Upon moving to Canada, the majority of survivor respondents moved directly to Toronto (11 of the 14), while the remaining three lived in other provinces in Canada, before moving to Toronto.

When asked to classify their health compared with others their age, eight of the 14 Holocaust survivor respondents noted that their health was good, one of the 14 said it was very good, and five of the 14 answered fair. None rated their health as excellent or as poor.

When asked about their religious affiliation within the Jewish faith, ten of the 14 survivor participants classified themselves as conservative, one as reform, one as atheist, and the remaining two as “other”, which they explained meant that they were not religiously
inclined, but that they did enjoy participating in Jewish traditions. It is interesting to note that both of these two respondents did not select the category “atheist/agnostic” to describe their religious affiliation, but rather created a category of their own which they labeled “traditional”. It is also important to note that a significant number (four of the ten) of these survivor respondents who classified themselves as conservative, expressed ambivalence about their religious identity. This ambivalence about religious identity will be discussed in more detail in chapter seven of this dissertation.

The majority of the survivor respondents were homeowners, living in a condominium (nine of the 14) or in a house (three of the 14). The others were living in a rental apartment (two of the 14). The respondents had been living in their current accommodation for a range of two months to 44 years. The average number of years living in their current residence was 13. However, seven of the 14 respondents had lived in their current residence for five years or less. When asked if they had any plans or intentions to move in the near future (in the next six months) all 14 respondents answered no. Half of survivor respondents were living alone at the time of the interview, four of the 14 were living with a spouse and the remaining three survivor respondents lived with at least one family member.

All 14 respondents had at least one child and none had more than four children. Survivor respondents had an average and a median of two children. In total, the survivor respondents had 30 children and of these 22 resided in the Greater Toronto Area. Another four resided outside the GTA but in Ontario, two lived in another province and the remaining two lived in other countries. With the exception of one respondent who noted that the amount of contact with her children was poor, respondents were satisfied with the frequency of contact with their children. Most of the Holocaust survivor respondents (ten of the 14)
were widows or widowers at the time of the interview while the other four respondents were married.

Only one of the 14 Holocaust survivor respondents reported having nobody to provide her support when she required assistance. The other 13 Holocaust survivor respondents said that in addition to their spouse or children, they had other significant people in their life that could assist them when necessary. Of these 13 respondents, all but one said that the significant others in their lives included friends. All but two said that their significant others included grandchildren. In five cases, in-laws, in two cases at least one sibling, and in one case, a health care professional, were also noted as significant others in survivor respondents’ lives. Most Holocaust survivor informants (ten of the 14) said that the overall level of support they felt they received was excellent, very good or good while the remaining four respondents felt that the level of support they received was average or poor. Respondents were also asked about their satisfaction with community services, to which the answers were evenly distributed across the average, good, very good, and excellent categories. No respondent answered poor; however, several (three of the 14) felt that they could not answer this question either because of having had very different experiences with different services or because community services were not used.

Table 5.1 Demographic Characteristics of Holocaust Survivors

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Frequency (N)</th>
<th>Gender</th>
<th>Frequency (N)</th>
<th>Country of Birth</th>
<th>Frequency (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1911-1915</td>
<td>1</td>
<td>Female</td>
<td>12</td>
<td>Poland</td>
<td>6</td>
</tr>
<tr>
<td>1916-1920</td>
<td>2</td>
<td>Male</td>
<td>2</td>
<td>Romania</td>
<td>2</td>
</tr>
<tr>
<td>1921-1925</td>
<td>5</td>
<td></td>
<td></td>
<td>Lithuania</td>
<td>1</td>
</tr>
<tr>
<td>1926-1930</td>
<td>2</td>
<td></td>
<td></td>
<td>Austria</td>
<td>1</td>
</tr>
<tr>
<td>1931-1935</td>
<td>2</td>
<td></td>
<td></td>
<td>Belgium</td>
<td>1</td>
</tr>
<tr>
<td>1936-1940</td>
<td>2</td>
<td></td>
<td></td>
<td>France</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Czechoslovakia</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Holland</td>
<td>1</td>
</tr>
<tr>
<td>Year of Arrival in Canada</td>
<td>Frequency (N)</td>
<td>Number of children Frequency (N)</td>
<td>Marital Status</td>
<td>Frequency (N)</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
<td>----------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>1945-1950</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>Never Married</td>
<td>0</td>
</tr>
<tr>
<td>1951-1955</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>Married</td>
<td>4</td>
</tr>
<tr>
<td>1956-1960</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>Widowed</td>
<td>10</td>
</tr>
<tr>
<td>1961-1965</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>Divorced</td>
<td>0</td>
</tr>
<tr>
<td>1966-1970</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>Common-Law</td>
<td>0</td>
</tr>
<tr>
<td>1971-1975</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976-1980</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1981-1985</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1986-1990</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991-1995</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996-2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001-2005</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish Religious Affiliation</td>
<td>Frequency (N)</td>
<td>Type of Home</td>
<td>Frequency (N)</td>
<td>Living Arrangement</td>
<td>Frequency (N)</td>
</tr>
<tr>
<td>Conservative</td>
<td>10</td>
<td>Condominium</td>
<td>9</td>
<td>Living alone</td>
<td>7</td>
</tr>
<tr>
<td>Orthodox</td>
<td>0</td>
<td>Apartment</td>
<td>2</td>
<td>Living with spouse</td>
<td>4</td>
</tr>
<tr>
<td>Reform</td>
<td>1</td>
<td>House</td>
<td>3</td>
<td>Living with other family member(s)</td>
<td>3</td>
</tr>
<tr>
<td>Atheist/Agnostic</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Traditional)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Years in Residence</td>
<td>Frequency (N)</td>
<td>Plans to Move</td>
<td>Frequency (N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 5 years</td>
<td>7</td>
<td>Yes</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>1</td>
<td>No</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 – 15 years</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 – 20 years</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 21 years</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ii) Family Caregivers**

Twelve family caregivers were interviewed for this study. According to table 4.2, at the time of this study, family caregiver participants’ ages ranged from 26 to 81 years (date of births 1925-1980). The average age of family caregiver participants at the time of the interview was 49 years. The family caregiver respondents were equally distributed by gender, nine of the 12 family caregivers were married, two were divorced and one was living common-law. When asked about their religious affiliation within the Jewish faith, six of the 12 family caregiver respondents classified themselves as conservative, four of the 12 as orthodox and the remaining two of the 12 as reform.
Family caregivers interviewed for this study included one spouse, five children, four grandchildren, one daughter-in-law, and one cousin. The amount of time these individuals spent caregiving in a given week ranged from an estimated one hour to over twenty hours. Many respondents noted that the number of hours of caregiving varied from week to week, depending on circumstances. One such factor might be their relatives’ health at any given time.

The types of tasks they assisted with can be categorized as meeting either instrumental or emotional needs (Stolar, MacEntee et al. 1993). Examples of instrumental needs performed by caregivers of this study included driving and accompanying to appointments, help with banking and bills, grocery and other shopping and errands, cooking, grooming, giving and preparing medications, helping with bath, advocating and coordinating with medical offices/professionals, locating and hiring paid caregivers, and fixing things. Examples of emotional needs met by caregiver respondents included opportunities for socialization such as phone calls, entertainment, meals together, and other outings.

The majority of Holocaust survivors cared for by family members were living in a condominium (eight of the 12). The remainder lived in a rental apartment (three of the 12) or in a house (one of the 12). The Holocaust survivors that they cared for had been living in their current residence for a range of between three months and 24 years, with a mean of 14.5 years. When asked if their relative had any plans or intentions to move in the near future (in the next six months) 11 of the 12 respondents answered no. One answered that their family member had begun viewing facilities and retirement residences because it was becoming difficult for her to manage cooking, cleaning and caring for herself. Of these Holocaust
survivors, nine of the 12 were living alone at the time of the interview. Of these nine, one had a privately paid part-time caregiver. The other three lived with their spouses.

Family caregiver respondents were asked about their satisfaction with community services available to their relatives. One respondent answered that community services were excellent, three answered very good, two good, three average and nobody answered poor. Several respondents (three) felt that they could not answer this question because they did not have enough information about the available services or in one case because their relative did not use any community services.

Table 5.2 (a) Demographic Characteristics of Family Caregivers’ Holocaust Survivor Relatives

<table>
<thead>
<tr>
<th>Type of Home</th>
<th>Frequency (N)</th>
<th>Living Arrangement</th>
<th>Frequency (N)</th>
<th>Number of Years in Residence</th>
<th>Frequency (N)</th>
<th>Plans to Move</th>
<th>Frequency (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condominium</td>
<td>8</td>
<td>Living alone</td>
<td>9</td>
<td>0 - 5 years</td>
<td>1</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Apartment</td>
<td>3</td>
<td>Living with spouse</td>
<td>3</td>
<td>6 - 10 years</td>
<td>2</td>
<td>No</td>
<td>11</td>
</tr>
<tr>
<td>House</td>
<td>1</td>
<td>Other</td>
<td>0</td>
<td>11 - 15 years</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td></td>
<td></td>
<td>16 - 20 years</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt;/ 21 years</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5.2 (b) Demographic Characteristics of Family Caregivers

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Frequency (N)</th>
<th>Gender</th>
<th>Frequency (N)</th>
<th>Relationship to Holocaust Survivor</th>
<th>Frequency (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1925 or before</td>
<td>2</td>
<td>Female</td>
<td>6</td>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>1926 – 1935</td>
<td>0</td>
<td>Male</td>
<td>6</td>
<td>Child</td>
<td>5</td>
</tr>
<tr>
<td>1936 – 1945</td>
<td>0</td>
<td></td>
<td></td>
<td>Grandchild</td>
<td>4</td>
</tr>
<tr>
<td>1946 – 1955</td>
<td>4</td>
<td></td>
<td></td>
<td>Daughter/Son-in law</td>
<td>1</td>
</tr>
<tr>
<td>1956 – 1965</td>
<td>2</td>
<td></td>
<td></td>
<td>Other (Cousin)</td>
<td>1</td>
</tr>
<tr>
<td>1966 – 1975</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976 or after</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jewish Religious Affiliation</th>
<th>Frequency (N)</th>
<th>Marital Status</th>
<th>Frequency (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservative</td>
<td>6</td>
<td>Never Married</td>
<td>0</td>
</tr>
<tr>
<td>Orthodox</td>
<td>4</td>
<td>Married</td>
<td>9</td>
</tr>
<tr>
<td>Reform</td>
<td>2</td>
<td>Widowed</td>
<td>0</td>
</tr>
<tr>
<td>Atheist/Agnostic</td>
<td>0</td>
<td>Divorced</td>
<td>2</td>
</tr>
<tr>
<td>Other (Traditional)</td>
<td>0</td>
<td>Common-Law</td>
<td>1</td>
</tr>
</tbody>
</table>
It is important to note that because a relatively small convenience sample was used in this study, the numbers provided in this summary of demographic information are not intended to help estimate number of individuals in the actual population of Holocaust survivors who would fall into given categories. Rather, these numbers are noted only in order to provide more information about the Holocaust survivors in this study.

5.3 Diversity among Holocaust Survivors

A Holocaust survivor participant complains that social work and other health care practitioners tend to stereotype Holocaust survivors. She rightfully argues, “A person is an individual person…You look at the person as an individual. Right… you have to work with the individual…It’s not that you put them in a box and say if they’re this do this, if they’re this, do this you know.” A family caregiver similarly points out that “[it is important] not to generalize even in the group [of Holocaust survivors because] there are different elements depending on the socioeconomic, political issues [and] different factors that will always impinge on the specific experiences of the individual.”

It would however not be feasible to examine and report on each participant’s unique traits and needs separately in this particular study. As mentioned in chapter four, this phenomenological study is aimed at understanding several Holocaust survivors’ and family caregivers’ shared experiences with the hope of providing recommendations for social workers who work with Holocaust survivors (Creswell 2007). Nevertheless, the data from this research does strongly suggest that Holocaust survivors cannot all be studied as one large group. Two categories, or very distinct cohorts, of Holocaust survivors emerged from the qualitative data in this study. Section 5.4 will provide evidence from Holocaust survivors
and family caregivers of these different cohorts and thus the need for this work to study the characteristics and/or needs of Holocaust survivors as more than one large group.

5.4 Two Cohorts of Holocaust Survivors

i) Age

Age is a critical variable in understanding the needs of all older adults (The-Quality-of-Life-of-Canadian-Seniors-Project 2000; Feit and Cuevas-Feit 2004) and Holocaust survivors are no different. As a family caregiver explains, “So it’s almost the same problems everyone has in their eighties.” It is however important to note that older Holocaust survivors are also distinct from other seniors in some significant ways. For example, many of the challenges and barriers that older people face may be particularly problematic for Holocaust survivors because they are at risk for lacking adequate assistance in coping with these issues. One reason for this lack of assistance is having smaller extended families than other Canadian seniors (Rosenbloom 1985; Harel, Kahana et al. 1993; Giberovitch 1999; Walker and Chaban 1999; Malach 2001; Williams 2002; David 2003). This and other reasons that many Holocaust survivors appear to be obtaining insufficient assistance will be explored in chapters six and seven.

Holocaust Survivors

Data from study participants suggests some notable differences between younger and older survivors. For example, in referring to her older counterparts, one of the youngest Holocaust survivor participants notes, “Holy, it is a different crowd”. When another one of the younger respondents was asked about her needs, she responded, “I don’t have any needs yet. You see, maybe the older ones might have.” In fact, many of the younger survivors in this study, most of who indicated that they were in hiding during the Holocaust, point out
that numerous differences exist between themselves and older Holocaust survivors. One shared:

For me to talk about the [experience of the] children it is easier…it’s easier to talk. But for the [Holocaust survivors] who were older and especially those who were in concentration camps it’s a lot harder because they went through hell. OK. We went through a bad time, but you know, we didn’t go through what they went. We were not as hungry as they went. We were not as humiliated as they went, as they were, you know. So it was different. It is terrible. Even with [X] I couldn’t talk about it because it was a different experience for him.

Another child survivor, who was hidden in an orphanage during the Holocaust and who initially felt she could not identify with other Holocaust survivors, said she felt tremendous relief once she learned of and then met a group of people like herself. She states:

I hope [I] can help others to understand that we are not the same as…other Holocaust survivors…And there’s one book that I read a long time ago that I really understood myself. It was [called] “the Children of the Holocaust”…[a]nd they were explaining a lot of things, you know, the way we were behaving, and I saw myself you know in that book…And then when I went to those [child survivor groups and conferences] and everybody [was] talking you know. And you know when you hear everybody talking you think well that’s how I feel, that’s exactly. Yes…I said, now I understand why I do this, I understand why my way of thinking and my way of behaving was different you know. And it opened my eyes…We all went through the same…Because we all went through the same thing so we can talk and we can understand each other. We understand each other because OK, it happened, our life stories are a bit different, but it is almost the same.

Interestingly, older survivors in this study did not compare their experiences to those of younger survivors.

**Family Caregivers**

Family caregiver participants also note that they do not perceive all Holocaust survivors the same way. For example, one family caregiver participant notes:

Well, I think the older Holocaust survivors have more wrong with them. I think actually, I think that it really inside, they had more pressures, I don’t know what you would say, they had more problems, I mean health wise.
Maybe you couldn’t see it on the outside but I think that…psychologically [they had more trouble]. [At least] the ones I knew, as they grew older I don’t know if it is just the life that they went through…Things that they went through. Because they went through harder times, there is no getting away from it, but I’m sure that they went through tougher times…things that the others didn’t have to go through. Sure, the younger survivors…didn’t have the best time either…But now I don’t think they really have a problem with it…I think the younger people have just grown out of it so much…I guess you have to treat them differently, a little bit…I don’t think the social workers really have a problem with those [younger] survivors.

**ii) Health, General Well-Being and Physical Ability**

**Holocaust Survivors**

*Cohort #1*

The research data suggests that age plays a significant role with regards to the overall health, general well-being, and ability of Holocaust survivors. The Holocaust survivors who are part of the older cohort generally noted experiencing issues similar to any other group their age with regard to their health, general well-being and physical ability. As a Holocaust survivor respondent notes, “Yes, sick, that’s it. It is winter my dear…Look at the rose in the spring it is beautiful and little by little and little by little it dies on you. And that’s the same with life.”

This group of survivors tended to express more difficulties relating to their health which in many cases compromised their independence and ability to care for themselves. For example, one survivor in this older cohort notes, “I have very bad bones, no good the bones, the back is no good, I cannot take a bath”. Another survivor in this cohort similarly admitted, “We are survivors and we are not the youngest as you know and we are dependent. We are not independent. We are dependent on other people.” They also noted that their health and overall physical well-being impacted their ability to partake in social activities. For example, the oldest Holocaust survivor participant shared, “Yet, I go in the Club not
often because of my health you see and my husband’s health…” and “I don’t go out because it is difficult [to] go”.

*Cohort #2*

As would be expected, the Holocaust survivors in the younger cohort generally indicated that they were not experiencing these same types of obstacles relating to their health and independence. A few survivors in this group noted having experienced various acute issues, which in some cases required surgery and a brief period of recovery. However, in most cases, the Holocaust survivors in this cohort noted that they were still working, volunteering, travelling, and socializing regularly. In short, these survivors were still enjoying very active lifestyles and doing so completely independently. For example, one of the youngest Holocaust survivors in this study notes, “I think my health is, compared to a lot of people, I can’t complain…Everybody has a cold. All my kids. I didn’t have it. So, I’m ok... I have a trip to take in two months, and after I go to X. And after I go to Z. to the Conference so. Yah.” Another survivor from this younger cohort describes her very active lifestyle:

When we go to concerts or what or when we go to school I have the bus here and so we take the bus and the subway to go downtown...so it’s no problem...I think we are going to register to go to [some] concert[s]. To the [symphony]...I try. And I go to school. Oh, twice a week, just to take some courses. I’m taking, last year I took psychopathology for five weeks and now psychology for ten weeks and music appreciation. So my days are quite busy. Laughs. But you see we have to keep active otherwise…it’s no life.

*Family Caregivers*

Family caregiver participants mainly noted that their family members required significant assistance in their daily lives, in most cases as a result of deteriorating health. By virtue of defining themselves as caregivers, their relatives tend to be individuals who require
some degree of assistance. For example, one family caregiver notes, “You know she’s at a frail age when you start to worry that you run into problems, and you get problems” and another also states, “She is becoming more and more dependent on help”. Another family caregiver similarly shares:

She keeps falling. She fell once and needed stitches on her eye and was black and blue and then a few weeks later fell again and broke her hip. So that’s been really hard on her and on our family. Just that she can’t do what she used to and you can just see it in her she’s slower and more clumsy and just doesn’t look as strong lately. So it’s been a hard year for her. She’s been hospitalized and was in convalescence like a rehabilitation hospital for a while.

A son also explains that his mother’s deteriorating health and limited ability to get out of the house, results in boredom and isolation. He notes, “She does get bored…bored and isolated that seems to be a very big issue with her.”

However, different degrees of need were discussed by family caregivers. Other relatives of Holocaust survivors noted that even though their family members have experienced some declines in their health and abilities, they were still able to do some of the things that they previously enjoyed. For example, the son of a Holocaust survivor shares:

As far as the other things she’s involved in it seems to be more ad hoc type of get-togethers in the mall where they tend to get together every afternoon. Just a gathering of her cohorts, her friends, her peers, her acquaintances get together in the afternoons at the food fair in the…[m]all so they tend to get together there and they chat. And then she’ll have her evening card game which she’ll often go to in the apartment building.

The daughter of one Holocaust survivor was the only family caregiver to indicate that her family member did not experience any health issues at all and that her mother was still “very independent”.

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iii) Language Barriers

While only individuals who could speak English well enough to carry out the interview without the use of a translator/interpreter (as indicated and explained in chapter 4), were included in this study, in general, differences in accents, quality of grammar and understanding were present between the older and younger Holocaust survivor participants. While there were numerous older participants in this study who spoke of their difficulties relating to language barriers, the youngest Holocaust survivors did not seem to experience any significant language barriers. The data from this study suggests that there are, not surprisingly, significant differences related to English language acquisition in the two cohorts. Examples of these differences are provided below.

Holocaust Survivors

Cohort #1

Like most older immigrants, the older Holocaust survivors in this study experienced challenges related to language (The-Quality-of-Life-of-Canadian-Seniors-Project 2000; Feit and Cuevas-Feit 2004). The data from this study suggests that the older Holocaust survivor participants consistently reported experiencing significant language barriers. One such participant notes, “I have no language...I have four language. Not English. English is not coming to my head...” Another participant from this older cohort similarly shares, “Well, in one way, I ok I’m not with the English, with other things you have to figure out. So it’s not so easy for me.” A third also admits, “I don’t thought that so would be I had not come from [X]. Then I had the language...What to do? I have no language.” It is important to point out that two Holocaust survivors in this group immigrated to Canada from countries where the primary language was not English within the last fifteen years.
Cohort #2

The younger Holocaust survivor participants in this study shared that they did not experience any significant language barriers. With all immigrants, language acquisition is usually easiest for those who arrive in their new home at a young age (Flege, Yeni-Komshian et al. 1999; Stevens 1999). Not surprisingly this appears to be the case for the younger participants in this study. For example, one of the younger survivors in this study notes, “Because I came young...I came here and...right away...the Canadian language I learned.” Another Holocaust survivor participant who belongs to this younger cohort explains that what makes her and other child survivors different from many of their older counterparts is, “the language barrier”. This respondent was somewhat critical of older Holocaust survivors who did not adopt the Canadian language as she had:

They want to stay within their own group [and they] want to speak their own language. The [survivors], the old ones, they speak Yiddish and or Russian. They speak Yiddish, but they just refuse to learn English which is also wrong, but they feel safer probably…That would be of course that would be difficult as well…Ay, I wish them well if that’s how they’ve lived. You know.

Another survivor is more understanding about the reasons for the difficulties with English language proficiency among some of the older Holocaust survivors. She explains:

It depends where [they] lived when they came here and where they worked. Many worked in the needle trade on Spadina and never learned to speak English because they didn’t have a chance. They didn’t go to school. And they didn’t have to. There was, they lived in the Jewish neighborhoods.

Family Caregivers

In most cases, the survivor relatives of the family caregiver participants shared characteristics with the older Holocaust survivors and so they described significant difficulties relating to their relative’s English language abilities. For example, the son of a Holocaust survivor notes that because of his mother’s language barriers, in particular her
difficulty reading English. “All those brochures that are printed up are totally useless for her…She really would need the time of somebody to sit and talk about these things of course that time is never available”. Another family caregiver, the granddaughter of a Holocaust survivor also explains:

Most of the workers who would come work with her don’t speak her language. Maybe it would make her feel a little more comfortable if she could talk to them in Yiddish which is her native language…I think sometimes she doesn’t understand. Like for sure with doctors you know when they try to explain, you know she doesn’t understand and she may have trouble just because of the language.

However, other family caregivers explain that not all survivors experienced language barriers and also suggest that these differences related to language barriers may be linked to age. For example, a family caregiver notes, “And that’s why I think some people sometimes might need an interpreter…to go with someone to a doctor or a dentist or whatever, I think that is very important…I’m not talking about the ones who are in their sixties and seventies, they’re…managing.” Another caregiver similarly adds:

I think almost all the survivors we knew learned to speak English very well so they would have access to the same [as all Canadians]…If they didn’t speak English that’s a different story. Well, if they never learned the language, maybe those that speak Yiddish…and don’t know where to go and they don’t have anybody to help them with things then they definitely need…help…but I’m speaking about those who were young.

One family caregiver, the daughter of a younger Holocaust survivor, noted that her relative did not experience significant language barriers, and in fact, became an English teacher. She shared, “She enrolled in University of [X] for her Bachelor of Education and always wanted to teach English even though it wasn’t her first language, which she did for [X] years…until she retired last year.”
iv) Education and Work Experience

**Holocaust Survivors**

*Cohort #1*

Many older Holocaust survivors in this study indicated that they did not have the opportunity to complete their formal education prior to the Nazi occupation. They explained that even after liberation they did not have the opportunity to explore occupations which may have been of the most interest to them because their focus had to be on the immediate need to support their families. One of these Holocaust survivors explains, “I wanted to study, but because of the Holocaust everything changed.” Another shares, “My only regret really I have always [had] was that I didn’t have a chance to go for higher education. That, the Germans killed”. The Holocaust survivor respondents in this cohort noted that they had to choose their occupations based on criteria other than personal desire and fulfillment. One survivor indicates, “I took you know hairdressing so I should make a living”. Another notes, “I took care of my children and I took out work [sewing] in the house”. The older survivors in this study who had moved to Canada immediately after liberation worked primarily in various sectors of the garment industry/needle trade, in hairdressing and in child care. One survivor in this cohort who did not move to Canada until very recently was employed for many years in her country of origin helping Holocaust survivors collect reparations.

*Cohort #2*

There was a marked contrast found in the younger Holocaust survivor participants. This cohort generally noted having had more opportunities to pursue areas of interest in their careers. The following two younger Holocaust survivor participants share:
When they asked me to be a teacher you know oh, this was great. I took courses and [I worked with] the kids in the morning...and then we went to the children’s homes to work with the parents in the afternoon and then at night my kids would come home, I would help them with their homework. My husband worked until 9:30pm so 10:00 I’d make him dinner and then I’d go downstairs and write my papers and do my studying. Yah. That was really. I mean it was fascinating and I loved it you know. That’s how I got my teaching certificate.

I always did want to be in social work or I did want to be a nurse. I was nursing for 45 years. After the war, I was working in the children’s home, the children’s home where I was during the war. I took care of the small ones…I did everything with the children. At the age of 17 I was at the children’s home with the kids. I registered them in school, I took them to the doctor, I took them to the hospital, I went I was at the meetings with the teachers because they didn’t have parents and I took them to concerts. And I took them to treatments. And I did a lot for quite a lot for a few years I did quite a lot of service. And after that I was with other ones, and with younger ones, and with… another agency.

The professions of the younger survivors interviewed in this study included teaching, nursing, real estate, tax consulting, and translating. Many of these younger respondents also noted obtaining relevant life skills through the type of volunteer work they were involved with. One of the youngest respondents noted, “I spend at least a day a week [volunteering] at the [hospital]. I’ve been doing this for [X] years...” She continues:

It also depends how sheltered you’ve lived. If you’ve always been in your home, and as a housewife, as some older Jewish families insist on, and then the female spouse survives and the male does not, she does not have any idea about what to do. That’s where the trouble starts...And these are the people who need help. But how do you talk them out of it as a social worker, they’ve come so far for so long that they might think that this is the way to live…I wouldn’t [have this problem] because I hang out...with social workers and I’ve been around lots of professional people as long as I’ve been in Canada so I wouldn’t have a problem finding the resources.

It is important to note that many of these younger survivors are still working part-time and/or volunteering, or have been until very recently. For example, one such survivor notes, “I’m a real estate agent, so when something comes my way I will still do it. I will still
do it.” and another states, “I volunteered with that group at [A], for [X] years, then they needed a supervisor and they asked me if I’d like to take the job and I said sure. So, it’s not full time.”

Because of their recent work and volunteer experience, which has familiarized them with computers, navigating within the public sector, liaising with health care and other professionals, and so on, many of these younger Holocaust survivors may be much more able to obtain the assistance and the services which they may need as they age. For example, a survivor in this cohort notes that learning to use the internet has been a valuable opportunity, “I even learned how to use a computer so that’s not bad...It’s so fast...I’m able to you know research on the internet so it’s very helpful.”

**Family Caregivers**

The data from family caregiver participants indicates that the majority of their relatives missed out on educational experiences that would assist them in navigating the public sector and health care services. For example, the son of a Holocaust survivor explains, “OK, well generally, in general well, say her education was cut very short because of the war...She was quite young, so her schooling ended around grade five or six, so she basically hasn’t got the background and having had that little education it is very difficult to pick it up...” He further notes:

[S]he’s not able to pick up things like the computers and the data and the things available on the computers and all the different services that are available. She basically can’t deal with the different agencies on her own...[S]he doesn’t have the basic life skills at this point in her life and it would obviously be difficult to start now but these types of things should have been dealt with many years ago, there should have been services available at earlier times.
Another family caregiver, also a son of a Holocaust survivor further notes how the lack of these types of life skills, compacted with larger systemic issues, impact his mother’s ability to manage independently:

Just getting the service is sometimes, from the government, is sometimes a challenge in itself for anybody. Or finding it, I guess the biggest challenge is finding the right services. And you know, getting into those resources and finding out they’re out there. Now for my mother to do this herself this is impossible, I have to do it for her. You know sometimes you get sent in circles when you inquire about one thing and somebody sends you to another department, another department, another department. Fifteen phone calls later if you’ve still managed to stick it out and stay with these people you know you might find the right service, but it’s frustrating. She can’t do it alone.

5.5 Classic and Contemporary Holocaust Survivors

From the data which was gathered, two cohorts of Holocaust survivors emerged. The characteristics and needs of each of these groups will be compared and contrasted in this study. In the broadest sense, what seemed to distinguish one group or cohort of Holocaust survivors from the other was the amount of assistance they required to live on a daily basis. Data indicates that one group was “becoming more and more dependent on help” and that their “needs had sort of sky rocketed” while the other group of Holocaust survivors “Definitely... don’t need any help” and “can take care of all of [their own] needs...”

When it came to attaching labels to these two cohorts of Holocaust survivors that emerged from the research data, existing terms such as “adult” and “child Holocaust survivors” did not seem adequate for this study. While age is certainly the primary variable dividing the two cohorts, the data shared above suggests that numerous other areas such as health, level of independence/dependence, language barriers, education, type of work experience and ability to navigate the public service sector also vary among these two groups. As a family caregiver respondent notes, “So I think age would be a major issue and
as well [other] personal circumstances…” Together, these distinctions may result in the
younger cohort of Holocaust survivors experiencing a very different set of issues than their
older counterparts when they reach their age (David 2004). The existing terminology does
not adequately differentiate these characteristic survivor groups. In addition, “child
Holocaust survivors” is not an ideal term to use in speaking about people who are now
adults. Similarly, the term “adult Holocaust survivors” is confusing because all of these
survivors are now adults.

Rather than labeling the two cohorts in this study as “adult survivors” and “child
survivors”, the terms “classic survivors” and “contemporary survivors” were chosen to
compare and contrast the characteristics of these two groups of Holocaust survivors. The
term “classic survivors” is used to describe the survivors that fit the classic stereotype of
Holocaust survivors described in most of the social work literature. This group would
usually include those experiencing challenges related to health and mobility, which is largely
due to their advanced age (Brown 2000; Landau and Litwin 2000; 2000; Holosko and
Holosko 2004). This would also tend to include those with difficulties speaking, reading,
and/or writing English in part as a result of the immigration experience, as well as those
lacking the necessary skills to negotiate the available public sector services (Giberovitch
1999; Brown 2000). In some cases this cohort of survivors might also be identified by a
tattooed number on their left arm, and by distinctive behaviours such as the hoarding of food
or other items (Joffe, Joffe et al. 1996; Bernick, Grinberg et al. 2001; Gordon 2001;
Rosenfeld 2001).

“Contemporary survivors” are more contemporary “Canadians” in terms of their
language and skill set. This group of Holocaust survivors is generally much younger. They
have little or no detectable foreign accents and had no significant problems with the English language. Furthermore, they typically are well educated and had worked, or in some cases were still working, in various professions in Canada. These individuals were also very confident that they could independently negotiate the health and/or social service sectors should such needs arise. In most cases however, these individuals claimed that they had no immediate need for such services. These individuals could not easily be identified as Holocaust survivors without knowledge of their personal Holocaust story and/or personal identification as Holocaust survivors (Kestenberg 1985; Dasberg 2001; David 2004).

5.6 A Continuum of Holocaust Survivors

Most of the Holocaust survivors in this study were easily identified as either classic or contemporary survivors. However, a small number of Holocaust survivors were more difficult to categorize. These individuals were not the youngest or the oldest Holocaust survivor participants, but rather tended to be in the middle of the age range, and at liberation were in their adolescence. These survivors demonstrated characteristics of both classic and contemporary survivors. Such cases that are more difficult to classify indicate that a continuum with classic survivors on one end of the spectrum and contemporary survivors on the other, may be a more accurate way of understanding the differences among Holocaust survivors than to simply describe two discrete and separate groups.

For example, one Holocaust survivor respondent who was sixteen years of age at the time of liberation indicated still being independent in meeting all daily needs. During the research interview this participant appeared to understand and speak English very well, yet indicated being self-conscious about using the English language. This respondent indicated having had hopes of attending university but was never able, as a result of circumstances
during and after the Holocaust. This individual also indicates having had no problems advocating for personal health care needs and navigating the health care system when necessary.

Such cases which are more difficult to categorize, indicate that a continuum with classic survivors on one end of the spectrum and contemporary survivors on the other, may be a more accurate way of understanding the differences among Holocaust survivors than to simply describe two discrete and separate groups. If a continuum were used to help describe classic and contemporary Holocaust survivors, the survivor described above would fit somewhere about the middle of this continuum.

The analysis provided in this chapter will be used to organize study findings which are presented in chapters six and seven. As findings are presented in the following two chapters, the two ends of the continuum, and the cases which fit somewhere in the middle, will all be highlighted to illustrate some of the similarities and differences that exist among various cohorts of Holocaust survivors.

5.7 Summary and Conclusion

This chapter began by summarizing the results of the demographic survey. This survey provided demographic information about Holocaust survivor and family caregiver participants, including their year and place of birth, marital status, religious affiliation, living situation, and satisfaction with familial and other community support systems.

Following this summary of demographic information, data from qualitative interviews was shared to illustrate that there are actually at least two very different cohorts of Holocaust survivors in this study. The first group, named classic survivors in this study, described experiencing many more barriers than the younger group, the contemporary
survivors. The younger survivors, generally in much better health than their older counterparts, had no or very little detectable foreign accents or trouble with the English language, and had greater choice and opportunities in areas of work and education. Many had worked, or in some cases were still working, in various professions at the time of this research interview. This chapter also explained that a small number of respondents demonstrated some characteristics from both of the cohorts and therefore a continuum, with classic survivors on one end and contemporary survivors on the other was suggested as the best way to understand the differences among these two cohorts of Holocaust survivors.

The analysis provided in this chapter will be used to organize the study findings that will be presented in chapters six and seven. Chapters six and seven will highlight the similarities and the differences between the various cohorts described in this chapter while presenting research findings which suggest that Holocaust survivors exhibit a number of resiliency and vulnerability characteristics.
6.1 Introduction

As discussed in the review of the literature in chapter two, it has been argued that Holocaust survivors’ previous experiences with trauma and loss make them more resilient than other seniors when it comes to the losses associated with aging (Harel 1995; Kahana, Kahana et al. 1997; Danieli 1998). However, it has also been pointed out that “each current loss [for Holocaust survivors] rekindles past suffering and renews sadness” (Brandler 2000) (p.68). In addition, the existing literature suggests that the experience of extreme trauma associated with the Holocaust can make some survivors more vulnerable to the process of aging while it makes others more resilient to this aging process (Kahana, Harel et al. 1989).

The data from this study suggests that in fact any individual survivor may exhibit both vulnerability and resiliency characteristics. Due to the volume of qualitative data which was provided by the participants of this study these issues of resiliency and vulnerability will require separate chapters to discuss. Chapter six will focus on resiliency and the reasons why respondents feel the Holocaust has made survivors stronger. The sub-themes uncovered in this study relating to resiliency include fierce independence, a “never give up” mentality and a strong social conscience. Chapter seven will focus on the issue of vulnerability. This chapter will highlight the susceptibilities which these same respondents associate with having survived the Holocaust. The sub-themes discussed in chapter seven include guarded trust, a “going without” mentality, increased vulnerability to loss, and loss of secure identity.

Chapter five described the participants’ profiles which will serve as a backdrop to inform this qualitative analysis. Therefore, each theme will be discussed from the point of view of classic survivors, contemporary survivors, and where applicable respondents who
demonstrate characteristics from each of these cohorts. These same themes will then be discussed from the standpoint of the family caregivers of these different cohorts of survivors. Chapters six and seven will also illustrate that not only have family caregivers observed these traits in their family members but that in many cases, the family caregivers of survivors have also absorbed these same characteristics. Chapters six and seven will each conclude with a discussion of implications for social work practice.

6.2 Fierce Independence

6.2 a) Classic Survivors and Fierce Independence

i) Life Course Experiences and Fierce Independence

Throughout much of their lives, classic Holocaust survivors have had to rely primarily on their own resources and abilities to survive. Classic survivors were those who were mainly in their 20s and 30s and therefore often physically the strongest during the Holocaust (Bernick, Grinberg et al. 2001; Museum 2005). They were also the most likely group of Jews to have survived the systematic extermination because they could be used as slave labourers in the concentration camps and work camps (Bernick, Grinberg et al. 2001; Museum 2005). Classic survivors were also likely to have lost their parents, uncles, aunts, grandparents and younger siblings in the concentration camps (Shuter 2003). Most of their family members were killed and therefore these survivors generally had no or very limited familial support. One classic survivor recalls, “After the war, and I didn’t have anybody...So I was depressed....” Another survivor shares, “We were [hundreds of] Jewish people….And [very few] came back… [We] were all left single.” Even in those cases where other family members did survive, the harsh reality of these times called for the ability to meet one’s own needs. The same was true for classic survivors in hiding. A classic survivor recalls:
There wasn’t what to eat… I remember I took I had some shoes… and I took and I went out to there was a market to sell and I sold them and I bought a little flour. And I came home and I took the flour with water and I mixed out and I put it on the fire to make… something.

After liberation, classic Holocaust survivors had to continue to rely on their own resources to rebuild their lives, often without parents and with no or little extended family to help (Shuter 2003). In these circumstances only those who were self-sufficient could subsist. As a classic survivor shares, “You have to help yourself… we went through, and so we… worked and worked and worked.” One classic survivor recalls:

The thing is, after the war like I said, we came to Canada, had our children, I had my first son, we were in the DP camps, I had him. We didn’t have what to give him to eat even. Everyone said, “Oh, I feel sorry for that lady. She’s suffering with him. He’s not going to live.” They always thought he’s not going to live and thank G-d, we pulled him through. My husband sold [whatever he could] and he went and bought some milk for [the baby] to give him to eat. He used to be so hungry. So my husband and I took turns, one spoon I and one spoon he used to feed him. Now people don’t understand what people goes through. Life is not on a silver platter. Life you have to take it how it goes. You know, but thanks to God… [Then] when we came here to Canada, like I said, nobody want[ed] to rent out a place [to us]… We didn’t got nothing, we had [no crib] we had nothing to put our son in. You see what people goes through we went through I’m telling you.

Concentration camp and work camp inmates who appeared weak were the first to be killed (Museum 2005) and so appearing strong and able at all costs was of paramount importance during the Holocaust (Rosenbloom 1985; Harel, Kahana et al. 1993; Walker and Chaban 1999; Malach 2001; Williams 2002). This need to appear strong carried over into the lives of many survivors after liberation. The words of one classic survivor indicate that surviving the Holocaust has resulted in a value system which idealizes independence, perseverance, and self-defense, at both individual and collective levels. He notes:
I lived my life, I went through the Holocaust and now you see I’m a fighter, I’m ready to fight people who go against Jews…I never said to somebody bad, ok, I’m not a bad guy, I don’t know how to explain to you, I’m not so good in English either…Now, we’ve got a country and something will not happen like what happened in Germany. Now Israel is a country and it will help you. They’ve got power and I’m proud of them. They’re strong too.

**ii) Loss of Independence**

The fierce independence of classic survivors is, generally speaking, a very positive characteristic that has helped them to survive, and in many cases even to thrive, amidst extremely stressful life circumstances. Given their fierce independent nature throughout their lives, classic survivor respondents have noted that it is emotionally difficult for them, to now have this independence compromised. As one classic survivor regretfully admitted, with much sadness in her voice, “We are survivors and we are not the youngest as you know, and we are dependent. We are not independent. We are dependent on other people.” A second woman similarly noted her sadness, not only at losing some of her own independence, but also at no longer being able to assist her family with odd jobs around their house. She sadly admitted, “I want to help and I can’t”.

**iii) Transportation and Independence**

According to this study’s findings, the most significant barrier to the independence of classic Holocaust survivors is transportation. Transportation barriers are not unique to Holocaust survivors and transportation has been identified as an issue of major concern to all Canadian seniors (Brown 2000; The-Quality-of-Life-of-Canadian-Seniors-Project 2000). For this reason, discussion on this topic will be brief although it was talked about at length by most classic survivors.

It is important to note that there may be some significant differences with regard to transportation between Holocaust survivors and others in their age group. Survivors are
believed to have fewer extended family members than other seniors their age (Giberovitch 1999; David 2003). They generally have fewer supports to assist them with transportation. A classic survivor in this study notes, “Yes, this is a very big problem. Because I have not, I have no…no…we are alone…And Wheel Trans. And it became so that I cannot count on the Wheel Trans.” She continues to explain that transporting her husband to the doctor is challenging without family to help. She admits, “

I go to the doctors alone…and explain about my husband… is very difficult to…go…It is near the shopping but he cannot [walk there]. I must go alone. It is how is. How is. It is very yet difficult because my husband cannot go …he needs help…He cannot go. It is yet very difficult alone…So is. I have not family.

In addition, in contrast to other areas of service provision (Giberovitch 1999), the data from this study suggests that this may be one area in which classic survivors would actually welcome and accept help. For example, a classic Holocaust survivor respondent notes, “Well, what they can do is help us in transportation. Transportation…I am by myself, so I can be lonely”. Another states that due to lack of transportation, “I stay in the home…I stay in the home all 24 hours. Not go”.

It is a sad reality for those who are not able to socialize because of a lack of transportation, but it is even a more serious situation for those who struggle to access transportation for medical appointments and to meet other basic needs. A classic survivor, who has significant mobility and health issues, explains that she had no choice but to travel two hours each way, twice every day, by bus and subway while her husband was in the hospital. He could not communicate in English adequately on his own with the medical staff and needed her there to translate. She shares:
My husband was in the hospital… and he don’t speak English and the doctor say they must ask and answer, I must there be… I think it is… a Jewish hospital. The doctors speak only English. Only English... While he stays it takes two hours to come and two hours to go home. I was so tired from this... He was there two weeks... Yah. Go back. Yes. In the morning go to him and the evening go back and tomorrow the same. Yes.

6.2 b) Contemporary Survivors and Fierce Independence

i) Life Course Experiences and Fierce Independence

Most contemporary survivors were also required to become unusually independent early in their lives as they had to rely on their own abilities to survive both during and after the Holocaust (Eisen 1988; Greenfeld 1993; Suedfeld 2004). A contemporary survivor respondent notes, “You are alone you know… you protect yourself”. Another contemporary survivor shares:

So, you see… we were wards of the Jewish Congress until we were sixteen. I was a child when I came to Canada [but] when you were sixteen, they expected you to go out to work, to look after yourself. As it was, because of my situation I left [the home where I had been placed] and I went out on my own when I was sixteen and I got a job, well a few jobs.

Contemporary survivors were generally much younger than classic survivors when separation from one’s parents and other family members occurred. As a contemporary survivor notes, “I don’t even remember my parents.” The impact of such separations had the potential for profound social, emotional and psychological developmental impact (Greenfeld 1993). Another survivor describes this experience, “Don’t forget I wasn’t with my parents. I was all by myself. It was very hard… I had a hard time.”

ii) When Help is Not Needed

The contemporary Holocaust survivors interviewed in this study did not mention any needs that relate to physical tasks or activities of daily living. Rather, they all stated that they are still very independent and do not need assistance. One contemporary survivor noted,
“Well, I don’t use anything to help me to live. I’m quite independent and I do my own thing and I don’t need somebody to help me, you see. No, I don’t need anything.” Another stated, “Definitely, I don’t need any help.” She continued to explain, “Because I worked until about a year ago.” A third contemporary survivor also stated, “I haven’t come to that yet. I drive, and I work and I don’t see myself as a senior.”

The contemporary survivors in this study maintained that they do not require any assistance and that they are quite independent. However, it is still unknown if and/or in what ways this characteristic of “fierce independence” will affect this group as they age. One contemporary survivor respondent states, “I don’t know what is the needs, because myself, the needs, I don’t have any right now. Maybe in ten years I’ll have needs.”

Another contemporary survivor who did accept assistance after a major surgery notes:

OK, I just went through major surgery…and I was approached by a physiotherapist, and a social worker….before I left the hospital [to arrange for] my care when I came home…So, and to tell you the truth, I appreciated everything. I thought they were absolutely fantastic. A woman came every couple of days to help me you know get into the bathtub and everything. I mean I was really, I needed the help you know and…I really appreciated it. That’s all I can say about that…I was very very impressed with the way everything went and eventually I think it took maybe a couple of months, you know the lady who was coming here to help me, I [told her] that I didn’t really need her anymore so she left.

This respondent was very satisfied with the services she received after her surgery because “they weren’t overbearing” and services were stopped as soon as she was able to be more independent. She admits that “I needed it for a little while”. Another contemporary survivor notes that because she and other child survivors like herself are more able to negotiate the social service and/or health care systems than their older counterparts, it is expected that they will be more likely to access the available services which they may later require. She notes:
If I in ten years need a social worker, I’ll know where to go. It also depends how sheltered you’ve lived. If you’ve always been in your home, and as a housewife, as some older Jewish families insist on, and then the female spouse survives and the male does not, she does not have any idea about what to do. That’s where the trouble starts...And that’s where I see the problem...That’s where the difficulties are, otherwise I don’t see it. Just pick up the phone and talk to the doctor, or the nurse...and say I need to see a social worker, can you arrange it. I don’t think there is a problem.

6.2 c) Family Caregivers of Classic Survivors and Fierce Independence

Family caregivers of classic survivors also noted this characteristic present in their family members. The daughter of a classic Holocaust survivor explains why survivors are so fiercely independent. She notes:

This essence of independence and having to do things on their own and then if they’re facing challenges having to rely on and ask for help is somewhat difficult for a survivor at times...They are used to being very independent and prided themselves in being able to do for themselves and for their children and so asking for help may be a sign of weakness. And they have prided themselves on being strong and having had the ability to survive, it may not be something that they would readily want to express in terms of needing help and then fearful that they are becoming weak and may not survive anymore.

Other family caregivers of classic survivors add:

They have to understand the cultural background and experiences that have defined this specific group...Otherwise they’ll miss the opportunity to understand that they are a very strong group of people with a lot of pride who would not readily like to ask any stranger for assistance. They may also feel a lot of guilt in asking their children for assistance.

I think a lot of it is related to...living [during the Holocaust]...and surviving on your own, and saying I’m strong enough to do this and I’ll survive...It’s taking that mentality forward and although some of the services are available, saying, you know, they’re for other people, for sicker people.

i) Holocaust Survivor Relatives are Uncomfortable Asking for and Accepting Help

According to family caregivers, as a result of their fierce independence, classic Holocaust survivors may be unlikely to ask for assistance when needed, or to accept assistance that is offered. A grand-daughter of a classic Holocaust survivor notes:
She wouldn’t even take a dress to a dressmaker to have it altered. She would do it herself. So if [doctors] understand that need she has to do everything herself then they would understand why she may not take the pills they prescribe her. She really has the mentality that you do for yourself and that you help yourself. She had to be that way to survive. So to go see a doctor or a therapist and believe that they will be able to prescribe a pill or an exercise that will fix her, it is hard for her to believe. As far as she believes, and knows, from her life experience and what she’s been through, she knows that if you want to survive, you help yourself, you do for yourself, you heal yourself.

While relying on oneself is for the most part a very positive character trait, it also occasionally leads to compromising safety and well being, especially as these “fiercely independent” survivors begin to require more assistance. As the daughter-in-law of a classic survivor notes, “Even if they could have [helpers in the home]…they like to do everything themselves. Even if it costs them their health…they are very independent people…[E]ven though they’ll say no I don’t need it I don’t want it, they really do…it’s not their way to ask for things”.

While classic Holocaust survivors might be more likely to accept assistance from family members than from an outside source, even this can be difficult for them. For example, this daughter-in-law also points out:

I think when you’re dealing with, at least the few Holocaust survivors that I know, they are very proud, independent people and even if they are screaming for help and they need it, I mean they won’t tell you if they need help…Case in point, today I was speaking with my mother-in-law and I could tell from her voice she was in pain. She’s not going to say to me, “Please come visit, I don’t feel good.”

Study findings suggest that classic survivors are likely to avoid using the services available to them. They prefer to do things for themselves. They may decline to accept services or treatments which are offered, and may even cancel services after much planning has been done to access these services. The son of a classic survivor shares, “It was all
arranged and then she decided that she didn’t want somebody to come deliver meals to her home, afraid somebody might see these kosher meals on wheels being delivered”. They may remain resistant to the available programs, services or treatments. As another son of a classic Holocaust survivor notes, “[L]ike there’s a lot of services out there and a lot of things that she’s just too proud to use”.

For this reason, the son of a classic survivor notes, “…social workers need to be vigilant about offering and playing up or representing the service in the best possible way”. This interviewee also notes, “They don’t want to get a sense that they are taking charity. They are too proud to take it so you have to offer it gradually and sneak it in.” Sneaking in service”, as the above respondent called it, would assist in ensuring that classic survivors’ needs are safely met without threatening their independence. This respondent explains that an example of “sneaking in service” might include “increasing a service gradually, like Meals on Wheels at first might be delivered once a week and then eventually twice a week and three times a week”.

Family caregivers of classic survivors extensively discussed this unwillingness of their relatives to accept services and noted feeling significantly troubled by their relatives’ reluctance to ask for or accept help. For example, a son of a classic survivor vents:

They are concerned that they are a burden and don’t want to bother anyone or utilize any of the services yet in reality they are more of a burden by not using the services. It’s frustrating because the services are there and are included in our tax dollars…and she doesn’t use the services. She has all these services and then she sends them away…All these people who are supposed to come and give her a bath and she sends them away and the service worker doesn’t tell anybody and just leaves and gets paid anyway.
ii) Multi-generational Effects and Fierce Independence

Many caregivers of classic survivors stated that their Holocaust survivor relative taught them the value of fierce independence and that they now share this quality with their family member. A daughter explains that, “The other thing that I think I grew up with as a result of this was the need to survive and to be as independent as possible”. While this example points to the multi-generational effects of the Holocaust, it is important to note that family caregivers were never asked about such multi-generational effects, or even about their own experiences or needs. Interview questions to both groups of participants focused solely on the needs and experiences of the community dwelling Holocaust survivors.

6. 2 d) A Family Caregiver of a Contemporary Survivor and Fierce Independence

All but one of the family caregiver respondents’ relatives were classic survivors, (another family caregiver’s relative shared characteristics of both classic and contemporary survivors) probably because most contemporary survivors do not yet require regular assistance and therefore their family members were less likely to volunteer to participate in this study which sought out “family caregivers”. Therefore very little data is available relating to the topic of fierce independence from the point of view of this group. However, this one respondent did note that her mother was still “very independent”. She also indicates that “…the value of “not [being] dependent on…anyone else for [her] own financial survival in life” was instilled in her from a young age.
6.3 A “Never Give Up” Mentality

6.3 a) Classic Survivors and a “Never Give Up” Mentality

i) Life Course Experiences and a “Never Give Up” Mentality

As a result of the Holocaust, classic survivors experienced the loss of their homes, their belongings, their jobs, their dignity, their identity and their loved ones. They had to persevere, first to survive, and then to begin life anew (Bauer 2001). As one classic survivor summarizes, “We lost everything”. Classic survivors had to demonstrate remarkable psychological abilities in order to escape immediate threats of persecution and loss of life, and also to cope with the horrors of remembering such unimaginable experiences (Helmreich, 1996). As one survivor recalls:

I had [siblings] who perished in [the death camp]. My mother brought them there and they took away from her the children. And you know what it is, like actually until you have your own you don’t realize what it means to take your child away from you. And she lived. And that is what it is, you go on.

In psychological terms, the ability to overcome these adversities, and to become stronger in the process, is often referred to as resilience (Grotberg 1995). “Resilience connotes emotional stamina” (Wagnild and Young 1990) (p.252). It is a term that has generally been used to describe people who are able to “display courage and adaptability in the wake of life's misfortunes” (Wagnild and Young 1990) (p.252) and people who don’t give up under difficult circumstances.

The study findings indicate that the traumatic life course experiences of classic Holocaust survivors have taught many of them the valuable lesson of never giving up. The words of a classic survivor illustrate her resilience:
The Holocaust was something, it was not only the killing but the torture, the fear, the torture, the humiliation. It is impossible to explain. It is just impossible to explain so if somebody has problems. I’m more than sure people have problems. More than sure. I had it when I was young…And you have to go on with such experience[s]…But, I went through it and got out of it and I feel that I am mentally strong. Very strong.

Another classic survivor explains how her many near death experiences during the Holocaust allowed her to realize how much she valued life and that she must never capitulate. She shares, “I was all the time under the occupation of the Nazis…as a Jewish girl they caught me… But, thank G-d I… survived…I was so young…Sixteen years old. But I didn’t want to die. Another classic survivor explained that many Holocaust survivors never give up because they feel a need to prove that they have outsmarted their oppressors. She states, “I think only one more important thing. You have to learn not to give up. You have to go on. Because you have to show that we are strong, and smart and smarter than them.”

**ii) Pushing Themselves Too Far**

The “never give up” mentality keeps classic survivors forging on in the face of adversity, such as medical issues and day to day challenges. As one classic survivor who continues to do regular housework, in spite of significant health issues, states:

My health is not so perfect. I have a problem…Maybe because of this I fell…I was helping, I live with my daughter, so I am doing at home cooking, washing dishes… I fell…The floor was full of blood…and I had four stitches. Four stitches…And tomorrow they take out the stitches.

This mentality also helps them recover quickly and resume their normal routines as quickly as possible, even in mentally and physically stressful situations. Another classic survivor states:
I pretend to be a… laughs… a good soldier, you know what I say. Life is like on a slippery road. It’s very slippery, but you have to hold on not to fall down. Hold on to a slippery road and it is you have to. Because when I’m sick I’m sick umm. Just [last month] I had [surgery] and I had complications with it and had to do it again… Sick. Sick. Sick. Sick. But as soon as I feel better, I go on.

Fierce independence and a “never give up” mentality are essentially two very different characteristics, with definite overlapping concerns. The research data suggests that as with the characteristic of fierce independence, the “never give up” mentality may also contribute to this resilient group of seniors pushing themselves very hard to overcome adversity and resisting or refusing assistance even if it means putting themselves at risk. Classic Holocaust survivors may put a lot of pressure on themselves to keep on going in order to prove their resilience to themselves and to the outside world. For example, one classic survivor notes:

I had to look after my husband for [years when] he was sick with [X] but the last [several years were] murder. I wouldn’t give away. I was embarrassed. The doctor used to tell me, “he’ll go on to her funeral, because I have a [serious medical condition], he will be on her funeral”. I said...don’t worry, I’ll make it.

When dealing with so many of life’s crises, some classic Holocaust survivors may have learned this resilient mentality by absolute necessity. However, the data suggests that these classic survivors also have a tendency to push themselves much too far.

6.3 b) A Holocaust Survivor who Demonstrates Classic and Contemporary Characteristics and a “Never Give Up” Mentality

Like classic survivors, Holocaust survivors who share characteristics from both cohorts similarly explained that living with feelings of ongoing humiliation, defeat and helplessness during the Holocaust contributed to their strength and to this “never give up”
mentality after liberation. As one survivor, with both classic and contemporary characteristics, explains:

We came to Toronto...and you know, we came here without a penny in our pockets, you know...You think back to what these “greenas” (newcomers) did...And we came here without a cent and in spite of it we rolled up our sleeves and we went to work. So we were invisible during the Shoah years, for so many years, but we were not going to be invisible here.

This survivor also explains that this resiliency or “never give up mentality” has occurred on a community level as well. He notes:

I had a teacher point blank ask [an anti-Semitic question]. I said, “Aaah”. I’m prepared for these questions you know, but it just goes to show you. The more things change the more they stay the same and there’s a lot of ignorance. All this terrible hatred that was built up against the Jews for two thousand years, it ain’t going to go away in a few generations. Now we have this new trouble building up you know...so we are between a rock and a hard place. Like between two big large rocks so and we have to exist in this kind of an environment and go on. This is important for us you know, to keep working and educating and not giving up.

6.3 c) Contemporary Survivors and a “Never Give Up” Mentality

i) Life Course Experiences and “Never Give Up” Mentality

Contemporary survivors in this study learned survival skills such as hiding, and sacrificing their ideals in order to survive. As a contemporary survivor recalls, “we used to go to church, to pass as you know as Christian children, we were hiding”. Another contemporary survivor recalls how during the Holocaust she abandoned the rules of Kashrudt (the Jewish dietary laws). She notes that during that time, “we ate whatever we could to, we ate horse meat, we ate ham, everything just to stay alive.”

Most of the contemporary survivors who participated in this study arrived in Canada alone, with nothing, and again they had to adapt and survive in a world that was completely new to them. As one contemporary survivor reminisces, “You know, you think you’re
coming to Canada, all the kids in the orphanage “America, America, oh you’re so lucky”
You know the streets are paved with gold. But ah. OK. You know.”

Amidst much emotional pain, having learned to survive, they kept going and succeeded in rebuilding their lives. Their survival armed them with the instincts and resilience that they have put to use in many other areas of their lives. Contemporary survivors view their early traumatic experiences as a lesson in life and to keep pushing on. One contemporary survivor explains, “Most of the survivors are really successful people in one way or another. That survivor in them in every way. I am [also] a cancer survivor…you’re fighting more, when you are a survivor”. A second contemporary survivor notes, “But, all my life I’ve been a fighter and a survivor in more ways than one.” A third contemporary survivor notes, “Life goes on and we have to continue living and that’s it.”

ii) Pushing Themselves Too Far

While contemporary survivor respondents were less affected by health issues than the generally older classic survivors, some of them had also experienced significant health related conditions. They described a “never give up” mentality even under these difficult circumstances. One contemporary survivor notes:

I nearly died two years ago. The doctor said from one to ten, she said ten and a half. And I came back. And two months later, I went [back to business]. I was [X] days in the hospital. So people say to me, to stay, they keep you [X] days in the hospital, it means you were very sick. Now. And I fought. I fought. I wouldn’t let myself go down…I don’t have any other choice. Laughs.

Admitting to feeling weak, tired, or depressed does not go with the “strong, resilient, never give up persona” they had to create to survive their life circumstances. As the data show, being strong and resilient is a significant part of many contemporary survivors’ self-identity. In fact, even at times where these respondents mentioned their difficulties, their trauma and
sadness, they often ended by alluding to the need to be strong, and push through the pain. One contemporary survivor shares, “You go back to everything you didn’t have when you see some movie ok you didn’t, you were not blessed to have a family…and…some people lost everybody…but you have to survive. That’s the motto. Survivor”.

As with the classic survivors, the research data suggests that this “never give up” mentality sometimes results in contemporary survivors not allowing themselves the opportunity to grieve or to accept their vulnerabilities. For example, a contemporary survivor shares how she pushes herself through her own pain immediately after her husband died so that she can travel to his siblings and help them through their grief. She notes, “Ah. You know. I survived [his death] and I wanted to help the family from my husband. I also have my sister-in-law…Oh yah. I am always supportive [of] her…I [travelled] to [G]…after my husband passed away because I had to help them cope with their loss of their brother. I’m ok.”

6.3 d) Family Caregivers of Classic Survivors and a “Never Give Up” Mentality

Family caregivers also discussed the “never give up” mentality of their family members. A daughter of a classic survivor summarizes this mentality. She states, “My father has this mentality of never giving up and always doing what you have to, to survive, and adapt in life.” Family caregivers noted that the “never give up” mentality usually serves their classic survivor relatives well. A grand-daughter of a classic survivor notes, “Experiencing the Holocaust, it made her mentally strong…she can cope with life’s struggles because she’s been through worse”.

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i) Survivor Relatives Push Themselves Too Far

Family caregivers also noted that their “never give up” mentality could at times lead to their relatives pushing themselves too far in terms of not accepting assistance when required. The son of a classic survivor notes, “She seems to be very reluctant to use any kind of services”. A grand-daughter of a classic survivor recommends an approach to service provision that might help this group of survivors to allow themselves to more readily accept assistance. She recommends more flexibility in how a family decides to use respite services:

They would always prefer to get help from a family member than a stranger...Let’s face it, if they had their choice, they wouldn’t want strangers taking care of them, they would want their family. So if the strangers’ role could be to support the family then everyone would be happy.

In order to ensure that these classic survivors are safe and receiving the assistance they need, in spite of this tendency to refuse assistance, the son of a classic Holocaust survivor notes that the use of services can be reframed so that it is viewed as a perk rather than a need. He explains:

I think the best types of services are services where you are getting something but you are not getting the sense that it is something that you need or that you have to depend on...I think the best way to do it is to provide it as a service that is almost as a perk or a nice to have thing rather than you need this, because you’re not able to do it on your own therefore you need this service. Versus here’s a nice little perk...here’s a service that will do it for you.

This family member also suggests that social workers should “emphasize that utilizing these services is not a weakness but rather is a tool”.

ii) Multi-generational Effects

Many family caregivers also described embracing this value which was learned from their survivor relatives. For example, the son of a classic survivor notes that, “I never assumed life would be easy. I expected it to be hard. I expected to have to fight in life”.
The daughter of a classic survivor also notes that her father was a role model for her as he taught her to “maximize [her] potential and survive and fight any challenges that [she] is confronted with in life”. Another daughter of a classic survivor similarly explains:

They taught [us] how to adapt to stress in life and realize that just because [we] grew up in a country like Canada, where [we] had freedom and were able to walk around not worried about overt persecution, that there are different kinds of challenges in life and [we] need to know how to be strong to survive.

The grand-daughter of a classic survivor also states:

Being a grandchild of a survivor has really impacted who I am…Being the grand-daughter of a Holocaust survivor I think it has been very important in my life and it has taught me a lot about life and…realizing that life isn’t fair sometimes but that you have to be a survivor and fight through things, and work hard and not take things for granted.

6.3 d) A Family Caregiver of a Contemporary Survivor and a “Never Give Up” Mentality

The daughter of a contemporary survivor also notes much resilience and strength in her mother. She notes, “I admire her strength of character and perspective and the calm manner in which she tackles life’s problems…and [that she] won’t stop until she succeeds or finds an answer.”

6.3 e) A Family Caregiver of a Survivor with Classic and Contemporary Characteristics and a “Never Give Up” Mentality

The spouse of a Holocaust survivor who demonstrates characteristics of both classic and contemporary survivors explains how the Holocaust survivors she knows have taught her significant life lessons. She shares:

[All of the survivors I know] added a lot to my life too because I learned a lot from them. I learned that people can suffer, and go through the worst in life, and yet come out and have a desire to live and live a good life and… know that there is a brighter side to living. I learned a lot from them.
6.4 Strong Social Conscience

The first two sections of this chapter suggested that Holocaust survivors are often reluctant to accept help. In contrast, this section points out that they are devoted to helping others. It is important to note a potential bias in this research study related to this survivor characteristic. All Holocaust survivor respondents willingly volunteered their assistance in this study and therefore may be unrepresentatively likely to be the type of person who is eager to get involved in social issues. A randomized sample of survivors might find this characteristic to be less prevalent among Holocaust survivors than this section suggests.

6.4 a) Classic Survivors and a Strong Social Conscience

i) Life Course Experiences and a Strong Social Conscience

Anti-Semitism was rampant throughout Europe even before the period formally known as ‘the Holocaust’ (Shuter 2003). During the Holocaust the effects of racism and discrimination were further intensified as millions of European Jews were tortured and/or killed (Bauer 2001). The traumatic experiences which these survivors endured, while in most cases not being helped and often being betrayed by other human beings (Gilbert 2000) may be associated with the strong social conscience of many classic Holocaust survivors (Shuter 2003). One classic survivor notes that because of her experiences of betrayal by her neighbor to the Nazis, her philosophy in life is that you have to be humane to all people. She said, “A neighbor said she’s Jewish, she’s Jewish. You understand?...you have to be humane. That is what I think. To everyone.” Another classic survivor notes:

First of all, thank G-d, you live, we all now live in a free country. You don’t know what it means dictatorship. You don’t know what it means really anti-Semitism. It’s still here. You can’t say that there is no anti-Semitism in this country. It is. But as long as the government doesn’t support it, it’s ok… [Before and during the Holocaust] you had nothing to say…If you could take away our experience. Nobody can. Our pain. Nobody can take away. Our
nightmares. Nobody can. So really, we are doing our best to make change in the way we can. I belong to the [X]…so we have an organization that we work for Israel for many many years. And we are doing our best.

A second factor associated with the strong social consciences of many classic survivors may be the help they, and other European Jews, did receive. Many extraordinary non-Jewish individuals in Europe provided Holocaust survivors with food, shelter, clothing and all the basic needs during these unpredictable times and risked their own lives in doing so (Gilbert 2000). Classic survivors in this study expressed gratitude for having survived and for those who helped them. As one classic survivor explains:

That was a time when it was a very bad time, with the Germans, with all these, when they hate the Jews…we have to say thanks to G-d for the people that helped and we survived at least and that we are back on our feet. I want they should know that I appreciate what they went through and that I thanks to G-d for the help. All the people should appreciate. They should appreciate…That is the idea. [I] went through and [I’m] still alive and you know and everything is OK now…See, [I] have to thank for that too.

A possible third factor associated with the strong social conscience of classic survivors may be guilt for having survived whereas others died. In some cases, survivors may even feel that some of their actions, which afforded their own survival, may have left others in a more vulnerable position (Rosenbloom 1985; Cohen 1991; Chodoff 1997; Shmotkin and Barilan 2002). For example, a classic survivor shares that “My father died from hunger…He died from hunger. He passed away. My father died so I [and my brothers] could eat.”

ii) A Helping Network

The research data suggests that classic Holocaust survivors often have a strong desire to give back to others in need. They particularly want to help family and friends in any way they can. As one classic survivor notes, “Yah. I can talk with them…that woman that I am
volunteering with...the mind is not good and she phones me and she is able to keep me an hour on the phone but I understand that she is sick. Yah. I like to volunteer.”

Holocaust survivors may find it easier to open up and be truthful about their previous experiences with those whom they feel can more completely understand their pasts. A natural opportunity for a helping network exists among classic Holocaust survivors because many have a strong social conscience but also because they can understand one another’s traumatic past in a way that others cannot. Another survivor notes:

She’s getting Alzheimer’s and sure enough she likes to talk only about those times. Now somebody who didn’t go through this hell won’t be able to talk to her. He wouldn’t be able to respond to her...Sure enough I can be with her a few hours a day...Sure, she talks about it. I would like to talk about something else but she, it’s on her mind. Her heart aches. She talks about it. I can respond to her. You understand.

For this reason, Holocaust survivors have the potential to be a rich resource for social workers working with Holocaust survivors. There are, however, various barriers and/or sets of circumstances, which may make such volunteerism difficult or not possible for some of these individuals. One classic survivor notes that her priority is to her family. She notes, “Well, my time is really I cook for my children”. Another classic survivor explains that she would be happy to volunteer as a friendly visitor to a woman whom she knows needs help, but she has no way to get to this woman’s house. She states, “…Her daughter is going maybe to work. So she will be alone, so maybe someone, for example, I can be the volunteer but I need to have transportation. I have no car.”
6.4 b) Holocaust Survivors who Demonstrate Classic and Contemporary Characteristics and a Strong Social Conscience

i) Life Course Experiences and a Strong Social Conscience

A Holocaust survivor, who demonstrates both classic and contemporary characteristics, explains that the people who helped the Jews during Nazi occupation have inspired him to become a speaker and a Holocaust educator. He explains, “You know in Europe or when there were a few individuals who were hiding Jews, we call those ‘the righteous among the nation’ this was the only single ray of sunshine that came out of this terrible disaster we went through, and I said that I must speak out.” He continues:

We know, we who have survived. We say well how come nobody did anything when we were going through this grindery in Europe you know. Now we cannot be bystanders. This is what I’m trying to do, to bring this message to people, to get involved. See what’s going on in history and now in this world and do something. Anybody who has seen a person get hurt. This is what we’re trying to do.

This respondent also indicated that the community’s efforts to help were apparent to him. The assistance that he received from the Jewish community after moving to Canada inspired him to reciprocate. He notes:

I was a ward of the Jewish Family and Child Services. This was an amazing thing. You come to Canada all alone, without money, and I was a ward of Jewish Family and Child Services, and they had an office [in] the Jewish area. So they placed me with a Jewish family and they paid my room and board and then the Jewish Vocational Services found me a job, so as soon as I had a job then I was on my own...and I am a supporter of it you know because they supported me.

ii) A Helping Network

Another survivor who demonstrates both classic and contemporary characteristics recommends setting up a formal helping network so that Holocaust survivors can assist one another. This respondent suggests,
The stronger Holocaust survivors should get in touch…with the people who are homebound…If you can get other Holocaust survivors who are at home and need a phone call or a visitor or [just to] talk…if it could be arranged…it would be very nice…because there are so many, a lot of Holocaust survivors, who are left [alone].

**iii) Holocaust Education**

A survivor with characteristics of both cohorts feels there is still much work to be done. He hopes for help and increased understanding from the community at large, particularly from the Jewish community. He states, “I’m trying to wake people up to realize that you can complain all you want but if you’re not going to get involved, nothing is going to change and nothing is going to happen. No.” He continues:

I was at this wedding you know I told you so they came up to me and said “we’re all in awe of you survivors” I says “Look, would you like to get involved?” “No. Not right now.” You know so, I figure here we are, you know they sort of figure it’s the others that have to hear the words, but we already know about it. They don’t have the vision of what’s coming down the road you see. So this is it. So we pick up ourselves and we travel.

He continues to explain why he feels that the involvement of the younger generations is so important. He states, “[W]e need the second and third generations to get involved now cause we’re not going to be around for much longer and all of these speakers will be gone so whose going to carry the torch?”

**6.4 c) Contemporary Survivors and a Strong Social Conscience**

**i) Life Course Experiences and a Strong Social Conscience**

As with the classic survivors, contemporary survivors in this study tended to associate their strong social conscience with their traumatic early life experiences during the Holocaust. A contemporary survivor respondent notes, “You see, when we are dealing with Canadians born here, we are different than them…We see a little bit more…Because they’ve had a regular life. You see.” Contemporary survivors “learned how cruel and intolerant
Some people can be” (Leapman 2000) (p.49), and therefore they want to be certain that other innocent people, especially children, never have to go through the type of experiences they did (Greenfeld 1993; Leapman 2000). A contemporary survivor states, “Well, all the people who are working at [educating people about the Holocaust], who have that past experience, well that’s the thing that they are fighting. Nobody will treat [people like that] again. Something. We hope.”

This strong social conscience of contemporary survivors probably also reflects the occasional good deeds that they experienced during the Holocaust. As with the classic survivors, the lives of many contemporary survivors were also saved by the enormous sacrifices of individuals, in a time when they could have been killed for assisting (Leapman 2000). Individuals belonging to anti-Nazi organizations, resistance and humanitarian groups, and others helped them in hiding and/or kept their Jewish identities a secret. They hid them in their homes, attics, orphanages, convents etc. (Greenfeld 1993; Buchignani 1994; Leapman 2000; Suedfeld 2004) which taught contemporary survivors about the importance of humanitarian work. Contemporary survivors interviewed in this study noted that they were assisted by various “righteous” individuals during the Holocaust. As a contemporary survivor states, “we were hidden among Catholics, that’s how we survived”. Another contemporary survivor notes, “That’s a big thing I think, some survivors still have, is because they got help…There is something about either their profession or their demeanour that they want to give something back to the people. That’s where I’m at.”

ii) Holocaust Education

Many contemporary survivors in this study expressed feeling very deeply that the Holocaust experience must never be repeated. Contemporary survivors continue to work to
educate the public about the Holocaust and the dangers of discrimination. To this end, these contemporary survivors have given back to the community by teaching the lessons of the Holocaust to younger generations. As one contemporary survivor explained:

I’m speaking, I’m a speaker, I’m a speaker, which means that I speak to the children from schools who come there. And I tell them my story. And I worked at the [F. exhibit]...[W]e had an exhibit for two or three weeks...to have all the kids coming in and looking around at all the pictures and everything and I decided, when the school came, and I was one of the speakers, and not just so the kids can listen to the story of [F]....and looking at the pictures so I decided I’m going to speak to them so that they could see a real survivor not just pictures, you know if they see somebody it’s something different and being able to ask questions. So, that is, I was speaking there. I spoke last week, to some children...to some Jewish children [and] all kinds of children. And two weeks ago, I also spoke [at] a movie.

Another contemporary survivor notes that Holocaust survivors have shared their stories in both formal and informal settings to advocate for social change in the world at large. She notes, “I think it is very important. It is important for people to be educated about this.” Study findings suggest that Holocaust survivors are themselves the best educators about the Holocaust. Another survivor notes, “It’s a real person...Then when you go out to talk to a Holocaust survivor you have already a little idea and you can understand them a little better. Don’t you think so?"

The research data also suggests that contemporary survivors feel tremendous concern, responsibility and even the burden of educating the world about the Holocaust and the dangers of discrimination (Greenfeld 1993; Leapman 2000). A contemporary survivor explains:

Now, we have to do it. We are the last ones. You know, I am in the last generation really of child survivors and if we don’t do it now nobody else [will]. OK, our children may speak about it, many have lived with parents who are survivors, but they cannot discuss it as a personal experience.
Contemporary survivors in this study noted that this feeling of responsibility weighs heavily on their shoulders because, as was pointed out in chapter five, they are often the youngest and also the most physically capable survivors. The study data also suggests that contemporary survivors often have the perfect combination of physical stamina to perform this task which may involve travel as well as the time to devote to this since they are now likely to be retired or semi-retired. As a contemporary survivor notes, “I worked until about a year ago” and another states that since she retired she’s taken on a small amount of part time work to keep herself active, “they needed a supervisor and they asked me if I’d like to take the job and I said sure. So, it’s not full time.”

This perceived responsibility of educating others about the Holocaust has an emotional impact on these volunteers. For some contemporary survivors, study findings suggest that being involved in this type of work can be a positive emotional outlet. As one contemporary survivor explains “But, [providing Holocaust education] it’s helpful in both directions. I was never able to look at films, at war films years ago, but that’s ok now. I don’t have any more nightmares, maybe because I’ve opened up.” Another contemporary survivor similarly notes:

I’ve been involved [as a] speaker…it helps you know sort of air some of the cobwebs you may still have after all of these years. I don’t think all of us react the same way, but for me it has been a relief. It is not always easy, but you can see the reaction, and at least you feel that you are helping to try to improve the world if at all possible. So that’s where my, you know, my outlet is.

Other contemporary survivors also reported that they were deeply affected while providing this education. A contemporary survivor shares, “But now when I am speaking it is OK. But for a long time, at the beginning, when I knew I had an engagement [for weeks beforehand] I didn’t sleep and at night everything came back”.

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6.4 d) Family Caregivers of Classic Survivors and a Strong Social Conscience

Family caregiver respondents of classic survivors also noted the strong social conscience of their relatives. For example, a daughter notes that her parent “is always looking to see what… can [be done to help] family and friends.” While family caregivers of classic survivors acknowledged the giving nature and strong social conscience of their relatives, they did not discuss details or implications of their relatives’ volunteerism.

i) Holocaust Education

Family caregivers of classic survivors discussed the importance of Holocaust survivors sharing their stories as a teaching tool. One notes, “I think really the best way to do it is to talk to them. You know listen and understand their stories.” Another caregiver suggests:

[B]eing taught by the population of survivors, to create an awareness...an educational series on the Holocaust [featuring Holocaust survivors] so that we understand what these people have gone through. So if they demonstrate particular fears, of why don’t they want to go into this thing or do that thing. You understand it a little bit better if you understand what they lived through, what they saw and what they experienced.

The grand-daughter of a survivor also explains:

I think there is a lot of things that can be learned from Holocaust survivors and I think it’s important [that they] share about the Holocaust and teach about it...[T]here is so much that we can all learn from what happened during the Holocaust about racism, and not discriminating and treating all people with respect, but also there’s the less obvious lessons like appreciating your siblings and other family members, and not taking anything for granted, not even basic freedom.

6.4 e) A Family Caregiver of a Survivor with Classic and Contemporary Characteristics and a Strong Social Conscience

The spouse of a survivor who demonstrates both classic and contemporary characteristics comments, “[Holocaust survivors] contributed to the community in so many
different ways”. She adds that one way survivors contribute to their community involves providing education about the Holocaust and about discrimination more generally. She states, “They do want to get their story out now, to help others…And I think most of them have got their story out.”

6.5 Discussion and Implications for Social Work Practice

i) Fierce Independence

Study findings suggest that even though many classic survivors have adequate financial resources and/or social support to draw upon in times of need, they tend to resist assistance and continue with activities which they can no longer safely manage on their own. Study findings relating to fierce independence suggest that pride, wanting to be and/or appear strong, as well as having learned that you survive by helping yourself, may all impact upon this cohort’s tendency to refuse services.

Independence is desirable until the risks associated with their activities become a real and serious hazard. Family caregivers noted that classic survivors might be putting themselves at risk by refusing services and assistance. The data further suggests that individuals involved in the care of classic Holocaust survivors need to understand this strong desire to demonstrate independence while realistically assessing these survivors’ needs for assistance.

For contemporary survivors, this may never become a significant issue. Differences in contemporary survivors’ language skills, education, and work experiences, may allow them to have a better understanding of the available community services and to choose to access these services as these services become necessary. As time passes and more contemporary survivors require physical assistance, they may be more likely than classic
survivors to understand the purpose of the various professional services, such as social work, which are available. It is hoped that because of this better understanding they may more readily accept these services which may actually help them to maintain their independence for a longer time.

ii) A “Never Give Up” Mentality

The research data suggests that a “never give up” mentality may greatly assist classic and contemporary survivors in coping with current and future crises (such as health issues or the loss of loved ones) and remaining well and active as they age. However, a “never give up” mentality may also be detrimental to survivors’ long term health by not allowing themselves to grieve or to accept their vulnerabilities after serious issues arise in their lives.

In chapter three, it was noted that social workers might consider using the strengths perspectives with certain individuals to help them emphasize how “the strengths they have used to deal successfully with and survive their past traumas can help them mobilize their inner resources to facilitate recovery…” (Zilberfein and Eskin 1992) (p.64). However, as also noted in chapter three, this perspective is not always appropriate. Some Holocaust survivors may have found increased strength from the challenges and traumatic experiences they endured, but others may have “been deeply scarred or effected for the rest of their lives" (Harel 1995) (p.47). While the Holocaust survivors and family caregivers interviewed in this study spoke of this “never give up” attitude, they also discussed numerous vulnerabilities due to their past trauma (Danieli 1981; Harel 1995; Kahana, Kahana et al. 1997; Danieli 1998). These vulnerabilities will be discussed further in chapter seven.
iii) A Strong Social Conscience

The research findings suggest that classic and contemporary survivors have a strong social conscience. The participants of this research suggested that they feel it is important to discuss the experiences and needs of Holocaust survivors so that their traumatic experiences can be used to create positive change in their community. In particular, many contemporary survivor respondents serve as volunteers providing Holocaust education to the community. Many of these younger survivors feel a social responsibility to provide this education. They realize that they will be the last of the Holocaust survivors who can perform this task and feel that their current personal circumstances allow them this opportunity. Other forms of volunteer work might be more suitable for those contemporary survivors who want to put their “strong social conscience” to work but who find that providing education about the Holocaust is too emotionally difficult. Assisting other more vulnerable Holocaust survivors is one such example that was noted in this chapter. The research data, and the existing literature, indicates that in some cases, contemporary survivors have not had the opportunity to observe parents or grandparents experience the aging process (Levitt 2000; David and Pelly 2003). By assisting older survivors, contemporary survivors also become more prepared for their own futures.

To summarize, study findings suggest that both cohorts of Holocaust survivors in this study take pride in, and benefit from, attempting to help individuals and their community. It was noted that classic survivors in particular, do not readily accept assistance from others, even when they are in need of assistance. In order to promote and take full advantage of survivors’ benevolence and to encourage them to accept help when needed, innovative changes could be made to the kinds of help that is currently available and/or to the way that
this help is perceived by Holocaust survivors. By more actively involving survivors in the services they require, or that they may require in the future, they may develop and maintain their pride and a sense of independence while utilizing these services. For example, those Holocaust survivors who are able could be asked to participate in frequent program evaluations, focus groups, and the education of social workers and other professionals who will work with survivors. Or, when possible, agencies servicing Holocaust survivors could aim to develop a service framework which is more community-based and whereby Holocaust survivors help and are helped by each other, staff, and other volunteers.

6.6 Summary and Conclusion

This chapter provided an overview of how the traumatic life course events of Holocaust survivors have resulted in resiliency characteristics including: 1. fierce independence, 2. a “never give up” mentality, and 3. a strong social conscience. While the details may vary, classic and contemporary Holocaust survivors and family caregiver respondents all noted the same broad survivor characteristics. This chapter also illustrated that, in many cases, the family members of Holocaust survivors have absorbed these same characteristics.

The characteristic of fierce independence developed in many classic survivors as a result of their numerous losses. In many cases, they had no one to rely on for their survival during the Holocaust. In addition, appearing strong and able at all costs was of paramount importance to stay alive during the Holocaust (Rosenbloom 1985; Harel, Kahana et al. 1993; Walker and Chaban 1999; Malach 2001; Williams 2002). It was pointed out that the overwhelming desire of classic Holocaust survivors to remain independent can mean that
helping this group may be challenging at times. Many classic Holocaust survivors may be unlikely to ask for assistance when help is needed or even to accept assistance that is offered.

It was suggested that like classic Holocaust survivors, contemporary survivors were also forced to become unusually independent early in their lives. They had to rely on their own abilities for survival both during and after the Holocaust (Eisen 1988; Greenfeld 1993; Suedfeld 2004). Since contemporary survivors were generally much younger than classic survivors when separation from one’s parents and other family members occurred, the impact of this separation had the potential to be even more profound on their social, emotional and psychological selves and their development (Greenfeld 1993). Contemporary Holocaust survivors interviewed in this study feel that they are still independent and currently have no physical needs. It was also pointed out that it is still unknown if and/or in what ways the characteristic of “fierce independence” will affect this group as they age.

Next, the “never give up” mentality and its origins for classic survivors were discussed. This section explained that classic survivors developed this resiliency because they needed exceptional emotional and physical strength to survive the Holocaust and then to begin their life anew after liberation. It was also noted that classic survivors are susceptible to pushing themselves very hard, even if they are not well or should be receiving assistance to safely carry out certain activities.

The life course experiences of contemporary survivors which promoted the “never give up” mentality were also discussed. It was noted that the majority of contemporary survivors learned at a very young age to do “whatever it took” to survive during the Holocaust (Suedfeld 2004). After the Holocaust they came to Canada, often alone and without anything of monetary value, and had to adapt and survive in a world which was
completely foreign to them. According to research participants, their early struggles taught them lifelong survival instincts which they continue to use in many other areas of their lives. A “never give up” mentality may greatly assist contemporary survivors in coping with current and future crises, such as health issues or the loss of loved ones. However, this same “never give up” mentality may also be detrimental to long term health by not allowing the time to grieve or to accept their vulnerabilities when serious issues do arise in their lives.

Many classic survivors developed a strong social conscience. This could be associated with experiencing betrayal in some cases or in other cases by the kindness offered them during the Holocaust. It was further noted that classic Holocaust survivors often have a strong desire to give back to others in need and have the potential to be a rich resource for social workers working with other Holocaust survivors.

Contemporary survivors are believed to demonstrate a strong social conscience for reasons very similar to the classic survivors. During the Holocaust the lives of contemporary survivors were often saved by those who helped them, and hid them in their homes, attics, orphanages, convents etc. (Greenfeld 1993; Buchignani 1994; Leapman 2000; Zapruder 2002). It is likely that the enormous sacrifices of these individuals taught many contemporary survivors about the importance of humanitarian work. In addition, contemporary survivors want to ensure that other innocent people never have to experience what they did (Greenfeld 1993). Since contemporary survivors realize they are the youngest survivors, they often feel tremendous concern, responsibility and even a burden to provide education about the Holocaust to others.

A discussion of the study findings indicated that Holocaust survivors who refuse assistance may be doing so because they want to preserve their sense of strength, ability to
do things for themselves, and sense of pride. This discussion also pointed out that, Holocaust
survivors may have difficulty recognizing and/or accepting their vulnerabilities and that they
would rather be helping than being helped. It was suggested that in order to promote and
take full advantage of survivors’ benevolence and to encourage them to accept help when
needed, innovative changes could be made to the kinds of help that is currently available
and/or to the way that this help is perceived by Holocaust survivors.
CHAPTER 7: THE RESEARCH FINDINGS  
Part 2: The Vulnerability Characteristics of Holocaust Survivors

7.1 Introduction

Chapter six focused on resiliency and the reasons that respondents feel the Holocaust has made survivors stronger. This chapter will focus on vulnerability, highlighting the susceptibilities which these same respondents associate with having survived the Holocaust. The sub-themes discussed in chapter seven include guarded trust, a “going without” mentality, increased vulnerability to loss, and loss of secure identity. As in chapter six, each of these themes will first be explored from the point of view of classic survivors, contemporary survivors and where applicable respondents who demonstrate characteristics from each of these cohorts. These same themes will then be discussed from the standpoint of the family caregivers of these different cohorts. In addition, as with chapter six, this chapter will illustrate that not only have family caregivers observed these traits in their family members but that in many cases, the family caregivers of survivors have also absorbed these same characteristics. This chapter will conclude with a discussion of the implications of these findings for social work practice.

7.2 Guarded Trust

7.2 a) Classic Survivors and Guarded Trust

i) Life Course Experiences and Guarded Trust

There are numerous reasons why classic Holocaust survivors are likely to have developed the characteristic of guarded trust. Waxman (2000) notes, "[w]hen a person suffers a major breach of trust, it makes it difficult for the victim to trust others" (Waxman 2000) (p.59). In brief, before and during the Holocaust, European Jews “had to be very careful whom they trusted” (Shuter 2003) (p.44) as trusting the wrong person often resulted
in death and reserving trust often saved lives (Shuter 2003; Weingartner 2004). Classic survivor respondents often spoke of this broken trust. For example, a classic survivor recounts a conversation she overheard shortly after arriving at the camp:

[S]he was so happy that they were giving the children a shower...[S]he met a girl she knew...from the ghetto and [she] said to the lady, “Oh, she said, I don’t know what kind of a camp it is but it so nice and clean, the floors are clean and everything” and the lady said “It would be everything fine if it wouldn’t be for the big chimney.” So [she] said “what kind of a chimney, what are you talking about?” She said “you see this chimney, it burns 24 hours a day”. So [she] realized what happened. They took the children away. So then she fainted and [she] said that she felt it was just like a pint of ice and she cried.

ii) Barriers to Services

Due to fiscal restraints and high case loads, many health care professionals do not have the time to properly listen to Holocaust survivors. To many classic survivors this could easily be interpreted as a lack of interest in their problems. As a classic Holocaust survivor insisted:

Well, they need to know...They never asked. No one cared to ask “oh what happened when you came to Canada? What happened? What you went through?” No, no, they don’t ask...Maybe it would be nice to ask. It would be nice, a nice person would say “oh you went through this this and this”.

Another complicating issue for classic survivors relates to language barriers. As a classic survivor notes, “Young social workers who speak only English can’t really help the people if they can’t communicate with them”. Communicating effectively with social service and health care professionals is clearly a concern for many older immigrants (The-Quality-of-Life-of-Canadian-Seniors-Project 2000; Lai and Chau 2007; Koehn 2009; Martin 2009). In addition, this issue has already been addressed briefly in chapter five. Having
noted this important issue, that language barriers may further complicate classic survivors’ already guarded trust, this issue will not be discussed further.17

Language issues aside, many classic survivors confessed that they are more trusting of Jewish rather than non-Jewish professionals due to their traumatic experiences during the Holocaust. For example, a classic survivor admits that she prefers Jewish caregivers in her home, “We don’t feel comfortable with other people, with other nationalities, only with Jewish people.” Another classic survivor similarly explains, “From one side, my son is getting angry with me. He…said “Stop it. Stop it, only to look for Jewish people”. But, from what I went through, so for me it is very important a Jewish environment. Very. That’s the truth.” Another classic survivor explains why receiving help from Jewish care providers is more important for survivors like herself than it is for Canadian born Jewish seniors:

Jewish people who are born here…They don’t think about this, so maybe it would be easier for them [to accept help from non-Jewish service providers] because they are already more mixed up with the other people…But, special for the old people what they came from the old country with these whole things, it’s harder. It’s true. People what is born here, they don’t have, they don’t know nothing about these whole things.

7.2 b) A Holocaust Survivor who Demonstrates Classic and Contemporary Characteristics and Guarded Trust

A Holocaust survivor who demonstrates characteristics of both classic and contemporary survivors describes life experiences during the Holocaust that have resulted in guarded trust. He recalls, “They told us you were going to see our family the next morning and then they told us that they had gone through the chimney you know, because that’s how

17 The effects of language barriers on classic Holocaust survivors was also mentioned by most family caregivers, but for the same reasons, this subject will also not be discussed further in the family caregiver section. In addition, contemporary survivors only discussed language barriers in terms of their older counterparts. They all noted that they did not themselves experience any significant difficulties relating to communication.
it was, you know”. He also notes, “For instance, in [Z], the Jews came one thousand nine hundred years ago. And in spite of all that, they kicked us out like a dirty rag in 1944.” He continues:

Well, we were sent to [X]. In a span of three months…a half a million Jews [in X] were gassed…You know, could they have saved us? Of course. There was no will to do it. They wanted to grab whatever we had. As soon as they took us out of our homes, our neighbors took everything out and they moved into our homes. And in many more ways than one. The Nazis took away some jewelry, money and the [Ys] took away the property with all the furniture and linen and all the things…you know our neighbors, they all had a good go at it.

He explains how these early traumatic experiences coupled with the more recent reminders of this earlier trauma result in difficulties relating to trust. He shares:

[T]he Jewish community here in Canada…needs to have police protection on the High Holidays in our synagogues. Why is that? You know. Why is a school in Montreal, a Jewish school and a library torched?...I mean [there] are groups that have a lot of bad information but they are very powerful…they come in mass…So it’s like wearing a yellow star. When I was wearing a yellow star in [X] you see, so umm that’s that. But we see this every day, how can this happen all over again?

7.2 c) Contemporary Survivors and Guarded Trust

i) Life Course Experiences and Guarded Trust

Many contemporary Holocaust survivors owed their existence to hiding in Catholic orphanages or with non-Jewish families, often with false identities (Buchignani 1994; Zapruder 2002; Gilbert 2003). The research findings indicate that in these circumstances it was crucial to become extremely cautious before extending their trust. One contemporary survivor respondent relates that they moved from the apartment where they were in hiding because they “didn’t trust the superintendent”. Another contemporary survivor shares, “we were scared that [the] minister [was] going to give away the names of the Jewish children so that’s why they took us away from there. And they put us with other families…” They
learned that very few could be entrusted with their secret (Leapman 2000; Kangisser Cohen 2004; Weingartner 2004). As Greenfeld (1993) writes, “These young people, most of whom lived among strangers in unfamiliar surroundings, found it difficult to trust their hosts” (Greenfeld 1993) (p.83). While many hidden children were too young to even understand the details of the danger they were in, “[t]hey were always on their guard, always afraid that they might be discovered and captured…they knew that their lives were in danger. They could rarely, if ever, relax” (Greenfeld 1993) (p.83).

Contemporary survivors also learned about the need for this guarded trust by observing the outcomes of their parents’, and other elders’, decisions about when and whom to trust. A contemporary survivor shares how she learned that guarded trust is crucial for survival. She recalls:

[T]hey asked the men to come with a suitcase...in each district to present themselves. I remember my mother and my father fighting that day, because I think my mother was more realistic than my father and she said don’t go. And my father was saying, “Whoh, nothing can happen...It’s impossible. And you’ll see I’ll be back tonight.” My mother said, “Don’t go, don’t go, don’t go.” But, he went... they sent him to a camp.

Another possible reason for this guarded trust among contemporary survivors may be related to the experiences of contemporary survivors after the Holocaust upon moving to their new homes (Greenfeld 1993; Kangisser Cohen 2005). Some of the contemporary survivors interviewed in this study pointed out that their expectations of being treated with understanding and empathy were not met. Arriving as vulnerable children and teenagers in a new country, these contemporary survivors experienced significant disillusionment. Contemporary survivor respondents note:
OK, when I came to Canada, because I was a ward of the Jewish Congress, I had to go to the Jewish Congress three times a week and see a social worker…and she had lovely little dimples and she would smile and she would say “How are you feeling today? Are you happy?” and I found that kind of service completely useless. How can I tell her how I’m feeling, like you know there’s no light at the end of the tunnel and she’s saying “do you have a boyfriend?” Laughs. But, she didn’t know how to handle us. This was the first…They didn’t know what to do with us. I’d like to say it was a successful experience, but it wasn’t. Not for me.

We came to live with [relatives] and that was another story. It didn’t work out very well. You know, you think you’re coming to Canada, all the kids in the orphanage “America, America, oh you’re so lucky”. You know the streets are paved with gold. But ah. OK. You know…I left my [relatives]. I mean we hated each other. There was no point. We couldn’t live together. It was my fault. It was their fault. They weren’t enlightened enough. They were ignorant people. They couldn’t understand me. It is not easy to bring…children from the, you know from the kind of background that we came from and expect everything to be rosy.

The disillusionment which this group experienced as children and youth did not end upon reaching adulthood. Many continue to be guarded with their trust even today. This is due to their childhood experiences, and due to their continuing negative experiences. Contemporary survivors note that they have difficulty with trust as a result of feeling that their traumatic experiences and their losses which occurred during the Holocaust are still not always believed, properly acknowledged, or otherwise treated in a sensitive manner.

Contemporary survivor respondents discussed their feelings about not being believed:

You have to, you have to within yourself, you have to feel aah feel secure that when you talk to people…that they believe you. You know sometimes people look at you and say, “how do you remember all of that? Are you not making it all up?” I think that’s important, that you have some validity to your past life.

Of course, they’ll ask questions, “You were left by your parents?” If you have met people like that, oh the way I tell the story, I say “my father did survive, he died of a heart attack”, they’ll say, “what about your mother” “Oh, she was…put in a gas chamber in [X]” and they look at you and then they’re the ones that get frustrated. But I keep talking and you know and then they start believing when you respond with these gory stories.
One particularly extreme example clearly illustrates how the lack of sensitivity relating to past traumas which Holocaust survivors have endured can impact their ability to trust. A contemporary survivor shares:

Somebody comes to me with a knife at my throat, and says, I won’t repeat that on here, “You #**#* Jew. You should have been gassed like the rest of your family.” And then of course I called the police…But, it was not the knifing that hurt me. It was the words.

ii) Need for Acknowledgement of Trauma

Contemporary survivors have indicated that they are very cautious about extending trust to new acquaintances, both personal and professional, until they are sure that these individuals will believe them. A contemporary survivor points out, “But, to me, for me that’s very important to be believed, and knowing that people don’t think I’m exaggerating.” Another contemporary survivor shares, “knowing that people believe you…when you talk to them, because you were a little kid, and umm I think that is very important” and “You reach out to be believed.”

The research data suggests that receiving acknowledgement about their pasts is important to contemporary survivors. A contemporary survivor notes, “[A]t least you feel hey you are listening, you are interested in my story and yes you will help. That’s how I feel. It helped me because it was horrible…” Another contemporary survivor notes the importance of Holocaust memorials, “We always have a memorial to remind us. We’re trying to do our best…It’s very important to us.” Another contemporary survivor notes the importance of communities other than the Jewish community also acknowledging the Holocaust and the losses suffered by survivors. She notes, “We have like a Christian service
in memory of the Holocaust…and to do it in a church that takes a shuffle to do that, that is…Jews will…come yes, because it is a solidarity thing.”

7.2 d) Family Caregivers of Classic Survivors and Guarded Trust

i) Life Course Experiences and Guarded Trust

Family caregivers of classic survivors also described their relatives as being guarded with trust. They attribute this to their experiences during the Holocaust. The grandson of a classic survivor explains that because of the Holocaust his grandmother is, “…distrustful of non-Jews and Christians, even if she might be friendly with them, because she thinks at heart they all want to kill all the Jews. Laughs. That’s what her belief is. She does believe that.” He continues, “She talks a lot about the stuff that happened when she was younger…So it still affects her today. She still remembers it a lot…she’s traumatized still. She’s distrustful…” The grand-daughter of a classic Holocaust survivor shares the reason that she believes guarded trust developed in her grandmother. She explains:

She doesn’t readily trust outsiders, only her family, because they were chased out of their home and were almost killed by outsiders, by people she didn’t know, and so much of her family was killed by them. I think that has stayed with her, as a way to cope and defend herself, you trust only those people who you know for sure that you can trust.

ii) Barriers to Service Use

Family caregivers of classic survivors explained that this guarded trust among classic Holocaust survivors is due to their early life traumatic experiences (Zilberfein and Eskin 1992; Safford 1995; Joffe, Joffe et al. 1996). Findings suggest that the consequences of this guarded trust include these Holocaust survivors having difficulty trusting service providers (Safford 1995). A grand-daughter explains:
She’s not going to just trust any doctor or therapist that comes along. They’re going to have to slowly build her trust. She’s not going to take her medicine or pills because they tell her to, she’s always going to wonder if they’re going to hurt her, what’s in the pills, what are they going to do to her, are they going to be more harmful than helpful. So they have to take the time to build a rapport with someone like my grandmother. And once she trusts them, she might do what they say. Like, my grandmother would take her pills if me or my family members told her to, and explain what they are for, but not because some stranger tells her to, she’s not necessarily going to believe them and trust them the same way she trusts her family. So there really does need to be sensitivities to these kinds of things.

Family caregivers of classic survivors noted that the guarded trust of their Holocaust survivor relatives often translates into distrust of health and allied health care professionals. A daughter of a classic Holocaust survivor explains, “They may also be very reluctant to trust service providers, especially because of their history…they learned that one had to be very careful who one disclosed any personal information to”. The son of a classic Holocaust survivor also notes, “[T]here’s a lot of fear that the system might be out to, well not to get them but that when you’re offered something there’s always something else behind it.”

These caregiver respondents also explained that their relatives had no previous experience with these types of professionals and the services they provide earlier in their lives, and so they were guarded about trusting these service providers. As the granddaughter of a classic Holocaust survivor shares:

Growing up in the old country she wasn’t exposed to those kinds of services and they probably didn’t have those kinds of professionals in the little shtetl, in the little town where she grew up. So probably because it’s so foreign to her, it’s not something that she can really get her head around. She probably doesn’t want to take a chance or take a risk. Look, she is not comfortable with it.

A grandson of a classic Holocaust survivor shares similar feelings. He explains that service use “[I]s a risk. It’s a fear. The same way she might be scared of government
officials or police or anything like that, she’s probably, you know, because of what she went through, she’s not trusting of anything she wasn’t familiar with when she was a kid.”

As with the data from classic survivors, the research data from the family caregivers of classic survivors similarly suggests that the guarded trust and the fears which classic Holocaust survivors hold towards social workers and other professionals might be eased by the familiarity of a Jewish environment and Jewish service providers. The daughter of a classic Holocaust survivor admits that her father would do better in a specialized Jewish group than in a heterogeneous environment: She notes, “I see how important it is to him to be around other Jewish people, and not just Jewish people but other Jewish people who have gone through similar things to him.” She goes on to explain that it is important that he feels that there is “a place for him”. A son explains that Jewish service providers would also help foster trust. He admits:

I think actually umm culturally because…I think generally, other things being equal, I think if you have a Jewish social worker who is really good at dealing with people…it would be very different than if someone with [the same] intelligence [but was not Jewish] visited her, who would be lost seeing her. It’s just, you know, [the Jewish social worker would] hit a chord in a different way. It’s not that she’s biased and it’s not that she wouldn’t treat the other person in a very proper way and a very civil way. But [the Jewish social worker would] just sort of know what hot buttons and what matters to her and what she feels because of her whole cultural make-up. Do you know what I mean? So in some ways, I’m not saying that a superior social worker who is a Wasp is not infinitely better than a terrible Jewish social worker, laughs, do you know what I mean? But other things being equal, if you had two equally skilled, equally sensitive people with good empathy and so on, but one was of the same kind of cultural background as the client and the other one wasn’t, it’s better, it’s just a better fit. So that in some ways addresses their needs because a large part of their needs I would say are psychological.

The grandson of a classic survivor adds that prime candidates for working with Holocaust survivors are not only Jewish but also have been exposed to Holocaust survivors previously in some way. For example, “…somebody whose parents or grandparents came from that
environment [will] understand the mentality, so they know how to concentrate on the needs at hand of the survivor.” As the son of a classic survivor suggests, “[N]ot all social workers are Jewish. So other social workers who have never had relatives or friends or…somebody like that certainly need extra training to understand.” The grandson of a classic survivor provides an example which explains why familiarity with the needs of this special population is necessary. He explains:

I think it is more just an awareness of the history and where people come from. Sometimes people, we tend to assume often that all people know about the Holocaust and that but it is often not the case. And I remember one incident…someone told me this and I heard it from the person who witnessed it they said that a nurse came into the room where there was a survivor and this nurse was transferring the patient and he noticed the number tattooed on their arm and he goes, “hey, lady, cool tattoo”.

The daughter of a classic survivor shares another example illustrating the need for individuals working with Holocaust survivors to be well educated. She notes:

[F]or example at a time when 9/11 happened…and witnessing many survivors watching the television in horror and not understanding what was happening and many of the fears that other workers may have thought had been controlled and dealt with surfaced at that time and would need to have been addressed.

iii) Multigenerational Effects

Many family caregivers of classic survivors also discussed their own guarded trust as a result of an upbringing which included the influence of Holocaust survivors. For example, the grandson of a classic survivor notes, “I’m more sensitive about anti-Semitism because of what she told me about the Holocaust.” A daughter also notes:

We were hoarders. I have sweaters in my cupboard that I…probably will never wear but have difficulty parting with them. It is this fear of imminent danger that might happen. I tend to overcook. I tend to overstock my shelves with cans…I also felt the need to acquire as many languages as possible in order to maximize my ability to survive in different countries so I always felt that I had this umm need to always do better than everybody else because I
had to survive...[and] I have always [felt] the need to secure a profession that would be transferable to a different country and I always expected to need to flee Canada and try to survive in another country if G-d forbid something happened here.

7.2 e) A Family Caregiver of a Survivor with Classic and Contemporary Characteristics and Guarded Trust

i) Need for Acknowledgement of Trauma

A family caregiver of a survivor with classic and contemporary characteristics explains that her spouse has been confronted and hurt by people who did not properly acknowledge or believe details relating to the Holocaust. She shares:

Umm, [he] talks about how he survived...and [that] his mother...did everything...to keep her children safe because they were sending children away [to death camps]. So he talks about this and he talks about it to people who...might say well I don’t think there were six million Jews killed. Well, he says, if you think about every survivor that lost families of ten, twenty, thirty people and you add them all up then you know that it is true, that there were that many.

This family member continues to explain that “If they don’t believe them...the person will suffer. To feel believed and understood...I think that’s important. I think it’s very important to help restore a little faith”.

7.3 A Mentality of “Going Without”

7.3 a) Classic Survivors and a Mentality of “Going Without”

i) Life Course Experiences and a Mentality of “Going Without”

Even before the official start of the Holocaust, the Nazis began confiscating the homes and the possessions of European Jews (Gilbert 2000). In the late 1930’s, the Jews were moved to ghettos (Gilbert 2000; Bauer 2001) where they were completely isolated from the outside world. Tens of thousands died from starvation (Gilbert 2000). By 1941, the
mass transportation of Jews to concentration camps began and conditions grew only worse (Gilbert 2000).

Throughout all of these experiences, European Jews were purposely denied the basic needs of life (Shuter 2003). One classic survivor shares, “During the war…people died of hunger, it was terrible. You cannot say your life was normal.” Another classic survivor recalls how her family was forced out of their home and community and had no safe place to go. She recounts, “They put fire in all four corners and in the middle they killed and we were running, in the middle of the night we ran out. We were running and we were my parents with [many] children and we didn’t know where, we were running and running”.

Even after the Holocaust, survivors had nothing and had to rebuild their lives (Shuter 2003). As classic survivors explain, “We didn’t got nothing” and “We lost everything”. Once they were settled in their new homes and found work, they had to spend what little money they had extremely carefully in order to be able to care for themselves and any family members that were left. A classic Holocaust survivor explains how this pattern of "going without” continued even after liberation when they were newly arrived immigrants in Canada:

> I used to take out work in the house and he worked and slowly slowly we started to get there. Our cousins used to say “do you buy oranges, apples? This is very healthy”. I used to say “yes”. I never bought it. I couldn’t afford to buy, but I didn’t want to say no because I didn’t want her to think she has to give me money and you know.

**ii) Not Wanting to Spend on Services**

The research data from this study points to a connection between classic Holocaust survivors’ unique history of having lost everything, and the fact that, even if they are currently financially stable, in many cases, they may not be readily willing to spend money
on themselves. For example, a classic Holocaust survivor notes that the lack of transportation is a significant barrier for her and that she has located a transportation service that will take her to the mall. However, she explains that she probably will not use this service because “Five dollars. Five dollars you have to pay for it.” Another classic survivor similarly notes that she does not want to spend money on transportation and then jokes, “[I] have to find a boyfriend with a car [Laughs].”

7.3 b) A Holocaust Survivor who Demonstrates Classic and Contemporary Characteristics and a Mentality of Going Without

i) Life Course Experiences and a Mentality of Going Without

A concentration camp survivor, who demonstrates both classic and contemporary characteristics, describes the experience of being deprived of basic needs during the Holocaust. He recalls:

It was such a bitter bitter thing to get there. How can I tell you. When you are regimented. When you are living in close proximity with a thousand people in a barrack and you are guarded 24 hours a day, back breaking work and no food I mean, laughs, you can’t read the newspaper. You are like a robot. Totally focused on survival and you are hungry all the time. You don’t have underwear. You don’t have paper, you don’t have toilet paper, you don’t have toothpaste. You don’t have nothing. You know people would kill for a crumb of bread.

ii) Keeping Only What is Necessary

Unlike the classic survivors in this study, this respondent does not yet require assistance or services. He also does not discuss wanting to save money on services. However, he does discuss “going without” an excess of material things that he feels he does not need to live a happy life. He explains that because of his experiences during the Holocaust he feels that he is “a very fortunate person to be alive”. As a result of his

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18 Circle of Care is a community-based, non-profit, registered charity that offers a for fee door-to-door transportation service with limited hours to clients who are able to transfer independently and who live within the catchment area (www.circleofcare.com).
traumatic life experiences he has gained the insight to realize that he does “not need [material things] to enjoy everything.” He continues, “You don’t need these things and you want to…just throw things overboard.”

7.3 c) Contemporary Survivors and a Mentality of Going Without

i) Life Course Experiences and a Mentality of Going Without

Contemporary Holocaust survivors also have a long history of going without. During the Holocaust, they often went without their family and without a home or stability of any kind (Buchignani 1994; Leapman 2000; Suedfeld 2004; Kangisser Cohen 2005). They were separated from their parents, and even “[f]ood was rationed and there was never enough…” (Leapman 2000) (p.47). All of this usually occurred during this group’s formative years. As a contemporary survivor respondent notes, “We lost our family, we lost our homes”.

In addition to all of the obvious things contemporary survivors have “gone without”, there are also some less evident ways these individuals have developed a mentality of “going without”. For example, they have lived without proper acknowledgement of the deepness of their wounds because of the “hierarchy of survivors” and their so called “lesser pain” (Mazor, Gampel et al. 1990; Greenfeld 1993; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005).

A clear “hierarchy of suffering” has existed since the Holocaust, with the voices of concentration camp victims being heard because “they had the mark”, and other voices such as the voices of the hidden children being much less dominant (Mazor, Gampel et al. 1990; Fogelman 1995; Kangisser Cohen 2004). Most contemporary survivors had been in hiding rather than in concentration camps during the Holocaust, which has typically been viewed as a much lesser pain to have had to endure (Fogelman 1995; Kangisser Cohen 2004; Kangisser
Cohen 2005). This group therefore has lived without adequate psychological and emotional help in dealing with the aftermath of their Holocaust experiences (Mazor, Gampel et al. 1990; Kangisser Cohen 2004; Kangisser Cohen 2005). One contemporary survivor respondent shares a particular instance when she was made fully aware of the hierarchy of Holocaust suffering that exists:

Cause I remember I did a presentation there, about a film that we made… during Holocaust Week. And when I got through with that…one of them actually got up, belligerent and said “What do you know, you weren’t in a camp”. You know this is, that’s how frustrated they are.

Other contemporary survivor respondents also allude to this hierarchy. One states, “We went through the worst. Maybe not the worst for the hidden children, but it was also very dark.” And another remarks, “I feel so little between [concentration camp survivors], in front of them, what they went through and how they are able to cope”. In fact, a hierarchy even exists within the hidden children. A contemporary survivor respondent notes:

Each individual is a different person you know. I think each survivor, each person, has their own story and their own needs. So I was, I am, one of the lucky ones…[S]o you see we may have had some connection and we still had a youth after. You know, we still had teenage years, being in a big family, being together, we [were] traveling and we had education and music and we had dance and we had all these things. And so I was lucky that way. But some people who were hidden alone and it was, it must be harder.

The pain of contemporary survivors has been downplayed even by contemporary survivors themselves. In contrast to classic Holocaust survivors whose pain has been more readily acknowledged among the Jewish community and the community at large, and for whom emotional help was therefore also generally more available, the hurt of contemporary survivors was often invisible to the outside world (Mazor, Gampel et al. 1990; Kangisser Cohen 2004). One contemporary survivor respondent shares:
It’s very hard...It’s not easy. But most of us, it’s like what can I say, I have to think…it’s like a varnish...Like a varnish. You try to make everything fine on the outside, you know for other people to meet you like everything is fine. But inside it is something else.

The research data indicates that their pain was in fact real and long lasting. A contemporary survivor shares that “[Because of the Holocaust], I [have been] severely severely disturbed…” Another contemporary survivor respondent notes that, “[W]e all...walk [around] with pain in [our] heart[s].”

The “conspiracy of silence” surrounding the Holocaust (Danieli 1982; Danieli 1988; Ehrlich 1988; Kestenberg 1992; Kangisser Cohen 2004) has also resulted in some contemporary survivors learning to “go without”. A contemporary survivor notes, “We don’t talk about it…” Another respondent shares, “You can’t [approach just] anybody and tell them your life story. They’re not interested.”

ii) Therapy

The social work service needs of contemporary survivors relate directly to the “hierarchy of suffering” and to the “conspiracy of silence” which was described. Several contemporary survivor respondents in this study have noted that counseling by a properly trained therapist, has assisted in mitigating their pain. One contemporary survivor who recently began receiving therapy shares that she has “let go some of the misery”. Another similarly explains, “I mean I…see a psychotherapist, every five or six weeks. You know I tell her I can only stand this life for so long. Laughs. And that’s what keeps me going. And I fight, and I work…And it's been very very worthwhile”. A third contemporary survivor shares some of the therapeutic benefits she experienced when she began spending time in a supportive group environment with other contemporary survivors:
And you know when you hear everybody talking you think well that’s how I feel, that’s exactly. Yes…I said, now I understand why I do this, I understand why my way of thinking and my way of behaving was different you know. And it opened my eyes…and everybody talking you know…We all went through the same.

Unfortunately, another contemporary survivor notes that due to the prohibitive costs involved, therapeutic interventions may not necessarily be available to everybody who needs this. She notes:

I know that if you feel that you are very, sort of blocked within yourself, you’ve got to go and get help as long as these people are available. One of the most difficult things is that I don’t know if you deal with a social worker [if] that is a private thing and you have to pay for it, and that might be difficult for some survivors if they don’t have a lot of money. Same with psychoanalysts, a $100 an hour…I think the availability and I’m talking financially, to make it easier for those who need it and who can’t afford to pay all that money, that the government might step in and make social workers more accessible financially I mean and psychoanalysts I think that might be a help for the future. Of course it costs a lot of money. It is. It is very expensive. You know to pay three months you know you go once a week for sure, add it up.

**iii) Outreach**

The contemporary survivors in this study also noted that outreach is needed to find those individuals who will not seek out help on their own. A contemporary Holocaust survivor respondent recommends that social workers emphasize outreach to find these survivors. She notes, “Outreach is number one. Yep. Anywhere. Public relations and outreach…First of all they have to find them…If they find them they’ll help you I’m sure”. She continues, “[H]ow do social workers find survivors? I guess through places like…the Holocaust Centre and umm JNF, Jewish National Fund. I guess that would be a way through the community, I’m sure in the Jewish schools there might be grandparents who need some help”. She also suggests informal measures for outreach purposes. Often those who need the help most will not yet be connected in a formal way. She notes:
I think mixing in with us it’s mingling that is important. Personal contact in an informal setting like that, you’ll get more...Otherwise I can’t see, you know, you can’t knock on the door[s]. I think the informal settings and within the Holocaust Education Week which is October-November.

7.3 d) Family Caregivers of Classic Survivors and a Mentality of Going Without

i) Life Course Experiences and a Mentality of “Going Without”

As the daughter-in-law of a classic Holocaust survivor explained “if you’re talking to people who didn’t even have a piece of bread to eat or that had to eat frozen potato peels, not even the potato, and now it is years later, it is just to understand that mentality.” The daughter of a classic Holocaust survivor makes the connection between these types of experiences and Holocaust survivors’ current frugality. She explains:

Because they went through so many years where they had nothing nothing to eat, they were starving and they had to do so much just to survive. So they’re not going to be frivolous and spend money now, they’re going to save for that rainy day because if anyone knows that a rainy day can happen it’s them.

Many family caregivers also explained that while the financial concerns of Holocaust survivors have in many cases been resolved for decades, the fear that it could happen again at any time continues to be pervasive in their lives. A son of a classic survivor explains:

Well, you’re dealing with people who grew up in a timeline when things weren’t readily available, when there was obvious discrimination, services weren’t easily accessible and you know as they get older that fear comes back. I won’t be able to survive on my own and things will run out and you kind of get this mentality that I need to save all my money because there is this fear that one day it will run out. In reality the money is there and you kind of come back to the thinking about when times were tough and you didn’t have the ability to get the services and spend the money and now you’re kind of-regressing back to those days.

Another son of a classic survivor notes, “[They] remember…not having those things…and moving forward they continue to have the attitude that [they’ll] survive without these kinds
of things.” The grand-daughter of a classic survivor similarly notes, “They’re never sure if there will be enough or when circumstances might change, so they are always saving.”

\[ii)\] **Not Wanting to Spend on Services**

The unwillingness to pay for necessary services was a recurrent theme noted by the family members of classic survivors. The son of a classic survivor gives an example of how his mother cancelled a food delivery service she very much needed, because she didn’t want to spend the money. He notes, “Well, Kosher Meals on Wheels was a service she was going to use…although the price was very low, it was about $7 a day she felt that she didn’t want to spend money on regular meals so she decided that she would make her own meals and not utilize that service. A grand-daughter of a classic survivor similarly points out that her grandmother, “eats really horribly. Tea and toast, maybe a little bit of cottage cheese if we’re lucky. No meat or anything like that though. I really think she just doesn’t want to spend the money to eat well.” This mentality of “going without” also applies to transportation services. With frustration in her voice, the daughter of a classic survivor notes:

But, the ones who still have this, umm I need to save for a rainy day because you never know, like they will not take a taxi, never never will they…take a taxi. She would rather inconvenience her [family members]…to take her maybe five blocks than to take a taxi because it is money thrown out. It is what they call [“arois gavorfene guelt”], like “money wasted”. They won’t do that.

The son of a classic survivor suggests that developing a more comprehensive system of volunteers for Holocaust survivors might assist in resolving some of these issues. He notes:

Well first of all the systems are overloaded and I understand that volunteers have been important in the past, so possibly they need to redevelop a system of volunteers. Maybe they need to put more work into developing this system of volunteers. There are a lot of people who have probably never been approached and people who would be happy to do something for the
community. And of course setting up this kind of thing is something that social services...or social workers those are the people skilled at this type of thing, those are the people that should be guiding this kind of thing and where the funding is coming from that’s another issue.

iii) Hierarchy of Pain

The “hierarchy of pain” among survivors may have resulted in many contemporary survivors going without proper empathy and understanding (Greenfeld 1993; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005). One family caregiver, the cousin of a classic survivor demonstrates that there is an assumption, even among the family members of Holocaust survivors, that contemporary survivors were not as deeply affected by the Holocaust, especially in the long term, as classic survivors. This family caregiver states:

Well, I think the older Holocaust survivors...went through harder times, there is no getting away from it, but I’m sure that they went through tougher times...things that the others didn’t have to go through. Sure, the younger survivors...didn’t have the best time either...But now I don’t think they really have a problem with it...I think the younger people have just grown out of it so much...I guess you have to treat them differently, a little bit...I don’t think the social workers really have a problem with those [younger] survivors.

7.3 e) A Family Caregiver of a Contemporary Survivor and a “Going Without” Mentality

i) Barriers to Services

A family caregiver of a contemporary survivor notes that many emotional and psychological issues relating to accessing services exist for Holocaust survivors. She explains, “So for them, [it is difficult] to...access without feeling as though they are imposing. It is important to provide them with the dignity and respect so they don’t feel any sense of humility or shame in requesting assistance”.

ii) Multigenerational Effects

The family caregiver of a contemporary survivor explains that she knows some children of survivors who are very different from their parents with respect to this “going
without” mentality. She explains that in these cases, it is because these children had opposite life experiences from their parents. They did not have to “go without” anything. She explains:

And one of the things for children of survivors is the fact that for some children… where parents tried to give them everything and to shield them from pain in order to make up from what they experienced and went through…they may not have received that kind of instruction at home where parents may have tried to shield them and gave them everything instead…[B]y and large, I know it is a generalization but [some of them] grew up thinking nothing horrible would ever happen to them and today face understanding that [nobody can] shield them from…the hardships in life.

7.4 Increased Vulnerability to Loss

7.4 a) Classic Survivors and Increased Vulnerability to Loss

i) Life Course Experiences and Increased Vulnerability to Loss

Classic survivors suffered numerous types of losses as a result of the Holocaust. From 1933, with the passing of Nazi laws, European Jews began to suffer the loss of many of their rights. These included the rights to practice their careers, to participate in sports and cultural activities, and even to use their Jewish names (Shuter 2003). After 1937, the businesses, homes, and possessions of Jews were taken from them and given to non-Jews (Shuter 2003). By 1940, they were forced into ghettos in run-down areas of the cities where water and electricity was limited (Shuter 2003). One year later, mass murder of Jews in ghettos and death camps began (Gilbert 2000). Millions were killed within a few years (Shuter 2003).

"Many survivors lost most of their friends and family during the Holocaust, without the opportunity to say their goodbyes” (Malach 2001) (p.4). As Gorko (2000) notes, "[v]irtually no family survived intact" (Gorko 2000) (p.1).

Respondents of this study shared their memories of the losses which they had endured during the Holocaust. One classic Holocaust survivor sadly recalls, “We lost
everything...So sometimes I feel bad...You see, we were very good up, and suddenly we had to take everything and leave...You know what that means?” and another states, “Can you imagine losing a family within a few hours, an entire family, and umm this is very difficult for people to understand you know?” Another classic Holocaust survivor also speaks of the devastating and lifelong pain that endures after one has lost so much:

They took her, they took my mother and my whole family away and I was left alone, with the war I was by myself...So that’s what it is. It was not easy...If I hear the Canadian children, or even my own children, they can’t understand the big pain what we have in our hearts. They can’t. It’s impossible...You have to understand how bitter it is and how horrible it is that since you’re little to live through this hell. Nobody can understand this...You can hear it. You can listen to it. But you just can’t understand it.

Starting a new life, in a new country, particularly after having lost so much, was an onerous task. Dealing with the daily chores and responsibilities meant that the hopes and dreams of the past had to be abandoned (Shuter 2003). Many classic survivors also spoke about the loss of their dreams and goals as a result of the Holocaust. One classic survivor sadly admitted, “I used to go to school and I wanted to study, but because of the Holocaust everything changed”.

**ii) Coping with Further Pain and Loss in Old Age**

These many losses which Holocaust survivors endured have all had profound and lifelong effects on classic survivors. A classic survivor notes, “As I’m getting older, I see more terrible things that we went through during all our life. It comes back. Everything comes back... And now, everything the whole family is in the head. The family...Yah...Cries...” Additionally, these losses are also believed to impact upon the more current losses that are often associated with aging such as the loss of a loved one, declining health and mobility and fewer social opportunities (Rosenbloom 1985; Krystal 1995; Landau
and Litwin 2000; Malach 2001; David 2003; Shmotkin, Blumstein et al. 2003). A classic survivor notes, “Yet, I go in the Club not often because of my health you see and my husband’s health.” Another said: “[Y]ou don’t know what will happen in two years from now. It’s very hard to predict…how it will turn out, how our health will be. It’s…now we live from day to day”.

It has been proposed that in certain circumstances, Holocaust survivors may be more vulnerable to the emotional and physical pains and losses associated with aging, due to the exceptional stress of their past traumas (Rosenbloom 1985; Krystal 1995; Landau and Litwin 2000; Malach 2001; David 2003; Shmotkin, Blumstein et al. 2003). The research data from this study indicates that classic Holocaust survivors may require emotional support in order to come to terms with the fact that being a Holocaust survivor does not make them immune to the further pain and loss of aging. One classic survivor sadly stated, “I suffered so much, why now [G-d] doesn’t give me a few years good. So now again I have to suffer again in the old age”.

iii) *A Small and Decreasing Social Support Network*

Some classic survivors in this study had very limited support available to them, this being another of the many consequences of losing so many family members. One classic survivor said, “I don’t have family. No, I have no family left.” Another noted, “We are alone, we are alone. So is.” Aging classic Holocaust survivors are dealing with the loss of their already limited network of friends and relatives (David 2003). Some classic survivors are particularly vulnerable to the loss of the loved ones who provided them with the support they badly needed throughout their years of coping with their Holocaust experiences. One classic survivor recalls that her husband used to fill the important role of being there in the
middle of the night when she awoke with nightmares and night terrors. She recounts, “Before, when my husband was alive and I used to have those nightmares, and scream and so he used to wake me. But, now I’m by myself. And sometimes I can hear myself screaming. I can hear myself.”

The findings of this study also suggest that when classic survivors are able to build new friendships, it can help to comfort them with the pain of their other losses. A classic survivor describes the special and helpful friendship which she has developed with another classic survivor, also a new immigrant. She notes, “You know because we are [both from X], our best life we had in [this country]. So she is like me…You know my help? My help is [this friend]”. Another classic survivor, whose wife recently died, discusses the importance of his new friendship with another Holocaust survivor who also lost a spouse. He explains, “Everyone he likes to find a friend. She’s a friend to me and I’m a friend to her…Yes it’s lucky. Lucky me. She understands.”

iv) Moving

As a result of their traumatic experiences during the Holocaust, the research data suggests that some classic survivors may have a more difficult time accepting the aging process and the multitude of changes often inherent in this process. Some respondents of this study noted their reluctance to even consider moving to a retirement home. They related these reluctant feelings to their traumatic experiences during the Holocaust. One classic survivor recalls her traumatic past, “To take everything that you worked for your whole life and have to leave with nothing” and then adds, “Sure, that’s why I say I don’t want to give up my home. Like they think I should go in a home and I don’t want to give up my home…I want my home.” Another classic survivor explains that leaving one’s home and moving into
an institutional environment may be especially difficult “for the camp survivors because they were institutionalized in the worst kind of way.”

While none of the respondents lived in institutions at the time of this study, several informants explained that they did move, in response to the failing health or death of a spouse, or due to their own declining health. These participants also noted that they moved to decrease responsibilities associated with living in a house, to be closer to the Jewish community and Jewish services or for better access to services in general. A classic survivor explains, “You know the district here so I just go across...my husband was getting really sick...So, I decided that it would be, first of all it was a big home and then I decided for me it’s much better if I’ll be in a Jewish neighbourhood.”

However, one subgroup of classic Holocaust survivors was even more deeply affected by moving. Classic Holocaust survivors who have recently immigrated to Canada are unique in several notable ways. In addition to having to cope with being a survivor and the many other common issues related to aging, they are also simultaneously coping with a host of issues related to being a new immigrant. None of these respondents have found the adjustment to life in Canada easy. One classic survivor tells her story:

We don’t want to go to Canada because um we I have [the language of our former country], I have it now very good, my husband also very good [the language]. And ah my husband...he has a great pension in [X]...We were not young...We don’t want to come...We became older and older and our health became no good and my daughter cried. Come to me, you have grandsons and I and so and so. Come. But, this is all very difficult...Very difficult. Very difficult. I don’t thought that so would be I had not come from [X]. Then I had the language, I had health and here it is not so. What to do?

Another classic survivor tries to explain how painful it is to move when one is older. She shares:
An old person like me, there’s a beautiful Hebrew song, it’s like a tree. You take out the tree, without the roots, so to put it in another place, it is very hard. But, I got used to it…Not a 100%...In old age it is very difficult to change the environment. You know? You don’t know you are young. But, you can imagine if you have a little bit imagination.

A third classic survivor explained that she is “now in a very bad situation because of the moving.” She further notes that she is scared to go out herself because she does not know her way around the city. She explains, “I don’t know where I come or where I go back”.

7.4 c) Contemporary Survivors and Increased Vulnerability to Loss

i) Life Course Experiences and Increased Vulnerability to Loss

A contemporary survivor points out, “…people lost everybody. You are alone you know. It’s very hard for survivors, for Holocaust survivors. It’s not easy.” Another contemporary survivor sadly shares, “They were looking for our family. They didn’t find any. They didn’t find any.”

In his review of the literature relating to child survivors, Dasberg identified lifelong difficulties with loss (Vegh 1979; Dasberg 2001) as a characteristic common among adult child Holocaust survivors. During the Holocaust, contemporary survivors lost everything of importance to a child or young person. “…[T]hey had to endure the misery of being separated from their families and some never saw their parents again” (Leapman 2000) (p.14). A contemporary survivor respondent explains that many child survivors “think that they should have gone with the parents to be killed, like with them”. The existing literature similarly suggests that many child survivors experienced feelings of abandonment because of being left by their parents (Leapman 2000).

Many child survivors were traumatized upon returning home after the Holocaust to find that the world they had known prior to their hiding no longer existed (Keilson 1979;
Kangisser Cohen 2004; Cohen 2010). A survivor describes the highly charged emotions relating to the loss of home. This respondent recalls, “And I went back…and I found [someone] was living in my home…We realized that we were not welcome and we were not safe here.”

Upon finding no place for them in their homelands, many of these homeless Jewish children were sent to other countries to live with distant relatives or to become wards of the state (Cohen 2010). There they also had to cope with a new culture, new language, and a new world of strangers (Greenfeld 1993). During this time of bereavement and grief they also had to adjust to a culture which was totally unfamiliar to them (Keilson 1979; Kangisser Cohen 2004). A contemporary survivor shares, “My brother hated Toronto, he hated the English language…My other brother…would get into an argument with [our host family], he would call the Jewish Congress and say “get me out of here, you know, find me another family”.”

i) Significance of Home

Undergoing early traumas may, in some circumstances, make contemporary survivors more vulnerable to typical life course changes that often accompany aging (Danieli 1981; Harel, Kahana et al. 1993). For example, the research data suggests that the loss of their homes during the Holocaust also impacts these individuals’ current feelings and needs related to their homes. One contemporary survivor explains, “Once I find something where I’m content I don’t want to move, I don’t want to change. There was always a certain insecurity when I was a child. I didn’t know if I would have a home today, I didn’t know if I would have it tomorrow.” These types of comments suggest that traditional long term care options will probably not meet the special needs of these survivors as they age.
The contemporary survivors of this study are not currently concerned with giving up their homes due to the increased needs related to aging. However, they unanimously stated that if and when a time should come that they require more assistance with the activities of daily life their long term preference would be to stay in their own homes for as long as it is possible, even if this requires assistance. A contemporary survivor emphasizes:

I would prefer to stay here…I am comfortable here in our home, and I think if I didn’t need to go to a nursing home or a retirement home I wouldn’t go. If there comes a time, when you are totally incapable of taking care of yourself or your [spouse] taking care of you then there would not be a choice, but I would prefer to stay here.

These sentiments probably ring true for many older Canadians. Institutional environments carry many negative stereotypes and have historically been perceived “as a place to go and wait to die” (Patchner and Patchner 2004; Watt and Soifer 2004) (p.362). However, the contemporary Holocaust survivors interviewed reported that their negative feelings about institutional environments are very closely related to their traumatic experiences as young people during the Holocaust. Many contemporary survivors experienced the strict rules, regulations and regimentation of institutional life while hiding in convents, orphanages or boarding schools (Greenfeld 1993). For example, a contemporary respondent explained that just like in the orphanage, “whatever they give you to eat [in a retirement or nursing home], you need to eat.” Another explained, “It’s aahh it’s still an institution wherever you go…You lose your own decision making power in those places…You are on a regimen. You are not free. You’re free and you’re not. You can’t come and tell her today I want fish when they are having chicken.”

The regimentation of institutional environments is only part of the reason that many contemporary survivors claim they want to stay in their homes and out of institutions as they
age. During the Holocaust, contemporary survivors had to leave their homes and often had to be moving from place to place in order to keep their Jewish identity concealed. Whenever a threat to their identities surfaced they were shipped off again (Buchignani 1994; Zapruder 2002). Sometimes they lived within their home towns and other times new towns, with which they had no familiarity (Buchignani 1994). A contemporary survivor respondent recalls, “But then, my mother got scared so she went back to the Jewish organization, and she said…she was scared. So she said, you never know, you never know one day he might be angry for something and he might denounce us. [We moved again]”.

Another contemporary survivor shares:

Somebody came to take us away because we would have been picked up you know…Yah. And then after the war, this woman who had been sort of moving us along you know from home to home, went to look for our parents. She didn’t find them. She presumed they were dead and she put us in an orphanage. And we stayed in the orphanage.

A contemporary survivor makes the connection between her early life experiences and her desire to remain in her own home as she ages:

And for us, umm who were hidden, to be in your own home is very important because we went from place to place to place. In some cases, and not necessarily like this. You know in a cellar or under a table or you know in a closet and so to have room and your own things around you I think is very important. This is mine, and nobody can tell me I have to go and hide in my closet over there. Home is very important in my opinion. This is my home. This is what I have and nobody is going to tell me that I have to go and hide somewhere.

7.4 d) Family Caregivers of Classic Survivors and Increased Vulnerability to Loss

i) Life Course Experiences and Increased Vulnerability to Loss

Family caregivers similarly discussed numerous types of losses experienced by their classic survivor relatives during the Holocaust that have resulted in an increased vulnerability to loss. For example, the grandson of one classic survivor shares, “She talks a lot about the
stuff that happened when she was younger. About running away from the Nazis. And ah being in [X] and running away and having problems from the war…So it still affects her today. She still remembers it a lot…She is still affected by it…”

More specifically, family caregivers of classic survivors discussed losses relating to education and early learning which has further contributed to this population’s current vulnerabilities. For example, the son of a classic survivor explains that his mother could not return to school after liberation and then moving to Canada shortly afterwards because “there was the necessity of earning a living earlier on”. He explains that this lack of education has resulted in his mother’s dependence on him in many areas of life, most notably navigating the health care system and other public services. He continues, “OK, well generally, in general well, say her education was cut very short because of the war...She was quite young, so her schooling ended around grade five or six, so she basically hasn’t got the background and having had that little education it is very difficult to pick it up...” He further notes:

[S]he’s not able to pick up things like the computers and the data and the things available on the computers and all the different services that are available. She basically can’t deal with the different agencies on her own...[S]he doesn’t have the basic life skills at this point in her life and it would obviously be difficult to start now but these types of things should have been dealt with many years ago, there should have been services available at earlier times.

\[ii\] Coping with Further Pain and Loss in Old Age

Just as the survivors themselves noted, the family caregivers of classic survivors similarly pointed out that their survivor relatives had difficulty accepting further pain and loss associated with aging after surviving the Holocaust. The daughter of a classic Holocaust survivor states:
There may be this sense of feeling that once one has survived the Holocaust nothing worse could happen in life. And then there are illnesses or other difficulties that arise that continuously challenge that kind of fallacy for many individuals. They will require the extra support and reassurance to know that [even with] the added stresses in life, that they still have the resiliency to withstand difficulties and continuously learn to adapt to their life.

Family members also addressed Holocaust survivors’ additional vulnerabilities that can complicate typical life course changes, such as retirement. As the daughter of a classic Holocaust survivor explains:

For a lot of the immigrants, that came from Eastern Europe especially and other countries after the war there was a strong need for them to define themselves by their financial contribution to the family. And after they would have to retire, where as other people would have the same difficulty in redefining their role, it may be extremely difficult for a survivor who might have also sublimated his difficulties into his work in order to cope with his previous experience or her previous experiences and this form of denial would have sustained them and maybe then [be] a challenge to contend with in the retirement years.

**iii) Feelings About Home**

Family caregivers of classic survivors also discussed how their relatives’ traumatic experiences during the Holocaust relate to their feelings about “home”. A daughter of a classic survivor explains how survivors’ current ties to their homes are connected to early life experiences during the Holocaust:

I think he’s really tied to his home...There’s something about the home, there’s a safe feeling attached to it, particularly for people that you know their whole notion of home was torn apart, ripped apart… So I think home kind of stands for security, for things will be ok, when you’re home things are, they’re ok, you’re safe, no one can hurt you there, no one can control you there, you’re in charge there, which were all things that were taken away from them in their earlier years.

Family caregivers of classic survivors also suggested a variety of alternatives which they hope the Jewish community will begin to plan at this time. In this way it is hoped that the younger generation of Holocaust survivors may not have to endure inappropriate
institutional environments, should they require more care as they age. For example, the
grand-daughter of a classic survivor suggested “setting up some group homes where they
each have their own bedroom, it’s like independent living but it’s assisted you know…with
nurses and all the other services”. She continued to explain that this option would differ
from what is currently available because the environment would not feel institutional. She
notes, “I would do it in a place that had a lot of grounds, so you could make buildings of like
four or five units for seniors and one unit for a caregiver who would be educated about the
special needs of survivors or others who live there”. The son of a classic survivor similarly
suggested that there is a need for condominiums and/or apartments that cater to the needs of
this population “with the option of affordable full service assistance, including 24 hour
nursing crisis support, regular nursing care, housekeeping services and meal options”. Another son of a classic survivor noted the need for a similar program but added that this
could be made available at little cost to consumers “by pooling people’s funding to support
an on-site care centre”.

iv) Limited Social Supports

Family caregivers of classic survivors noted that their relatives had less familial
supports available than many other Canadian seniors and discussed the implications of this.
For example, the son of a classic survivor explains, “You know your parents don’t have that
large family that they can count on. They don’t have a large number of brothers and sisters
and cousins and people that they also can count on, so you know that they count on you more
than in other circumstances.”
Another son of a classic survivor explains that because of the nature of genocide, Holocaust survivors often also lack the support system of a community which may be available to other aging immigrants. He explains:

You’d need people who could relate to them, unfortunately, you’re dealing with a culture that’s changed…The thing is that [with other] refugees we can go back to [their homeland, for example] Vietnam and get aah younger people who have some knowledge of it [to assist]. You can’t go back to Poland to look for 50 year old people who can relate to them. There is no culture in Poland left. So you’re dealing with a culture that is dying and you need to learn what you can. The problem is this is a genocide where a whole population was destroyed, a whole culture was destroyed. It makes it a very difficult issue.

v) **Multigenerational Effects**

Many family caregivers of classic survivors also addressed the ways in which they have been personally affected by growing up in an environment focused on loss. For example, a daughter notes:

Family was something that I always cherished and wished I had more of…As a result of [the Holocaust] we were growing up alone in Canada…we had no family growing up…So those are issues for me. And being able to have one [child], happy that I have a [child], but wishing I could have been able to contribute more towards a family, to make up what we didn’t have.

These family caregivers further explained that their peers, who were also the children of survivors, shared many of the same feelings and reactions. For example, a daughter shares, “I witnessed children almost feeling this sense of need to make up for their parents’ losses. So being an over-achiever was not unusual among my group of friends. We all were trying very very hard to do the best that we could do always.” This respondent adds that the ability to relate to the significant losses experienced by survivor families often extends to other members of the Jewish community, who are not themselves related to a Holocaust survivor. She explains:
I think it would be interesting to look at the marriages between children of survivors and those that are not the children of survivors and to look at whether a spouse could appreciate and understand the fears and the emotional experiences that the child of survivors has. So in my example, where I thought I would have to marry a child of survivors in order to have somebody appreciate and understand where I was coming from and learned that that was not always the case because I married a Jewish man who is not a child of survivors, not even a child of immigrants, or like a third generation Canadian, and yet he has the sensitivity and understanding of a lot of the issues that I face daily, on a daily basis…I think people who have never experienced this kind of loss in their homes could still relate and understand.

Such comments by family caregivers might indicate a significant understanding of many Holocaust related issues by members of the Jewish community at large. Holocaust survivors however suggest that the larger community, and even their own children, cannot possibly “understand the big pain [that they] have in [their] hearts.”

7.4 e) A Family Caregiver of a Survivor who Demonstrates Classic and Contemporary Characteristics and Increased Vulnerability to Loss

i) Life Course Experiences and Increased Vulnerability to Loss

The spouse of a Holocaust survivor with classic and contemporary characteristics points out that Holocaust survivors’ traumatic experiences make them more vulnerable and that they may need additional care and compassion, particularly during times of crisis. She notes, “Maybe understand that they need a little bit extras. Maybe just care, maybe just whatever, might be a little bit extra because that person, like [X] is already sometimes maybe living in the past of how he suffered and just to understand that.” She continues:

It’s hard for them to understand what Holocaust survivors went through, so they’ve got to show a lot of compassion. They’ve been through a lot. They’ve lived that lifetime. And that’s one advice I would give them. It just pays to give an extra half hour or few minutes and just listen to it…ask “What did you go through?”…[He] said that the social worker [in the hospital] asked about different things and he felt good talking about it because you can’t talk about the bad things that you’ve gone through with everybody. Cause most people don’t want to hear it. Most people don’t want to hear bad things so
you keep that within yourself and it is such a relief when somebody says, “Well tell me”.

ii) Feelings About Home

This respondent also notes that moving to an institutional environment might be difficult for survivors, particularly for child survivors who were hidden in orphanages and other institutions during the Holocaust. She explains, “I think it’s important that a [survivor] stay in their own environment. I think it’s emotionally a lot better for them. “You go into a nursing home or independent living and it’s an institution all over again. You have to be twelve o’clock for lunch and five o’clock for supper.”

7.5 Loss of Secure Identity

7.5 a) Classic Survivors and Loss of Secure Identity

i) Life Course Experiences and Loss of Secure Identity

Prior to the period officially known as ‘the Holocaust’, but after 1933, the Nazis’ policies threatened the identities of Jews in Germany. Jews were prohibited from practicing their religion and professions (Gilbert 2000; Bauer 2001; Shuter 2003). Jewish government workers lost their jobs, Jewish athletes were banned from sports and Jewish students could no longer go to college (Shuter 2003). During the Holocaust, particularly in concentration, work and extermination camps, victims’ clothing was confiscated, their heads were shaved, and they were identified by a number which was tattooed on their arm, rather than by their name (Gilbert 2000; David and Pelly 2003). As Shuter (2003) writes, “By 1942, the Nazis had made Jews seem so unlike human beings” (Shuter 2003). Jewish people were referred to by the Nazis as “a plague”, “filth”, “vermin” and as “cargo” and “pieces”, but never as “people” (Shuter 2003) (p.29). In so many ways the Jewish people were depersonalized, humiliated and robbed of their identities (David and Pelly 2003). After liberation, this loss
and confusion of identity continued as survivors searched for missing family members and learned that they were dead (Shuter 2003). Most classic survivors lost their identities as husband or wife, daughter or son, mother or father, and had to both mourn and rebuild their entire persona (Shuter 2003). A classic survivor notes, “To see your father die, to see your [brothers and sisters] killed. To see these things changes [you]”. After liberation many classic Holocaust survivors’ identities also changed to that of being an immigrant in a new country (Shuter 2003) and they suffered a significant drop in their economic status. A classic survivor recalls:

> We got enough to eat, my father was very good up, he got lots of fields with how you call this, you make oil, corn we had too but, sunflower seeds. We had everything. He was very rich my father. Oh yah. I was very spoiled [and then to] to take everything that you worked for your whole life and have to leave with nothing.

**ii) Sensitivity Regarding Disclosure of Personal Information**

The participants of this study were all volunteers and therefore may not accurately represent the general population of survivors, many of whom may be much more resistant to discussing many issues relating to the Holocaust. Even the volunteers in this study were uncomfortable discussing issues relating to certain aspects of their identity, such as their birthdates. Several classic survivors interviewed illustrated how even the most basic aspects of one’s identity became confused for these Holocaust survivors. For example, when one classic survivor respondent was asked what year she was born, she answered, “1920. Well not exactly…It was not a normal time.” She continued to explain and rationalize why the age she had been living with all of these years was not her real age. Another classic survivor also admitted her age on all her legal documents is not her true age. She recounted the story of how this came about, “[W]e went out and got a passport made. In [X] you can do
anything and they made a passport a twin with my older brother, that’s why on my passport I’m a lot older. It’s not my age.” In addition, when confirming whether the qualitative interview could be recorded, a third classic survivor answered that this depended upon whether or not she would be asked to divulge certain dates during the interview. In spite of the sensitivities that some classic survivors feel about sharing certain types of details, other classic survivors note that they do want to talk about the details of their past. A classic survivor notes, “I don’t mind talking about it. I find that it’s very important…Because, you can’t keep all this everything in you.”

**iii) Ambiguous Feelings about Religion**

There are at least two components to Jewish identity, religion and ethnicity. While some respondents spoke about always wanting to keep Jewish ethnic traditions, they noted that they could no longer believe in G-d and the religious aspects of Judaism after the Holocaust. For example, when one classic survivor was asked what would best describe her religious affiliation, she answered, “None. I don’t belong to a shul [synagogue]. I am Zionist but I’m not religious. I can’t be what I saw…Nothing there who had the strength of G-d, because I didn’t see any miracles. Sad.” Others spoke of Jewish people whom they knew, who both abandoned the religious aspects of Judaism and after the Holocaust, did not want to be affiliated with Judaism in any way. They felt being Jewish had already cost them too much. Another survivor notes, “I mean there were many that converted to Christianity. Many…that changed their names and wanted nothing to do with Judaism you know…They don’t want to be known as Jews”.

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Still, not all classic survivors interviewed felt this way about Judaism. One proudly stated, “I am a believer. I believe in G-d.” and another said, “I’m very comfortable…I mean I’m…for Jewish tradition.”

7.5 b) A Holocaust Survivor who Demonstrates Classic and Contemporary Characteristics and Loss of Secure Identity

i) Maintaining Culture and Traditions

A survivor who demonstrates both classic and contemporary characteristics points out that in addition to personal challenges, massive trauma also has the potential to rob an entire community of its rich traditions. In spite of this risk, he notes that overall the Jewish community has fared reasonably well considering the magnitude of the trauma. He notes that it has even had the opportunity to provide guidance to other traumatized communities:

> Well look [at] the Native people…They have lots of problems. They are a people, who are trying, who have lost a lot of their, I mean they were brought up in an entirely different way and then there was something forced upon them and look they haven’t been able to recover from this. Even here in Canada, they have 59 different languages but only three are used. So they’re losing all of them. I know that just recently, some of the Native chiefs went to Israel to learn how the Jewish community was able to come back after this horrible disaster, create a state and especially how to bring back their own languages. So they went to Israel to study how did the Jewish community manage to pull all of these things together?

7.5 c) Contemporary Survivors and Loss of Secure Identity

i) Life Course Experiences and Loss of Secure Identity

Child Holocaust survivors have also been noted as having lifelong difficulties with identity issues in the existing literature (Moskowitz 1983; Krell 1985; Shoshan 1989; Dasberg 1992; Dasberg 2001). The research findings suggest that many decades after the Holocaust, it is still common for contemporary survivors to be searching for their true
identities. One contemporary survivor respondent shares, “We lost our identity.” Another contemporary survivor respondent notes:

Don’t think it was easy. It wasn’t easy. It wasn’t easy. At two years old, I lost everything that I knew and ever since then I’ve been trying to put the pieces together to get some sort of a background you know to my life. To make it plausible. To make it real. You know.

Child survivors were deeply affected by the loss of their parents and other family members who typically help to mold and secure an individual’s identity in their formative years (Freeman 1992; Greenfeld 1993; David 2004). A contemporary survivor notes, “I remember nothing. I don’t even remember my parents.” Another contemporary survivor shares that growing up parentless, has resulted in her experiencing lifelong identity issues:

I also had no parents. And when you have no parents you have no one to give you guidelines. If you have parents you know what is ok, and what is ok for other people to do to you or how to treat you. But, when you have no parents you have no guidelines. There was nothing in that way.

In this study, the contemporary survivors were predominantly hidden children. During the Holocaust, hidden children were warned to conceal their true identity at all costs and to lie when necessary (Greenfeld 1993; Buchignani 1994). A contemporary survivor notes, “We had to go into false identity”.

The religious identity of these contemporary survivors was also affected. Contemporary survivors were taught to lie about their religion and ethnic background, and often practiced another faith, in order to survive (Greenfeld 1993; Buchignani 1994; Kangissser Cohen 2005). The hidden children went to church and pretended to be Christians (Leapman 2000). A contemporary survivor respondent notes, “We had to go to church when we were Jewish.” Another contemporary survivor respondent explains, “I may be Jewish by birth but I mean because of the war years [I was] brought up by Christians.”
Many Jewish children, while hidden in Catholic orphanages and other Christian institutions, began to take comfort in religious practices learned there (Greenfeld 1993; Kangisser Cohen 2005). Contemporary survivors’ religious identities were often transformed because as young people they were, due to the circumstances inherent in their hiding, socialized as non-Jews. A contemporary survivor respondent explains:

And you know what I became very religious in that town because you know. You know what was I praying, that my father should come back and that I should see my mother because I was so worried that my mother was going to be taken you know. I…was still so worried about what I was going to do if there is nobody left. Where are we going to go? What are we going to do? I was the oldest. I was worried about all of those things… And, I wanted to do my communion because I was praying and you know I wanted to do the confirmation, they call it. And I wanted to do that, and my mother came and I said to my mother “Oh, mother I want to do that, I want to be dressed in a white dress” and my mother said in Yiddish “Dos Nicht”. Laughs. “Dos Nicht”. Laughs. I remember that.

Such experiences relating to hiding during the Holocaust inevitably affected the identities of these contemporary survivors.

ii) Significance of an Altered Religious Identity

As a result of their exposure to different religions in their early years, contemporary Holocaust survivors may be more accepting than classic survivors of existing generic community services, in addition to or instead of social services that are run under Jewish auspices. A contemporary survivor explains:

For me it doesn’t matter. If they have the knowledge and the sincerity and the proper training then it wouldn’t really make a difference. I may be Jewish by birth but I mean because of the war years [I was] brought up by Christians, so everyone is a person and whatever everybody believes that is their business, if they treat me right and they know what they are doing then religion is no barrier. It is for some people, some people won’t talk like that.

In this study, contemporary survivors expressed greater concern that service providers were kind, professional and effective at their job than that they were Jewish. A contemporary
survivor noted, “But, if I needed somebody to come give me a bath or something like that then I don’t care [if they are Jewish or not]. I’d rather the person is nice, that’s all.” Another similarly stated, “Now, as long as the person is capable, religion doesn’t make any difference to me.”

In addition to often feeling comforted by Christian religious practices, many contemporary survivors also initially felt shame in their Jewish identity. They were convinced it was the root of all their troubles (Greenfeld 1993; Leapman 2000; Muller-Paisner 2002). A contemporary survivor respondent states:

But, even after the war I didn’t want to hear anything about Judaism. I came to Canada, I was really an anti-Semite…Yes, an anti-Semite. Because I thought that being Jewish was a terrible thing you know and I didn’t want to hear about it. But, here in Canada, I went to, there were a lot of lectures, by [a] Rabbi in that time…I used to go there…and you know I was listening to what he was saying about the Jewish people. He said, “We are the victims. You are not the ones that are making the world going bad. We are the victims.” I’m really Jewish. You know and then I realized I’m Jewish.

Even with the heartache which their Jewish identity brought these contemporary survivors, eventually many of them began to see their Jewish identity as a gift. A contemporary survivor shared a poem of importance to her, written by another child survivor, to illustrate this point:

I was given a badge
when I was a child.
I was given a badge…

“Juif” was clearly written
in the centre, “Juif” was engraved
on my seven year old heart….

I still have this badge
in case of trouble.
I still have this badge engraved in my heart.
I never wear another,
Even though unseen,
I never wear another.
It’s the only one that suits me.
(A.P. 1985)

While contemporary survivors in this study noted that with the passage of time they have learned to accept their Jewish ethnic identity; several admitted that they continue to struggle with the religious aspect of their Judaism. When asked about their religious identity today, these contemporary survivors described themselves as traditional rather than as religious Jews. The majority of the contemporary survivors interviewed do not attend synagogue. One contemporary survivor respondent explains how her early life experiences have left her with an uncertainty about which way to turn regarding her religious identity. She states:

I want to tell you, I can’t accept that G-d didn’t [stop the Holocaust from happening], but you know I mean I want to belong somewhere. I can’t go back to the convent with the nuns you know. Laughs. That’s what I always say. It’s hard to believe in G-d. But I feel it is important to believe in something….My parents were sent to [X] and killed there. Why were they sent to [the death camp]? Because they were Jewish. I can’t turn my back on that.

iii) A Need for Financially Accessible Jewish Services

The research data indicates that the inaccessibility of some Jewish services due to high costs further alienates some contemporary survivors from Jewish life. In some cases, this view that Jewish services are inaccessible to those who cannot afford them can be traced back many decades. As a contemporary survivor recalls:

So, I had a few bad encounters with the Jewish community. Even when the kids, they want to go to Hebrew School, so they went to Hebrew School. And you know my husband was the only one working and he was sick and I had [several] children and we did want to give an education to the children anyway, a Jewish education. And one time even the synagogue sent somebody you know to pick up the money because we didn’t pay on time or
something. So, it was really a shock and after I was I had to get in front of a whole group of men and nearly to beg you know. To say...so if you don’t want my children to get an education, if you don’t want to help me. You know it was quite expensive...If you cannot help me so I will let them in the [public] school. At that time you had to say the Catholic prayer you know. So I said I will let them, they won’t have anything. But, it was so, we went through so much and I was still young and to go through in front of all these people you know and it was begging.

A contemporary survivor also notes, “I don’t go to synagogue because it’s a really a bad experiences with, you know if you cannot afford to pay then you cannot go. Not only for Yom Kippur, but all these holidays”. She continues, “You feel a little rejected. And that is hard. That is hard...You know.” Another contemporary survivor, when asked about her long term care preferences for the future, stated that she would prefer to go to a Jewish place, if she should require some form of institutional care in the future, but “[t]he only thing is I wouldn’t like to have to pay the money involved, I couldn’t afford [it]. I don’t know where I’d get that money from. Very few can. Very expensive.”

7.5 d) Family Caregivers of Classic Survivors and Loss of Secure Identity

i) Sensitivity Regarding Disclosure of Personal Information

Family caregivers of classic survivors noted that their relatives were often sensitive about the disclosure of personal information. A daughter of a classic survivor notes that, “Although some survivors will want to share their history, some are not interested in disclosing, or feel very sensitive about specific questions being given or being related to them.” Family caregivers also noted that difficulty disclosing personal information can become a barrier to the use of available services. For example, the grandson of a classic survivor notes that, “There might be difficulty for a lot of [survivors] in knowing who they could trust and whom therefore they could ask for services from and...the fear that they have in being able to disclose their own personal circumstances.” The daughter of a classic
Holocaust survivor explains that because of this sensitivity, a “let them lead” approach is best when working with this population:

Let them lead. I think that’s…important…advice. Let them lead. Don’t tell them that they should be talking about it or guide them away from talking about it because you think it might be too hard or opening up Pandora’s box or whatever. Let them lead…[T]hey know what they need. They will let you know.

ii) Feeling Like an Outsider

Family caregivers also suggested that changes to their relatives’ identities included feeling like outsiders as a result of their post-war situations. A son shares that, classic Holocaust survivors “…grew up in another culture, [and] didn’t really ever really fit in to the Canadian culture, they were always sort of at the fringes of Canadian culture”. The son of another classic Holocaust survivor similarly notes:

I think they may even end up feeling down on themselves, like here we are these immigrants, we can barely speak English and then there’s other people there…that were born in North America who don’t have a language problem. You know they might feel inferior or I don’t know feel some embarrassment or shame at being different, having an accent or being less educated than other Canadians their age.

iii) Multigenerational Effects

In general, family caregivers did not discuss their own feelings about religion and if and/or how these feelings may relate to the Holocaust and/or to their relationships with Holocaust survivors. However, one family caregiver, the daughter of a classic survivor, did note that as a result of observing her father’s struggles with his religious and ethnic identity she felt very fortunate to have a secure religious and ethnic identity. She shares, “I always felt very grateful that I could immerse myself in my religion and culture and not worry about overt discrimination that I might have otherwise have had if I had grown up in a different country than Canada.”
7.6 Discussion and Implications for Social Work Practice

i) Guarded Trust

Study findings suggest that classic survivors may underutilize available services for reasons related to trust. In many cases this may relate to survivors feeling distrustful of public service workers, possibly because of their experiences with those in positions of authority during the war (Gilbert 2000). The existing literature points out that there is also an underutilization of such public services by members of other ethnic minority and/or immigrants groups (Mui and Burnette 1994; Lai and Chau 2007; Koehn 2009; Martin 2009). This literature notes that these other aging immigrant groups generally underutilize services for reasons including cultural preferences and aversions, strong family and community networks providing the assistance required, societal discrimination, and unfamiliarity with public services, for example because these individuals do not know the services exist or do not have the information to access them (Mui and Burnette 1994; Lai and Chau 2007; Koehn 2009; Martin 2009). This literature however does not emphasize the lack of trust and/or fear of public services and/or service providers as a key barrier to service use (Mui and Burnette 1994; Lai and Chau 2007; Koehn 2009; Martin 2009).

Dasberg’s (2001) literature review identified lifelong difficulties with trust as a characteristic common among child Holocaust survivors (Moskowitz 1983; Dasberg 2001). The existing literature, and findings from this study, have noted that contemporary survivors may have developed guarded trust as a result of their unique circumstances during and after the Holocaust (Moskowitz 1983; Dasberg 2001). In addition, existing work and study findings also suggest that contemporary survivors continue to experience longstanding issues with trust because they have felt that their Holocaust experiences are not adequately
acknowledged and validated by the society in which they live. Many are not recognizable as survivors because they are relatively young and healthy, have no accent, are well educated and highly skilled, and demonstrate no signs of having experienced the concentration camps. Contemporary survivors therefore often carry on without understanding and support (Mazor, Gampel et al. 1990; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005). Study findings reveal that in some cases these survivors have even been accused of fabricating their Holocaust stories or that their experiences are trivialized. They have also sometimes had to endure the comments of Holocaust deniers who did not realize they were speaking with a Holocaust survivor. Contemporary survivors have indicated that they are therefore very cautious extending trust to new acquaintances, both personal and professional, until they are sure that these individuals will believe them. Educating social workers and other health care providers about this often “invisible” group of survivors may assist contemporary survivors to feel believed.

i) Mentality of “Going Without”

The research data from this study points to a connection between classic Holocaust survivors’ unique history of having lost everything, and the fact that, even if they are currently financially stable, in many cases, they may not be readily willing to spend money on themselves. Too often classic survivors view purchasing certain goods and/or services as optional, and so they may choose to go without, or to purchase substandard services in order to “save money for a rainy day”. Data from this study also indicate that this is true even with regard to health and safety issues such as nutritious food, safe transportation, and necessary support services.
There are some obvious ethical questions related to providing services to this group with regard to this mentality of “going without”. Survivors’ reasons for not wanting to spend money on important services are completely understandable and reasonable given their unique traumatic past, yet it was also noted that even their family members may become frustrated by their tendency to refuse spending money in circumstances when it would be prudent to do so. Given the boundaries and limitations inherent in existing social services, it is unclear how these emotional needs should be approached. McGilly (1994) writes, “there is undoubtedly a sincere feeling on the part of many people that the…money should go to those in need and not at all to the relatively affluent” (McGilly 1994) (p.348). Should those Holocaust survivors who are now financially stable be required to use their own resources for services and/or healthy food, even if this means they may choose to go without and possibly risk their overall health and well-being? Or should these individuals, who are already reluctant to accepting assistance, be provided with the needed assistance or products because of the special nature of their past traumas and their mentality of “going without”?

The mentality of “going without” for contemporary survivors relates to the “hierarchy of suffering” and the “conspiracy of silence” (Greenfeld 1993; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005). According to Danieli (1982) not speaking to the children about their experiences during the Holocaust was a way to protect both the children and the adults from their traumatic memories (Danieli 1982). Kangisser Cohen (2004) notes that in order to stay alive during the Holocaust, hidden children were forced to sublimate the suffering of being separated from their loved ones (Kangisser Cohen 2004). Greenfeld (1993) similarly notes that hidden children learned to “conceal their emotions” (Greenfeld
“remain silent” (Greenfeld 1993) (p.3) and “remain silent” (Greenfeld 1993) (p.90) about their feelings, “unable to share this period of their lives with their families or friends” (Greenfeld 1993) (p.110).

Dasberg’s (2001) review of the existing literature further suggests that because child survivors adapted extremely well in the early years, and because they were often extremely successful in the work they pursued, they became a neglected group (Dasberg 2001). To date, with the exception of a small number of studies examining therapeutic experiences, very little is known about the social work service needs of the child survivors (Cohen, Dekel et al. 2002; Shamai and Levin-Megged 2006). No empirical social work research could be located which examines how these child survivors differ from their older counterparts. Dasberg (2001) notes, “the professional literature on massive trauma pertains to adult survivors, while studies of child survivors…has been a neglected topic” (Kestenberg 1985; Dasberg 2001) (p.20).

Torczyner, Brotman et al. (1995) point out that, at the time their statistical data was collected (the 1991 census), approximately 33.5% of Holocaust survivors in the GTA were child survivors.¹⁹ Several important reasons are therefore hypothesized as to why the child or contemporary survivors have to date been largely ignored in the social work research literature and why the services available to this group of survivors are significantly more limited. These contemporary survivors are younger and generally still very independent and for this reason it is widely believed that they don’t currently require community services. These contemporary survivors “blend in so well” (Dasberg 2001) with other Canadians and therefore community agencies don’t recognize that as this group ages specialized services may soon be needed. The existing studies have virtually all been conducted in clinical settings such as hospitals, and/or nursing homes (Adams, Mann et al. 1994; Betts Adams, 1993) (p.3) (p.90) about their feelings, “unable to share this period of their lives with their families or friends” (Greenfeld 1993) (p.110).

¹⁹ More recent statistics could not be located.
Because of their younger age and therefore generally better health, this younger group has had fewer reasons to be associated with such facilities until recently. Those who have had contact with health and social service facilities are usually lacking the visible signs of Holocaust survivors commonly known to professionals. Therefore they are much less likely to have been identified by these institutions’ researchers as Holocaust survivors and are also less likely to have participated as research subjects. In fact, in some cases they may not even identify themselves as Holocaust survivors due to the ‘hierarchy of suffering’ that exists (Greenfeld 1993; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005), and therefore they believe they could not adequately assist the researchers. Finally, it is also possible that researchers have overlooked these younger contemporary survivors, while focusing on the older group, who are generally perceived as more vulnerable and more “needy”, as a way of gaining more public support for the “Holocaust survivor” cause.

ii) Increased Vulnerability to Loss

Study findings suggest that as Holocaust survivors face new losses related to aging, such as moving, retirement, health challenges, and the death of family members and close friends they “may be…at risk and may need increased community supports” (David 2003) (p.2). David (2003) notes that now that these Holocaust survivors are older and could really benefit from familial relationships and connections in their lives, they do not have the additional social support structures that other Canadian seniors are more likely to have (David 2003). The findings from this study suggest that informal groups and programs which address issues relating to grief, loss, and adaptation aimed primarily at survivors who are widows and widowers, new Canadian survivors, and survivors with minimal or no family
or social support might assist these subgroups of survivors to find others experiencing similar challenges and therefore to receive critical mutual support.

Study findings indicate that negative feelings about institutional environments, particularly for contemporary survivors, are very closely related to their traumatic past experiences of living in institutional environments while in hiding, and at having to leave their homes and be moving from place to place in order to keep their Jewish identity concealed. This study therefore suggests that traditional long term care options will probably not meet these survivors’ special needs as they age. More study will therefore need to be done to identify how to best meet the future needs of this population.

iii) Loss of Secure Identity

Findings from this study suggest that some classic Holocaust survivors may be uncomfortable sharing personal details about their past. This may be a reaction to their earlier painful experiences or in other cases they may even be fearful about divulging too much information which may conflict with the many lies they had to tell to survive during the Holocaust. The research data from this study suggests that social workers must be aware of such issues and be empathic to classic Holocaust survivors’ needs and concerns when requesting information related to their identities.

As Williams (2002) writes, “[o]ne of the central dilemmas after the Holocaust is to decide whether or not to remain a Jew. The Holocaust had threatened the Jewish people with near extinction" (Williams 2002) (p.16). Robinson (2000) similarly writes, “What possible justification or explanation can lead us to accept the idea of an omnipotent God, a just and compassionate God, who permits the erection and operation of the six death camps…whose only purpose was to kill Jews” (Robinson 2000) (p.493)? Both classic and contemporary
Holocaust survivors in this study spoke of grappling with these types of issues relating to their religious identity.

As a result of their exposure to different religions in their early years, contemporary Holocaust survivors may be more accepting than classic survivors of existing generic community services, in addition to or instead of services run under Jewish auspices. In this study, contemporary survivors expressed greater concern that service providers were kind, professional and effective at their job than if they were Jewish. These research findings indicate that as contemporary survivors age and require various forms of assistance, social workers can and should look to a wide range of existing services to assist them. Being able to draw on both specialized/Jewish and non-ethnic specific services, may mean that many physical and social work service needs will be more easily addressed for this group.

The employees of non-Jewish social service agencies, however, are less likely to be aware of the special needs of this largely invisible group of Holocaust survivors. The important role of educating service providers involved in their care could be facilitated by knowledgeable social workers. Proper education of staff may result in services which are more sensitive and appropriate to the needs of this group.

While contemporary survivors in this study noted that with the passage of time they have learned to accept their Jewish ethnic identity; several admitted that they continue to struggle with the religious aspect of their Judaism. The research data indicates that inaccessibility of Jewish services due to high cost may alienate some contemporary survivors who are interested in becoming more involved in Jewish life. Social workers could work with the Jewish community in advocating for and helping to locate money for subsidies for contemporary survivors who are wanting, but unable financially, to utilize Jewish services.
To summarize, study findings suggest that as Holocaust survivors face losses related to aging, they may require additional assistance and support. Unfortunately, the findings suggest that many barriers contribute to the underutilization of services by Holocaust survivors. For example, this chapter suggested that for classic survivors these barriers include: fear, distrust, and unfamiliarity of services and/or service providers, being uncomfortable with non-Jewish social services and/or service providers, not wanting to spend money on needed services, and feeling uncomfortable sharing personal details about their past. (Chapter six additionally suggested that pride, wanting to be and/or appear strong, as well as having learned that you survive by helping yourself may all also impact upon this cohort’s tendency to refuse services.)

Findings also suggest that service providers need to be educated to anticipate that, in the future, when contemporary survivors may require more assistance, a lack of knowledge and education about this group’s experiences, needs, as well as how to recognize these individuals may all interfere with providing for their care. Research findings also suggest that there is a tendency to underestimate contemporary survivors’ emotional pain. It will therefore be vital to provide education to social workers and other professionals in order to ensure that suitable supports are available to meet this group’s future needs. Addressing these barriers and limitations to services may assist Holocaust survivors in receiving the help they require.

7.7 Summary and Conclusion

This chapter provided an overview of how the traumatic life course events of Holocaust survivors have resulted in vulnerability characteristics including: 1. guarded trust, 2. a mentality of “going without”, 3. increased vulnerability to loss, and 4. loss of secure
identity. While many of the details vary, classic and contemporary Holocaust survivors and family caregiver respondents all noted these same broad survivor characteristics. This chapter also illustrated that, in many cases, the family members of Holocaust survivors have absorbed these same characteristics.

The guarded trust of classic survivors developed as a result of experiences during the Holocaust where they learned that trusting anyone outside of one’s own family could result in death whereas reserving this trust carefully might save lives. Classic Holocaust survivors have therefore developed a general lack of trust (Zilberfein and Eskin 1992; Safford 1995; Joffe, Joffe et al. 1996) which often translates into having great difficulty trusting social workers and other service providers (Safford 1995), particularly those that are not Jewish.

As young people in hiding, contemporary survivors learned that very few could be trusted with their secret (Leapman 2000; Kangisser Cohen 2004). In addition, their trust was further challenged by feeling a lack of acknowledgement relating to their experiences during the Holocaust. Research findings suggest that contemporary survivors are very cautious about trusting new acquaintances, including friends and professionals, until they are sure that these individuals will believe their stories and will validate that they are in fact Holocaust survivors.

It was also suggested that the life course experiences of classic survivors resulted in a “going without” mentality. It was explained that prior to and during the Holocaust, inmates of concentration camps were robbed of all their possessions. They were left with virtually nothing, including access to their basic needs. After liberation survivors had to rebuild their lives. When they were finally able to earn a living, they had to spend extremely carefully to care for themselves and their families. It was also noted that even though the financial
concerns of Holocaust survivors have in many cases been resolved for decades, the fear of living without basic needs continues to be pervasive in their lives. It was suggested that when it comes to purchasing any goods and/or services that they view as optional, many classic survivors may choose to go without, or to purchase substandard services in order to “save money for a rainy day”.

The life course experiences of contemporary survivors which were likely to have caused a mentality of “going without” were also described. It was noted that contemporary survivors also went without basic needs during their formative years. In addition, they also went without proper acknowledgement of the deepness of their wounds because of the “hierarchy of survivors” (Mazor, Gampel et al. 1990; Greenfeld 1993; Fogelman 1995; Kangisser Cohen 2004; Kangisser Cohen 2005) as well as the “conspiracy of silence” surrounding the Holocaust (Danieli 1982; Ehrlich 1988; Kangisser Cohen 2004). It was suggested that this tendency to be silent about their needs for so many decades caused a longstanding deep pain in hidden children (Danieli 1982; Kangisser Cohen 2004).

The life course experiences of classic Holocaust survivors which may cause an increased vulnerability to loss were also discussed. It was noted that the events prior to the Holocaust, and during the Holocaust, led to European Jews losing everything including almost everyone they loved. In addition, because of the enormous burdens required to start a new life after liberation, previous goals and dreams of classic survivors often had to be abandoned (Shuter 2003). It was suggested that the unimaginable losses experienced by classic survivors as a result of the Holocaust may have left classic Holocaust survivors more emotionally and psychologically vulnerable to the further losses that are often associated with aging (Rosenbloom 1985) such as a decreasing social support network and relocation.
Contemporary survivors also lost everything of importance to them. It was suggested that having undergone early traumas may, in some circumstances, make Holocaust survivors more vulnerable to current crises or even typical life course changes that often accompany aging (Danieli 1981; Harel, Kahana et al. 1993). For example, many contemporary survivor respondents explained that during the Holocaust they had to leave their homes and be continually moving from place to place, often experiencing strict rules of institutional life while hiding in convents, orphanages or boarding schools (Greenfeld 1993). It was noted that respondents linked their strong negative feelings relating to the possibility of one day having to leave their home and move to an institution, with these early experiences.

The loss of secure identity among classic Holocaust survivors was also discussed. It was noted that the identities of European Jews were in numerous ways threatened just before, during, and after the Holocaust. First, European Jews lost their homes, and were prohibited from all forms of self expression which included practicing their religion and professions (Bauer 2001; Shuter 2003). Following this, they were transported to concentration camps where their clothing was confiscated, their heads were shaved, and they were identified by a number rather than their name (Gilbert 2000; David and Pelly 2003; Shuter 2003). By the end of the Holocaust, most classic survivors had suffered the loss of numerous loved ones and lost their identities as husband or wife, daughter or son, mother or father. As a result of these experiences, many classic survivors are still uncomfortable discussing certain issues relating to aspects of their identity, such as their religion and/or date of birth.

This chapter also indicated that most children who survived the Holocaust were hidden, often in Catholic orphanages and other Christian institutions, and this necessitated concealing their true identities. While in hiding, the identity, and more specifically the
religious identity, of these contemporary survivors was therefore significantly affected by pretending to be non-Jewish (Greenfeld 1993; Kangisser Cohen 2005). As a result of their Holocaust experiences, many contemporary survivors learned to feel comforted by Christian religious practices, and/or shame in their Jewish identity (Greenfeld 1993; Leapman 2000; Muller-Paisner 2002).

In summary, study findings suggest that many barriers may contribute to the underutilization of services by Holocaust survivors. This chapter suggested that for classic survivors these barriers include: fear, distrust, and unfamiliarity of services and/or service providers, being uncomfortable with non-Jewish services and/or service providers, not wanting to spend money on needed services, and feeling uncomfortable sharing personal details about their past. In the future, when contemporary survivors may require more assistance, the lack of knowledge and education about their experiences, needs, and how to recognize them, as well the tendency to underestimate their emotional pain, may all be barriers to meeting this group’s needs.
CHAPTER 8: DISCUSSION AND CONCLUSION

8.1 Introduction

This chapter will begin by summarizing the significant findings from this research study and this will be followed by a discussion of how these findings relate to the life course framework and trauma theories. Based on the integration of these study findings and these theories, a framework for social work practice with community dwelling Holocaust will be proposed. This chapter will conclude with suggestions for continuing research in this area.

8.2 Summary of Research Findings

Research findings as described in chapters five, six and seven, when summarized, suggest the following five themes:

1. There are important similarities and differences between classic and contemporary survivors

2. Individual Holocaust survivors, their family members and the larger community have all been affected by the Holocaust

3. Identities and values may be linked to the trauma associated with the Holocaust

4. Survivor characteristics can be classified as characteristics of resiliency and/or vulnerability

5. Needs can be better understood by considering resiliency and vulnerability characteristics

Section 8.3 will describe each of these five research findings in more detail and will relate these findings to the life course framework, trauma theory, and/or community trauma theory.
8.3 Linking Research Findings with Theory

1. There are important similarities and differences between classic and contemporary survivors

As discussed in chapter five, two distinct cohorts, classic and contemporary Holocaust survivors, emerged from the data in this study. This study therefore compared and contrasted data relating to these two cohorts. This comparison provided the opportunity to explore cohort effects. As described in the findings chapters, numerous significant differences were uncovered in terms of the life course experiences and needs of classic and contemporary Holocaust survivors. The life course framework helps to explain these findings which suggest that belonging to different cohorts is associated with very different life experiences, and with distinctive values, life course patterns and needs (Elder 1974; Giarrusso, Mabry et al. 2001). This framework explains the many differences this study has identified between classic and contemporary survivors.

The findings of this study also suggest that in spite of these differences, classic and contemporary survivors also share many similarities. The same seven survivor characteristics (fierce independence, a “never give up” mentality, a deep social conscience, guarded trust, a “going without” mentality, increased vulnerability to loss, and loss of secure identity) were identified in this study for both the classic and the contemporary survivors. These commonalities suggest that in spite of a multitude of specific differences, on a broader level classic and contemporary Holocaust survivors may share important similarities in terms of their personal qualities and their identity. These broader level similarities can be explained by looking to community trauma theory. Community trauma researchers and theorists have pointed out that individual trauma survivors and the communities to which
they belong tend to share a host of feelings, values, worldviews, strengths and vulnerabilities with one another (Erikson 1995; Gagne 1998; Hanson and Hampton 2000; Burstow 2003).

2. Individual Holocaust survivors, their family members and the larger community have all been affected by the Holocaust

Chapters six and seven suggested that the traumatic events of the Holocaust can be linked to significant changes in survivors’ future life course patterns and experiences. Study findings suggest that everything from relationships, to the opportunities they had or did not have, to their identities, values, beliefs and needs may be linked with surviving the Holocaust. Research findings further suggest that traumatic experiences are not only linked to survivors during and directly after the Holocaust, but that these links apply to survivors’ entire life cycles and continue to do so, even now when they have or have nearly reached old age. It appears that their earlier Holocaust experiences may be associated with some of their current needs, the ways that they view aging, and/or their feelings about receiving assistance. The life course framework assists in understanding all of these findings as it emphasizes the importance of understanding lives through time (Elder 1974; Elder 1979).

Findings from this study, as well as the existing empirical and theoretical work, have also suggested that the traumatic events of the Holocaust have affected not only Holocaust survivors (Rosenbloom 1995; Safford 1995; Burstow 2003; Rosenman and Handelsman 2005; Wiseman, Metzel et al. 2006). Chapters six and seven presented data from this study suggesting that the family members of Holocaust survivors and members of the Jewish community at large have also been impacted by the traumatic events of the past in a variety of ways. Clearly, those traumatic events of over fifty years ago continue to play a role in the lives of Holocaust survivors, their family members, and in many cases even the Jewish community at large (Rosenbloom 1995; Safford 1995; Burstow 2003; Rosenman and
Community trauma theory explains that the effects of trauma can extend far beyond the individuals who directly experience the traumatic events.

Research findings also suggest that social relationships have contributed to traumatic effects occurring at individual, familial and community levels. As outlined in chapters six and seven, participants of this study affected, and were/are affected by, other survivors, their family members and their larger community. In some cases, family caregivers even noted that they had absorbed some of their relatives’ survivor characteristics. In other cases, survivor participants in this study noted that they had intentionally and deliberately worked toward changing the values and attitudes of other members of their community, as in the case of providing Holocaust education. The life course framework helps to understand these findings as it emphasizes that the interdependence between people, or the concept of linked lives shapes their life course (Elder, George et al. 1996). Community trauma theory further emphasizes the interdependent nature of the relationship between individual trauma survivors and the community in which they live. This theory points out that when traumatic events impact many individual members of a community, the entire community, as a separate entity, may also be changed (Erikson 1995).

3. Identities and values may be linked to the trauma associated with the Holocaust

The shared survivor characteristics identified in chapters six and seven (fierce independence, a “never give up” mentality, a strong social conscience, guarded trust, a “going without” mentality, increased vulnerability to loss, and loss of secure identity) suggest that survivors’ values and identities can be linked to the Holocaust. Findings indicate that although many of the specifics of their situations varied, classic and
contemporary survivors described their core identities and values in similar terms. These findings can be understood through trauma theory which suggests that traumatic events result in the victims re-evaluating and profoundly altering their identities as a result of their basic belief systems being challenged and their values and ideals being broken down (Herman 1992). These shared characteristics which were noted in study participants, may also be explained by the life course framework which suggests that living through traumas associated with historical events, can be linked to values and other characteristics (Elder 1974; Elder 1979).

The fact that many individual Holocaust survivors in this study, both classic and contemporary survivors, shared these same survivor characteristics further suggests that these characteristics may be associated with the collective as well as the individual. The data acquired from the family caregivers in this study helps to support this point of view as it generally mirrored the comments of the Holocaust survivor participants themselves. The family caregiver respondents identified the same characteristics in their relatives which the Holocaust survivors themselves discussed. In addition, the family caregivers and the Holocaust survivors generally explained the significance of these characteristics in very similar terms. Furthermore, without being asked about the multigenerational effects of the Holocaust, family caregiver respondents described absorbing most (family members did not discuss having absorbed the “going without” mentality) of these same characteristics from their relatives. They associated these personality characteristics to their relationship with a Holocaust survivor. The degree to which family caregiver respondents appear to understand, and even embody, many of the same values, feelings and needs as Holocaust survivors, illustrates that, values and identities may be affected at the collective level, as well as the
individual level. These findings also suggest that these family caregivers share the trauma of the Holocaust. Community trauma theory explains that in addition to changes to the individual trauma survivors, the trauma also involves others. The identity of members within a community and the community itself are all changed as a result of traumatic events and the complex social processes and political forces that accompany and follow this trauma (Burstow 2003).

Study findings also suggest that the identity and values of Holocaust survivors were further impacted by the type of help, or in some cases by the lack of help that they received from their community during the Holocaust, immediately after liberation and in the years following. As pointed out in chapters six and seven, in some cases helpful interventions, or in other cases the lack of suitable interventions, may be associated with Holocaust survivors’ long-term values, behaviours and actions, and in particular with their strong social conscience and desire to give back to the community. The life course framework explains that individuals’ personal biographies intersect with social structural factors to shape the life course (Elder, George et al. 1996). In addition, community trauma theorists have also pointed to the role that societal structures play in trauma and more specifically, they have even pointed out that trauma can take on whole new dimensions as a result of the help that survivors do or do not receive (Erikson 1995; Burstow 2003).

The research findings suggest that the seven survivor characteristics discussed in this study are linked to the Holocaust. These characteristics have remained important throughout the participants’ lives, right up to the time of this study. The discussion sections at the end of chapters six and seven explain the significant implications of these personal qualities. These findings can be understood through the life course framework, which emphasizes that
significant early life course experiences can be linked to later life patterns (George 1993) (p.361). Trauma theory similarly explains that the impact of trauma will continue to reappear throughout the lifecycle (Herman 1992).

4. **Survivor characteristics can be classified as characteristics of resiliency and/or vulnerability**

   The analysis of the data suggests that survivor characteristics, at individual and collective levels, can be understood in terms of resiliency and/or vulnerability. Chapter six provides examples of survivor characteristics identified in this study which demonstrate the significant resiliency associated with Holocaust survivors and their family members. In contrast, chapter seven highlights the vulnerabilities associated with the Holocaust in these same groups. It is important to note that survivor characteristics were categorized as resiliency or vulnerability characteristics in this study based on the overall impression of the data. However, in certain cases, some aspects of resiliency characteristics could also be associated with vulnerability and vice versa. For example, being guarded with one’s trust may be viewed as a hindrance to social relationships (vulnerability) or as a benefit in avoiding dangerous people and/or situations (resiliency).

   Trauma theory explains that traumatic events can overwhelm its victims causing much vulnerability (Herman 1992). In fact, a significant critique of trauma theory is that it does not always adequately recognize the strengths that survivors develop and exhibit as a result of the trauma they have experienced (Gilfus 1999). Trauma theory alone therefore does not adequately account for study findings which suggest that resiliency may be just as fundamental to the identity of this population as vulnerability. Furthermore, the findings in this study suggest that both resiliency and vulnerability characteristics were identified at the collective level in addition to the individual level. Traditional trauma theory does not
generally address collective trauma. Therefore, community trauma theory, which addresses
the larger community and points out that trauma causes both resiliency and vulnerability in
communities (Gagne 1998; Hanson and Hampton 2000; Burstow 2003), can be combined
with trauma theory to provide a suitable framework for understanding research findings.

5. Needs can be better understood by considering resiliency and vulnerability
caracteristics

The research findings suggest that by looking to resiliency and vulnerability
characteristics much can be learned about the needs of individual Holocaust survivors, their
family members and their larger community. Chapters six and seven discussed the issues of
resiliency and vulnerability characteristics and how these issues reflect on the individual and
collective needs of this population at this time and potentially for the future.

The life course framework is used as a backdrop to understanding these research
findings. As previously mentioned, this framework explains how early life course
experiences influence later life patterns and needs (Elder, George et al. 1996). Trauma
theory addresses this finding in a more specific way. Trauma theory explains that the needs
of trauma survivors may be related to vulnerabilities associated with their earlier painful
experiences. For example, Herman, suggests that since "the core experiences of...trauma are
disempowerment and disconnection from others" (Herman 1992) (p.133), the empowerment
of the survivor and the creation of new connections are the key areas that should be focussed
on in treatment and recovery (Herman 1992).

8.4 A Framework for Social Work Practice with Community Dwelling Holocaust
Survivors

This study aimed to examine the effects of the Holocaust on the social work service
needs of community dwelling Holocaust survivors in order to propose a framework for
practice with this population. Integrating study findings with the life course framework and trauma theories proves to be most helpful in attempting to achieve this goal. The proposed framework suggests considering: 1) the broader social context under which power, control and anti-Semitism existed and continues to exist 2) each survivor’s unique Holocaust experiences, 3) their location on the continuum of classic and contemporary survivors, 4) the ways that the survivor, his or her family and community have all been affected by the trauma, and 5) the impact that the Holocaust has had on individual and collective resiliency and vulnerability, all prior to assessing needs and implementing services. Diagram 8.1 illustrates these findings in a proposed framework for social work practice with community dwelling Holocaust survivors. The goal of this proposed framework is to assist social workers in their work with Holocaust survivors, their family members and the larger Jewish community by encouraging a thorough exploration of clients’ historical, biographical, social and psychological experiences.
8.5 Recommendations for Further Research

The ultimate goal of this dissertation was to develop a framework for social work practice which is based on research findings from this study. However, this proposed framework is by no means inclusive. This research was exploratory. It offers only a starting point. The hope is that other researchers, practitioners, Holocaust survivors and family members will continue to advance our knowledge in this area, and that the framework proposed in this dissertation will be refined and perhaps eventually may prove to be a useful resource for social workers and other professionals working with community dwelling Holocaust survivors.
At the outset, this study focussed only on the needs of community dwelling Holocaust survivors. Family caregivers were initially included only for the purpose of understanding more about their survivor relatives’ needs. However, including family caregivers in this study was instrumental in understanding the important connections that exist between Holocaust survivors, their family members and the larger Jewish community.

Since the family members of Holocaust survivors and the Jewish community were not originally the main focus of this study, more research with these populations is still needed. In particular, family members were not asked about their own feelings and needs. Members of the Jewish community at large who are not related to a Holocaust survivor were entirely excluded from this study. Study findings relating to family caregivers are based on questions relating to Holocaust survivors, and findings related to the broader community are based only on data from survivors and family caregivers. In addition, interview questions with Holocaust survivors and family caregivers did not ask about the roles, reactions, or efforts of the broader Jewish community. Future studies might address these and other issues and could include equal numbers of Holocaust survivors, family members and members of the Jewish community at large in order to compare these groups and gain a better understanding of the nature of the relationships between them.

This study also did not begin with the intention of comparing classic and contemporary survivors. An assumption was initially made that all survivors could be studied as one large group. However, it wasn’t until after data collection was complete, and the transcripts were being analyzed that the need to analyze Holocaust survivors as two separate groups was recognized. A future study investigating social work related services that compares larger and equal numbers of classic and contemporary survivors, as well as those demonstrating
characteristics associated with both groups and the caregivers of each of these groups, would be able to more accurately compare the needs of these different cohorts.

8.6 Summary and Conclusion

This chapter summarized the five most significant study findings. It also suggested that the life course framework and trauma theories can be used as a backdrop to better understand these research findings.

The first of these findings suggests that there are important similarities and differences between classic and contemporary survivors. The life course framework can be used to help explain research findings that suggest that, for classic and contemporary survivors, belonging to different cohorts is associated with having different experiences, and in turn distinctive values, life course patterns and needs (Elder 1974; Giarrusso, Mabry et al. 2001). On a broader level, community trauma theory helps explain why both cohorts of survivors in this study described the same personal qualities. The community trauma literature points out that individual trauma survivors and the communities to which they belong often share a host of feelings, values, and worldviews (Erikson 1995; Gagne 1998; Hanson and Hampton 2000; Burstow 2003).

The second finding suggests that individual Holocaust survivors, their family members and the larger community have all been affected by the Holocaust. The life course perspective emphasises the role of linked lives (Elder, George et al. 1996) and community trauma theory helps to explain that the effects of trauma extend beyond the individuals who directly experienced the event to family members, neighbours, friends and members of the larger community (Kasiram and Khosa 2008).
The third finding suggests that changes in identity and values are associated with the trauma related to the Holocaust. The life course framework is useful in understanding this research finding, as it notes that living through significant historical events, including traumas, can significantly influence values and other characteristics (Elder 1974; Elder 1979). Trauma theory, which suggests that traumatic events result in victims’ identities being profoundly altered as a result of their basic belief systems being challenged also assists in understanding this finding (Herman 1992). Community trauma theory further explains that in addition to these changes to individual trauma survivors, trauma also inherently affects others including family members, friends, neighbors, and the larger community in similar ways (Erikson 1995; Burstow 2003; Kasiram and Khosa 2008).

The fourth research finding suggests that survivor characteristics can be classified as resiliency and vulnerability characteristics at both individual and collective levels. Community trauma theory, which addresses the larger community and points out that trauma causes both resiliency and vulnerability in communities (Gagne 1998; Hanson and Hampton 2000; Burstow 2003), can be combined with trauma theory, which generally focuses more on just vulnerability at the individual level, to help understand this finding.

The final research finding summarized in this chapter suggests that the needs of Holocaust survivors may be better grasped by examining resiliency and vulnerability characteristics. Trauma theory explains that the needs of trauma survivors may be based in particular on vulnerabilities that are associated with their traumatic experiences (Herman 1992). This finding can also be related to the life course framework which more generally explains that early life course experiences influence later life patterns and needs (Elder, George et al. 1996).
Research findings which suggest that current needs are the result of a complex series of historical, biographical, social, and psychological processes fit well within the life course perspective and trauma theories. By integrating study findings with these theories, a framework for social work practice with community dwelling Holocaust survivors was proposed. Finally, recommendations for future research were briefly discussed.


Herman, J. L. (1992). Trauma and recovery: The aftermath of violence-from domestic abuse to political terror. New York, Basic Books.


Toronto Police, C. P. S. *Crime prevention for professional home visitors.* Toronto, Toronto Police.


Appendix A
Interview Guide

(Note: Possible interview questions are suggested below each theme. However, these are only sample questions. The interviewer will adjust questions and probes as necessary for each situation.)

1. SERVICE USE
Can you tell me about the various community services that your relative (and you if applicable) use? Probe: What are they supposed to do for you and your family member? What types of issues do these agencies help you or your relative with? Can you tell me about your or your relative’s involvement with community services? Probes: How often do you and/or your family member attend/use these services? How much do you and/or your relative rely on these services? How important are these services in your life and/or in your relative’s? Are there services you/your relative has/have tried/heard about and decided not to use? Could you tell me more about the reasons for you/he/she not using these services? (index card of services will be used as a visual prompt.)

2. KNOWLEDGE OF ROLES
Can you tell me about the various professionals whom you and your relative interacts with in the community? How would you explain their roles? Probes: What are they supposed to do?

3. INVOLVEMENT WITH PROFESSIONALS
Can you tell me about your or your relative’s involvement with community professionals? Probes: How often do you and/or your family member meet with these individuals? Do you meet regularly or only when necessary? Are your meetings formal or informal? What do you talk about? What types of issues do these individuals help you or your relative with?)
4. SOCIAL WORKERS
Are there any social workers involved in your relative’s care? Have there been any in the past? In what capacity? Tell me about their role. How do you feel they performed in that role? What did they excel at? What were their limitations? Did they take any special needs your relative has as a result of his/her experiences during the Holocaust into consideration when working with him/her?

5. NATURE OF RELATIONSHIP WITH PROFESSIONALS
Tell me about the nature of your, and your family member’s, relationship with these various professionals? Probes: How would you describe the various types of relationships you have with these individuals? How does your working relationship or your interactions with these individuals make you feel? How much do you and/or your relative rely on these individuals? How important are these individuals in your life and/or in your relative’s?

6. PROFESSIONALS’ EXPERTISE
Tell me about your most positive experience(s) with a professional in the community? Probes: Can you give me an example of how a community professional has/have positively impacted your life or your relative’s life? What does he/she excel at?

7. SERVICE STRENGTHS
Tell me about your most positive experience(s) with a service in the community? Probes: Can you give me an example of how a particular service has positively impacted your life or your relative’s life? Is there anything about a particular service that assists you or your relative? What does the service excel at?

8. CHALLENGES / LIMITATIONS RELATING TO PROFESSIONALS
Have you ever felt frustrated because a particular community professional couldn’t help you or your relative with a particular problem or issue? Probe: Can you tell me
more about this experience? Have you or your relative encountered any challenge(s) in working with any particular professionals? Probe: Can you tell me more about this/these challenge(s).

9. CHALLENGES/LIMITATIONS RELATING TO SERVICES
Is there anything about a particular service that has been challenging to you or your relative? Have you ever felt frustrated because a particular community service couldn’t help you or your relative with a particular problem or issue? Probe: Can you tell me more about this? Have you or your relative encountered any challenge(s) in working with any particular service providers/agencies? Probe: Can you tell me more about this/these challenge(s)?

10. GAPS AND BARRIERS IN CLIENT RESOURCES
What do you see as gaps in client services in the community? Are there any resources that aren’t currently available but that would help make professionals more effective in helping you/your relative? Can you think of any other barriers that might be impeding better services? Probes: Consider barriers relating to personnel resources, financial resources, service resources and educational resources.

11. MEETING CLIENT NEEDS
What are your feelings/views regarding the effectiveness of community professionals/services?
Probes: Are your and your relative’s needs being met? Tell me about any needs you or your family member have that are or are not currently being met in the community. What do you think these services and professionals need to achieve to be considered effective in their role? Probes: Do any of these needs relate to your relative’s earlier life experiences?

12. MEETING HOLOCAUST RELATED NEEDS
Tell me about any needs you or your family member has that relate more specifically to the Holocaust experience? Are special needs relating to your relative’s life history
being met by community services? What recommendations would you offer community services and/or professionals about working with survivors? What personal qualities do you think community workers/professionals need to be able to do good work with Holocaust survivors and/or their family members? In what ways are these qualities different than those they would need to do good work with other seniors living in the community?

13. SPECIALIZED EDUCATION/TRAINING
Do you think community service professionals require specialized knowledge, skills or education in order to work with Holocaust survivors? Probes: Please elaborate. If yes, can you provide an example of a specific piece of knowledge or skill?

14. KNOWLEDGE OF CLIENTS’ LIFE HISTORIES
How much do you think professionals know about your family member’s life history? How do you think they obtained this information? What would be the best way for them to obtain this information? How did/would you and/or your relative feel about being asked to share experiences relating to the Holocaust and/or other life experiences with these individuals? In what ways do you think that this information would or would not be helpful to service professionals/providers in their work with you?

15. VICARIOUS TRAUMA
Do you ever worry about telling community professionals too much about your family member’s experiences relating to the Holocaust? Probe: Do you worry about upsetting these individuals when you tell them about these experiences?

16. FUTURE SERVICE NEEDS
Given your relative’s life history, personality, health concerns, and other special needs what services do you think he/she will use/need/prefer as he/she ages? Do you know if these are currently available in the community? Do you know if there are
waitlists for these services? If yes, how long? What do you view as the ideal long term care plan for your relative as he/she ages and requires increasing care?

17. AGING IN PLACE VS. INSTITUTIONAL CARE
Would your relative prefer to “age in place” (i.e. stay in their current home) or move as necessary to meet care needs? What would you your preference be for him/her? What things would your/your relative’s preference depend on? What are your feelings about institutional care in general? How about for your loved one? If needed, would you/your relative consider facility care? Why or why not? If your relative did move into a care facility, can you think of any factors that would help make the transition easier? What could the facility and/or its staff do to help make this transition easier? What are your thoughts and preferences about “aging in place” (i.e. the same facility, care unit, and room) once an individual moves into a care facility?

18. HETEROGENEOUS VS. HOMOGENEOUS FACILITIES
Would you/your relative consider any facility or only a facility run under Jewish auspices? What are your feelings about care facilities that cater to specific populations (i.e. Jewish facilities)? How about typical facilities who do not cater to any specific population? What do you see as the advantages and disadvantages of these two types of facilities?
(Note: Possible interview questions are suggested below each theme. However, these are only sample questions. The interviewer will adjust questions and probes as necessary for each situation.)

1. **SERVICE USE**
   Can you tell me about the various community services that you use? Probe: What are they supposed to do for you? What types of issues do these agencies help you with? Can you tell me about your involvement with community services? Probes: How often do you attend/use these services? How much do you rely on these services? How important are these services in your life? Are there services you have tried/heard about and decided not to use? Could you tell me more about the reasons for not using these services? *(index card of services will be used as a visual prompt.)*

2. **KNOWLEDGE OF ROLES**
   Can you tell me about the various professionals whom you interact with in the community? How would you explain their roles? Probes: What are they supposed to do?

3. **INVOLVEMENT WITH PROFESSIONALS**
   Can you tell me about your involvement with community professionals? Probes: How often do you meet with these individuals? Do you meet regularly or only when necessary? Are your meetings formal or informal? What do you talk about? What types of issues do these individuals help you with?

4. **SOCIAL WORKERS**
   Are there any social workers involved in your care? Have there been any in the past? In what capacity? Tell me about their role. How do you feel they performed in that role? What did they excel at? What were their limitations? Did they take any
special needs you may have as a result of your experiences during the Holocaust into consideration when working with you?

5. **NATURE OF RELATIONSHIP WITH PROFESSIONALS**
Tell me about the nature of your relationship with these various professionals? Probes: How would you describe the various types of relationships you have with these individuals? How does your working relationship or your interactions with these individuals make you feel? How much do you rely on these individuals? How important are these individuals in your life?

6. **PROFESSIONALS’ EXPERTISE**
Tell me about your most positive experience(s) with a professional in the community? Probes: Can you give me an example of how a community professional has positively impacted your life? What does he/she excel at?

7. **SERVICE STRENGTHS**
Tell me about your most positive experience(s) with a service in the community? Probes: Can you give me an example of how a particular service has positively impacted your life? Is there anything about a particular service that assists you? What does the service excel at?

8. **CHALLENGES / LIMITATIONS RELATING TO PROFESSIONALS**
Have you ever felt frustrated because a particular community professional couldn’t help you with a particular problem or issue? Probe: Can you tell me more about this experience? Have you encountered any challenge(s) in working with any particular professionals? Probe: Can you tell me more about this/these challenge(s).

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10. MEETING CLIENT NEEDS
What are your feelings/views regarding the effectiveness of community professionals/services?
Probes: Are your needs being met? Tell me about any needs you have that are or are not currently being met in the community. Probes: Do any of these needs relate to your earlier life experiences? What do you think these services and professionals need to achieve to be considered effective in their role?

11. GAPS AND BARRIERS IN CLIENT RESOURCES
What do you see as gaps in client services in the community? Are there any resources that aren’t currently available but that would help make professionals more effective in helping you? Can you think of any other barriers that might be impeding better services? Probes: Consider barriers relating to personnel resources, financial resources, service resources and educational resources.

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Do you ever worry about telling community professionals too much about your experiences relating to the Holocaust? Probe: Do you worry about upsetting these individuals when you tell them about these experiences?

16. FUTURE SERVICE NEEDS
Given your life history, personality, health concerns, and other special needs what services do you think you will use/need/prefer as you age? Do you know if these are currently available in the community? Do you know if there are waitlists for these services? If yes, how long? What do view as the ideal long term care plan for yourself as you age and require increasing care?

17. AGING IN PLACE VS. INSTITUTIONAL CARE
Would you prefer to “age in place” (i.e. stay in your current home) or move as necessary to meet your care needs? What are your feelings about institutional care in general? If needed, would you consider facility care? Why or why not? If you were to choose to move into a care facility, can you think of any factors that would help make the transition easier? What could the facility and/or its staff do to help make the transition easier? What are your thoughts and preferences about “aging in place” (i.e. the same facility, care unit, and room) once an individual moves into a care facility?
18. HETEROGENEOUS VS. HOMOGENEOUS FACILITIES

Would you consider any facility or only a facility run under Jewish auspices? What are your feelings about care facilities that cater to specific populations (i.e. Jewish facilities)? How about typical facilities who do not cater to any specific population? What do you see as the advantages and disadvantages of these two types of facilities?
Appendix B
Demographic Survey for Family Caregivers

1. Year of Birth ________________

2. Male □ or Female □

3. What is your relationship to the Holocaust survivor you are caring for? ____________________________________________________________

4. a) How many hours in a typical week do you spend caring for your relative? ________________________________________________

   b) What tasks does this caring involve?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

5. Are you: Married □ Widowed □ Common Law □

   Divorced □ Never Married □
6. Overall, how would you describe the level of support you receive from the people in your life?

- Excellent
- Very Good
- Good
- Average
- Poor

7. Compared with other people your age, how would you rate your health?

- Excellent
- Good
- Fair
- Poor

8. What best describes your religious affiliation?

- Atheist/Agnostic
- Chasidic
- Orthodox
- Reform
- Conservative
- Other (please specify)

9. In what type of home is your relative living? (i.e. apartment, condominium, bungalow etc.)

_______________________________________________________
10. With whom is he/she living?

__________________________________________________________________________

11. How long has he/she been living in his/her current residence?

__________________________________________________________________________

12. Does he/she have any plans to move in the near future?

Yes ☐ No ☐
If yes, proceed to question #14
If no, proceed to question #15

13. What are the reason(s) for his/her intended move?

__________________________________________________________________________

__________________________________________________________________________

14. How would you rate your overall satisfaction with services available to your relative in the community?

Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐
Demographic Survey for Survivors

1. Year of Birth ________________

2. Male    or    Female

3. Where were you born (town, country)? _____________________

4. Where else did you live (city/town, country) before arriving in Canada?

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<th>City/Town, Country</th>
<th>Year of arrival – Year of departure</th>
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5. In what year did you arrive in Canada? __________

286
6. Who is/are your primary caregiver(s)?

________________________________________________________

7. a) Do you have children? Yes ☐ No ☐

If yes, proceed to question #6b
If no, proceed to question #8

b) How many children do you have? ____________

   __________________________________________
   __________________________________________

c) Where do your children live?

   __________________________________________
   __________________________________________

8. Rate your satisfaction with frequency of contact (including visits, telephone contact, email, letters, etc.) with each child:

   **Child 1:**

   Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐

   **Child 2:**

   Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐
**Child 3:**

Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐

**Child 4:**

Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐

**Child 5:**

Excellent ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐

(Continue on the back of this page if necessary.)

9. Are you: Married ☐ Widowed ☐ Common Law ☐ Divorced ☐ Never Married ☐

10 a) Are there any other significant people in your life? (Excluding partner & children)

Yes ☐ No ☐ If yes, answer 10b. If no, proceed to question 11.
b) What is your relationship to this/these individuals?

- Community Health Care Professional(s)
- Brother(s)/Sister(s)
- Friend(s)
- Daughter-in law /Son-in-law
- Niece(s)/Nephew(s)
- In-laws (other)
- Grandchild(ren)
- Other(s) (please specify)

11. Overall, how would you describe the level of support you receive from the people in your life?

- Excellent
- Very Good
- Good
- Average
- Poor

12. What best describes your religious affiliation?

- Atheist/Agnostic
- Chasidic
- Orthodox
- Reform
- Conservative
- Other (please specify)
13. In what type of home are you living? (i.e. apartment, condominium, bungalow etc.)

________________________________________________________________________

14. With whom are you living?

________________________________________________________________________

15. How long have you been living in your current residence?

________________________________________________________________________

16. Do you have any plans to move in the near future?

Yes ☐ No ☐ If yes, proceed to question #17
If no, proceed to question #18

17. What are the reason(s) for your intended move?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
18. How would you rate your overall satisfaction with services in the community?

Excellent  Very Good  Good  Average  Poor

19. Compared with other people your age, how would you rate your health?

Excellent  Good  Fair  Poor
Appendix C
FC Code: ____

Consent Form

Project Title: A Phenomenological Study of Community Dwelling Holocaust Survivors’ Social Work Service Needs

Investigator
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- The above named project has been explained to me in detail. I have been given the opportunity to ask questions about being a participant in this study and my questions have been answered to my satisfaction. I may continue to ask questions about the study or the research procedures at any time.
• I understand that if I agree to take part in the study, I may first be asked to respond to a screening tool named the Mini Mental State Examination. This test takes approximately 5 to 10 minutes to administer and will ensure that participants are mentally competent.

• I understand that participation in the study will take approximately one and a half hours. I understand and agree that a tape recording will be made of the interview, and that a typewritten transcript of the interview will be prepared. I understand that I may have the tape recording stopped at any time during the interview and/or that I may have the tape withdrawn from the study at any time during the interview and or after the interview up until such a time that the final dissertation has been submitted to the thesis committee or a manuscript has been submitted for publication (at least six months later).

• I understand that all information will be kept confidential and that I will not be able to be identified in any publication or presentation of the results.

• I understand that my participation in this study is entirely voluntary and that I am free to refuse to answer any question or to withdraw from the study and that this will not affect any current or future services that I, or any member of my family, may receive.

• I understand that there are some risks of my participation in this study. Some of the questions may trigger memories of my experiences during the Holocaust or may be upsetting to me for other reasons (e.g. talking about current relationships, health status etc.). If there are questions that I prefer not to answer, I will tell the interviewer and she will move on to the next
question. If I become tired, I will tell the interviewer and if I am in agreement she will make arrangements to continue the interview on another day that is convenient for me. Should I become emotional as a result of participating in this study, and wish to talk to someone about my feelings, I understand that I may contact the social work department at Circle of Care (416) 635-2860.

- I understand that it is unknown if I will receive any direct benefit from participating in the study. However, the information obtained from interviewing me will help to better understand how community and long term care services can best assist Holocaust survivors. In addition, it is hoped that findings from this study will also ultimately improve services delivered to seniors of other ethnic minority groups with special needs.

- My signature on this form means that I have been given a copy of the information and consent forms and that I agree to participate in this study.

- I also understand that, if I have questions about my rights as a research participant, I may discuss them with Rachel Zand of the University of Toronto Ethics Review Office, by contacting her at (416) 946-3389, or rachel.zand@utoronto.ca.

Participant Name: ____________________  Date: ______________
Participant Signature: ____________________
Witness Name: ____________________  Date: ______________
Witness Signature: ____________________
HS Code:____

Consent Form

Project Title: A Phenomenological Study of Community Dwelling Holocaust Survivors’ Social Work Service Needs

Investigator
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• I understand that there are some risks of my participation in this study. Some of the questions may trigger memories of my experiences during the Holocaust or may be upsetting to me for other reasons (e.g. talking about current relationships, health status etc.). If there are questions that I prefer not to answer, I will tell the interviewer and she will move on to the next
question. If I become tired, I will tell the interviewer and if I am in agreement she will make arrangements to continue the interview on another day that is convenient for me. I understand that should I become emotional as a result of participating in this study, and wish to talk to someone about my feelings, I understand that I may contact the social work department at Circle of Care (416) 635-2860.

- I understand that it is unknown if I will receive any direct benefit from participating in the study. However, the information obtained from interviewing me will help to better understand how community and long term care services can best assist Holocaust survivors. In addition, it is hoped that findings from this study will also ultimately improve services delivered to seniors of other ethnic minority groups with special needs.

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Participant Name: ____________________  Date: ______________
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Project Title: A Phenomenological Study of Community Dwelling Holocaust Survivors’ Social Work Service Needs

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WHY IS THIS STUDY BEING DONE?
This study aims to learn more about the current and future service needs and preferences of Holocaust survivors who are living in the community. The study also hopes to learn more about how social workers may contribute to improving the overall quality of care that survivors receive.
WHAT IS INVOLVED IF I PARTICIPATE IN THE STUDY?
If you agree to take part in the study, you may first be asked to respond to a screening tool named the Mini Mental Status Examination. This test takes approximately 5 to 10 minutes to administer and will ensure that participants are mentally competent. If it is appropriate to proceed, you will then be asked to respond to a series of questions about your experiences, needs and preferences related to services that you or your family member use or may use in the future. In addition, upon completion of the open-ended interview you will also be asked to respond to a very brief survey consisting primarily of questions relating to your personal background, the needs of your family member, and your overall experiences with community services. In total, participation in the study will take approximately one and a half hours. A tape recording will be made of the interview. Please let the interviewer know if you do not want to be tape recorded, if you would like to have the tape recording stopped at any time during the interview, or if you would like to have the tape withdrawn from the study.

WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?
The interviewer will be sensitive to your emotional needs. However, some of the questions may trigger memories of your experiences during the Holocaust or may be upsetting to you for other reasons (for example talking about your current relationships, health status etc.). If there are questions that you prefer not to answer, please tell the interviewer and she will move on to the next question. Should you become emotional as a result of participating in this study, and wish to talk to someone about your feelings, please contact the social work department at Circle of Care (416) 635-2860. Circle of Care is located at 530 Wilson Ave. 4th Floor, Toronto, ON.
WHAT ARE THE BENEFITS OF TAKING PART IN THE STUDY?
At this time, it is unknown if you will receive any direct benefit from participating in the study. However, the information obtained from interviewing you will help to better understand how community and long term care services can best assist Holocaust survivors. In addition, it is hoped that findings from this study will also ultimately improve services delivered to seniors of other ethnic minority groups with special needs.

HOW WILL CONFIDENTIALITY BE MAINTAINED?
Every effort will be made to keep your responses and personal information confidential. Code numbers will be used on all cassette tapes, interview information, and surveys. All names and identifying information will be removed from transcripts. In addition, all information will be kept in a locked filing cabinet. All data will be analyzed and reported in terms of the whole group so that identification of you or any other individual will not be possible.

ARE THERE ANY COSTS INVOLVED IN PARTICIPATING?
Taking part in this study should not lead to any costs to you. The researcher will come meet you at a convenient time and location so that you do not have to travel or miss out on any other activity that is important to you.

WHAT ARE MY RIGHTS AS A PARTICIPANT?
Taking part in this study is voluntary. You may choose not to take part or to leave the study and/or have your tape withdrawn from the study at any time during or after the interview up until such a time that the final dissertation has been submitted to the thesis committee or a manuscript has been submitted for publication (at least 6 months later). Leaving the study will not result in any penalty or loss of services to
which you or your family member are entitled. You waive no legal rights by participating in this study.

WHOM DO I CONTACT IF I HAVE QUESTIONS OR CONCERNS?
For questions or concerns about the study please do not hesitate to contact the investigator, Caroline Goldberg, by phone at 905-738-5000 or by email at caroline.goldberg@utoronto.ca or her supervisor, Dr. Lynn McDonald at 416-978-5714 or lynn.mcdonald@utoronto.ca. If you have questions about your rights as a research participant, you may discuss them with Rachel Zand of the University of Toronto Ethics Review Office, by contacting her at (416) 946-3389, or rachel.zand@utoronto.ca.

Thank you for considering taking part in this study.
Sincerely,

Caroline Goldberg
**Information Form**

**Project Title:** A Phenomenological Study of Community Dwelling Holocaust Survivors’ Social Work Service Needs

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Phone: 416-978-5714  
Email: lynn.mcdonald@utoronto.ca

**WHY IS THIS STUDY BEING DONE?**
This study aims to learn more about the current and future service needs and preferences of Holocaust survivors who are living in the community. The study also hopes to learn more about how social workers may contribute to improving the overall quality of care that survivors receive.
WHAT IS INVOLVED IF I PARTICIPATE IN THE STUDY?
If you agree to take part in the study, you will first be asked to respond to a screening tool named the Mini Mental Status Examination. This test takes approximately 5 to 10 minutes to administer and will ensure that participants are mentally competent. If it is appropriate to proceed, you will then be asked to respond to a series of questions about your experiences, needs and preferences related to services that you use or may use in the future. In addition, upon completion of the open-ended interview you will also be asked to respond to a very brief survey consisting primarily of questions relating to your personal background, family, and health. In total, participation in the study will take approximately one and a half hours. A tape recording will be made of the interview. Please let the interviewer know if you do not want to be tape recorded, if you would like to have the tape recording stopped at any time during the interview, or if you would like to have the tape withdrawn from the study.

WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?
The interviewer will be sensitive to your emotional needs. However, some of the questions may trigger memories of your experiences during the Holocaust or may be upsetting to you for other reasons (for example talking about your current relationships, health status etc.). If there are questions that you prefer not to answer, please tell the interviewer and she will move on to the next question. Should you become emotional as a result of participating in this study, and wish to talk to someone about your feelings, please contact the social work department at Circle of Care (416) 635-2860. Circle of Care is located at 530 Wilson Ave. 4th Floor, Toronto, ON..

WHAT ARE THE BENEFITS OF TAKING PART IN THE STUDY?
At this time, it is unknown if you will receive any direct benefit from participating in the study. However, the information obtained from interviewing you will help to better understand how community and long term care services can best assist
Holocaust survivors. In addition, it is hoped that findings from this study will also ultimately improve services delivered to seniors of other ethnic minority groups with special needs.

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Thank you for considering taking part in this study.

Sincerely,

Caroline Goldberg
Mini Mental Status Examination


**ORIENTATION**
1) What is the date, day of the week, month, season, year?
   (1 point for each correct answer = 5 points)
2) Where are we – name country, province, city, place, floor (street, House/Apt. #)?
   (1 point for each correct answer = 5 points)

**REGISTRATION**
3) Name 3 objects (HOUSE, TREE, CAR). Take 1 second to say each. Then ask the client all 3 after you have said them. (1 point for each correct answer = 3 points)
   Then repeat them until he learns all 3. Count trials and record. _____

**ATTENTION**
4) Serial 7s
   100 - 7 = (   ), 93 - 7 = (   ), 86 - 7 = (   ), 79 - 7 = (   ), 72 - 7 = (   ) 65.
   (1 point for each correct answer = 5 points) (Alternatively spell “WORLD” backwards).

**RECALL**
5) Ask for 3 objects – HOUSE (   ), TREE (   ), CAR (   )
   (1 point for each correct answer = 3 points)

**LANGUAGE**
6) Name a pencil, and watch (   ) (1 point for each correct answer = 2 points)
   Repeat the following – “NO IFS, ANDS OR BUTS” (   ) (1 point)
   Follow a 3 stage command:
   “Take the paper in your right hand, fold it in half, and put it on the floor.”
   (1 point for each step = 3 points)
   Read and obey the following: CLOSE YOUR EYES (   ) (1 point).
   Write a sentence (1 point)
   Copy design (1 point)