

A PROPOSAL FOR A SERVICE NETWORK FOR HOLOCAUST SURVIVORS

MYRA GIBEROVITCH, M.S.W., P.S.W.
Therapist in Private Practice, Montreal, Canada

As a community, we have the responsibility to make the last stage of elderly Holocaust survivors' lives as comfortable as possible. A partnership between social service agencies in the establishment of a service network for Holocaust survivors would be an innovative response to their unique needs. This service network would have the following components: social groups, a centralized system for information and referral, outreach, support and discussion groups, educational programs, a home stimulation program, and an intergenerational oral history project.

In recent years, communities around the world have assumed responsibility for identifying and meeting the unique needs of Holocaust survivors as they age. The literature informs us that life-event stressors specific to aging, such as retirement, death of a spouse or adult child, loss of autonomy, illness, relocation to a new environment, and lack of financial security, may activate feelings of loss, dependency, and vulnerability related to past horrific experiences (Brodsky Cohen, 1991; Danieli, 1994; Giberovitch, 1992, 1995; Rosenbloom, 1983, 1985; Safford, 1995). Such responses are most acute among elder Holocaust survivors who live alone (Torczynzer & Brotman, 1994). As well, with some survivors there may be an association between aging and death. During the Holocaust, older individuals were deemed unable to provide slave labor for their captors, and were relegated to their deaths.

Since 1992, international conferences bringing together professionals, survivors, and their adult children have been held in Florida, Israel, and New York. These conferences provide venues for the discussion of psychosocial issues specific to survivors and their families, therapeutic interventions, and creative programming ideas. Baycrest Center for Geriatric Care in Toronto hosted the first Canadian conference, "A Time to Heal: Caring for the Aging Holocaust Survivors," in May 1999.

To ease the vulnerabilities of aging, com-

munities around the world have developed service networks sensitive to the unique needs of elder survivors (Dasberg, 1995; Fried & Waxman, 1988; Guttman, 1995; Hassan, 1995; Kinsler, 1995; Kover, 1995). Service networks exist in New York, Sweden, England, Israel, Hungary, and Los Angeles.

This article describes a proposed service network for Holocaust survivors in the Montreal area. It is based on a proposal that was presented to the Council on Services to Seniors and the Planning Department of the Federation Combined Jewish Appeal (CJA) in March 1997. The services discussed can easily be applied to communities elsewhere. The conceptualization of this service was gleaned from my fifteen years of working with survivors in the community in several different settings (public sector, community, private practice) both as a professional social worker and layperson.

BACKGROUND

It was in 1984 that I first began to identify the needs of Holocaust survivors in the Montreal Jewish community, and ever since then, they have been my most inspirational teachers. In several lay positions held at the Canadian Jewish Congress (CJC) from 1984 to 1997, survivors have taught me the following lessons. I learned about the importance of memorialization and their commitment to honor, with dignity, the memory of their murdered families, friends, and extinguished

communities. I learned about their bereavement process and how they have dealt with their chronic grief. I also learned about their commitment to fighting social injustice.

My 1988 Master's thesis at McGill University, *The Contributions of Montreal Holocaust Survivor Organizations to Montreal Jewish Communal Life*, was based on interviews with sixty Montreal survivors. In these interviews, I learned about the stresses of their immigration process and adjustment; the community's "conspiracy of silence" regarding their war experiences; the negative reactions that greeted them upon arrival; the importance of establishing *landsmanshaften* (organizations of people who originated from the same geographic areas in Europe); and the contributions they have made in a variety of areas, most significantly in Jewish education, Yiddish culture, religion, and involvement in Jewish communal organizations (Giberovitch, 1994).

From 1989 until 1995, I developed and coordinated services for Holocaust survivors at a constituent agency of the Montreal federation, which had received a grant from the Conference on Jewish Material Claims against Germany to implement an outreach program for isolated survivors in the Montreal area. Through outreach, survivors' unique needs were identified and creative programs to meet those needs were implemented. The following services were created:

- outreach to isolated survivors
- information, referral, and advocacy
- a psychosocial day program of which half of the participants were survivors
- support/discussion groups for survivors to discuss pre-war, war, and post-war experiences
- educational workshops for professionals working with survivors

Since 1995, I have been in private practice specializing in services for Holocaust survivors and their families. This experience has further enhanced my understanding of them and the services they require:

- counseling for individuals and families
- psychoeducational groups and workshops
- case management for elders whose adult children live out of town

In August of 1997, the Jewish Community Foundation of Montreal provided funds to the Golden Age Association to develop a half-day drop-in center for Holocaust survivors. I was hired as a consultant to implement and coordinate the program.

DROP-IN CENTER NEEDS ASSESSMENT FINDINGS

In order to identify survivors' needs, an ongoing needs assessment research survey was conducted in the drop-in center to track presenting issues and gaps in service. The following needs were identified in the first year of operation.

- establishing an ongoing permanent drop-in center for socialization
- implementing a centralized system for intake, dissemination of information, referral, and advocacy specific to survivor-related issues, e.g. restitution, Swiss gold, survivor memoirs
- organizing support-discussion groups for survivors to discuss traumatic war experiences
- responding more effectively to survivors who live in poverty
- establishing a liaison and referral process with public and private agencies and institutions in outlying and non-Jewish areas of the city
- developing ongoing educational and staff development workshops for professionals working with this population
- organizing community forums and panel discussions on pension entitlements and psychosocial issues directed at the survivor community

UNDERSTANDING SURVIVORS' RESISTANCE TO ASSISTANCE

Survivors rarely seek mental health or social service assistance and are often reluc-

tant to accept help when offered to them. Consequently, many lack knowledge of the resources available to them and do not know how to negotiate the system. The reasons for this reluctance are varied. Most survivors' lives are intricately interwoven with the values and belief systems inculcated from the now extinct pre-war communities, and retention of these basic values has influenced their attitudes to seeking help. Some survivors adhere to the Old World ethic of self-reliance and are proud, voicing an unwillingness to accept "charity." Those who do accept referrals for help sometimes re-experience their victimization and loss of control over their destiny and express feelings of helplessness, dependency, and shame.

Other reasons survivors stay away from community and/or public sector assistance include anger toward the general Jewish community for having stood by complacently while millions were murdered, the negative reactions and attitudes of the host community on their arrival in Canada, and the minimal help provided them upon immigration.

Some survivors have a fear and mistrust of government bureaucracy. Some will seek assistance only from a Jewish agency. This can pose service delivery problems in Quebec where most health and social services are offered by government agencies. Some people refuse to approach the latter because of fear of revealing information to authorities or because they will be identified in a central registry.

Some survivors have stayed away from medical intervention because they associate illness and hospitalization with death. A medical crisis brings them into the system involuntarily. As well, retraumatization may occur in such settings as hospitals, social service agencies, and long-term care facilities (Edelstein, 1981; Shour, 1990; Zilberfein & Eskin, 1992).

Mental health assistance also elicits resistance. A common perception among survivors is that only those who are totally out of touch with reality seek mental health intervention; in short, only those who are insane.

Psychiatric referrals are thus often refused while those who accept them may experience feelings of helplessness, dependency, and shame.

FACTORS THAT CONTRIBUTE TO SURVIVORS' VULNERABILITY IN THE COMMUNITY

In general, survivors have fewer extended family members than the average senior to provide emotional and/or social support. In the Montreal area, for instance, many survivors are the sole remaining members of pre-war nuclear and extended families. Those survivors, now in their eighties whose first families were murdered in the Holocaust, may have remarried after the war, but many did not or could not have children. This lack of familial support contributes to their vulnerability in the community, which is further compounded by language difficulties. Older survivors have acculturated less well to societal norms than the younger ones, and many speak only their mother tongues (Yiddish, Hungarian, and Rumanian). This inability to communicate in the language of the host community renders them particularly vulnerable when obtaining services. Poverty is another factor contributing to their vulnerability. The economic situation of survivors is often poorer than that of Canadian-born Jews (Brotman & Giberovitch, 1997; Weinfeld et al., 1981).

IMPLEMENTATION OF A SERVICE NETWORK

Ideally, the needs of Holocaust survivors would be best met by a separate agency with its own director and Board of Directors. Such agencies exist in London (Shalvata), Israel (AMCHA), Sweden (Café Europa), and New York (Selfhelp). However, in these times of fiscal restraints, this may not be the most feasible approach. An alternative approach would be to place the service under the auspices of an already existing social service center or community agency that provides services to seniors and has a significant num-

ber of Holocaust survivors as clients/members. This project can also be initiated as a collaborative one linking service systems. A linkage can be formed between a social service center and a community center that provides social and recreational programs. The intent is to provide services to the broad spectrum of survivors, not only the cognitively and physically frail or high-functioning individuals.

The linkage of two systems, each with an expertise in its own services, would ensure that the unique needs of survivors are met. For example, a centralized intake may already exist at a social service agency that can be used to disseminate information about survivor-related issues. Community centers have social programs, groups, and activities that promote positive attitudes on aging and acknowledge the dignity and self-worth of the individual. These programs can be expanded to include specialized ones for the population of survivors. Programs that enhance the dignity and self-worth of survivors are vitally important. The severe victimization they experienced when they were treated as less than human has been integrated into their self-concept, often resulting in diminished self-esteem, self-worth, and self respect.

DESCRIPTION OF THE SERVICE NETWORK

Social Groups

The issue of social support requires special attention. For the most part, survivors have not integrated into the general community. Instead, they have formed their own social support networks, primarily *landsmanshaften* (Giberovitch, 1994). In recent years, many of these organizations have ceased to exist due to members' deaths and other factors. With the loss of this important resource, many survivors are experiencing loneliness and isolation often leading to depression, a focus on past horrific experiences, and a preoccupation with their physical ailments.

In the Montreal area, a Drop-in Center for Holocaust Survivors was developed at the

Golden Age Association (GAA) in September 1997. It fulfills survivors' need for socialization with peers and fosters a sense of community and belonging. In keeping with the objectives of enhancing self-esteem and encouraging active member involvement, the activities are designed and planned with as much input as possible from the members. In fact, the members are referred to as the Center's Board of Management. This designation is essential for two reasons. First, it empowers them with a sense of capability and accomplishment. Second, giving decision-making powers to survivors frees them from their victim role. Information about community services and survivor-related pensions and resources, lectures on a variety of topics predetermined by the members, education about post-traumatic stress symptoms, learning ways to enhance physical, mental/emotional and spiritual well-being, the celebration of Jewish holidays and the planning of and participation in commemorative activities all take place in the Center. For example, the drop-in members planned the GAA Holocaust Commemoration Service.

Part of the success of the Drop-in Center is because it has been implemented at GAA. The benefits of this venue are as follows. First, the program receives the support of all the agency departments, e.g., administration, maintenance, and food services. Second, some participants are GAA members who have experienced some difficulty fitting into existing GAA programs and have now found a sense of belonging with peers who understand them. Third, a free first-year GAA membership has motivated several participants to partake in other GAA activities, such as the cafeteria, foot clinic, social programs, and outings.

Centralized System for Survivor-Related Issues

While the GAA Drop-in Center project serves, somewhat, as a centralized point for the dissemination of information, referral, and advocacy about survivor-related issues, a more comprehensive structure is required. A

case in point is the publicity surrounding the recent deposit of Holocaust victims' assets into Swiss banks during the Second World War to safeguard them from Nazi expropriation. There has been confusion in the survivor community about the nature of funds available and the process of disbursement. Initiatives to date have included identifying dormant accounts, helping needy survivors, and initiating class actions against Swiss banks for the return of bank accounts and personal property and class actions for European insurance companies. A central information source that survivors can use to request information about survivor-related resources would ease anxiety and provide an opportunity for them to link with community services.

Some survivors have called the Drop-in Center concerning non-survivor-specific issues. It seems that when some individuals see a service with the name Holocaust survivor in it, they feel a sense of trust and open up about other issues they are dealing with.

A centralized system would fulfill another important role. It would serve as a community resource to which health and social service professionals, paraprofessionals, and volunteers can turn for consultation regarding Holocaust survivors and related issues.

Outreach

Establishing a liaison and referral process with public and private agencies in outlying and non-Jewish areas of the city is crucial. Some survivors have remained in areas of the city where Jewish people once lived. Their reasons for doing so are varied. Some had settled in their communities after the war and did not want to relocate. Others chose to distance themselves from their Jewish identities. However, as they age, many are returning to their Jewish roots.

Living in an area of the city where they feel intimidated to approach medical and social services poses service-delivery problems. As already mentioned, some survivors will not approach these agencies because they are reluctant to be identified in a central registry,

the technology (e.g., answering machines), or language barriers. Consequently, some stay away from medical and social service intervention. However, in recent years some have been admitted to hospitals involuntarily due to a medical emergency. In these cases, a liaison can be established between the Holocaust Service Network and hospitals.

Outreach has proven to be an effective service modality. Links can be made with hospitals, community centers, agencies, homeless shelters, and synagogues that in turn would refer socially isolated survivors. Once a referral has been made, an outreach visit to identify needs can be an effective way to link individuals with existing services. A folder of information about community resources translated into the different mother tongues can be helpful to the survivor.

Survivors can be engaged as outreach volunteers. For example, they can serve as telephone buddies to isolated individuals and visit hospitalized and institutionalized survivors who have no family.

Survivor Support and Discussion Groups

The time-limited psychoeducational support group modality (10–12 sessions) has been effective in bringing together survivors in a supportive environment to share feelings, thoughts, and concerns pertaining to past experiences and present day-to-day living occurrences (Giberovitch, 1995). Sessions include a discussion of Holocaust-related themes identified and prioritized by group members, education about the effects of war trauma, relaxation exercises, sleep improvement strategies, information about new restitution laws and community resources, and a discussion of activities that give meaning and purpose to survival.

Groups can be operated in collaboration with hospital departments that have survivors as patients. For example, in the Montreal area, groups were operated as a joint project between a community-based social service agency and the psychogeriatric clinic of a local hospital. These groups were facilitated by a social worker and medical resident.

They became an important training program for physicians, many of whom have limited knowledge of survivors' symptomatology. It is important that physicians have an understanding of survivors because they are often the contact point in the system for patients who have been admitted to the hospital involuntarily due to a medical emergency.

Educational Workshops, A Community Conference, and Public Forums

Many survivors express reservations about attending support groups. However, they are interested in learning about the impact of the Holocaust on both their own lives and on the lives of their adult children. Participating in time-limited workshops (1-3 sessions) fulfills their need for information in a non-threatening manner. Topics can include *Living with the Past: Understanding the Effects of War Trauma and Understanding the Impact of the Holocaust Legacy on Our Children's Lives*.

The adult sons and daughters of survivors often have difficulty understanding their parents as they age and they become witnesses to the vulnerabilities of their war experiences. They too can benefit from workshops where they learn about the effects of war-related trauma, activities that enhance their own and their parents' coping, and information about community resources. This workshop can be entitled, *Understanding Our Elder Survivor Parents*.

In recent years, communities around the world have organized regional, national, and international conferences directed at the survivor community and professionals who provide them with services and support. A consortium of community organizations could co-sponsor similar conferences, with the target population being survivors, their children and grandchildren, as well as professionals and volunteers who provide them with services and support.

Community forums and panel discussions on pension entitlements and psychosocial issues would very much benefit the survivor community.

Education for Service Providers

It is important to train health care and social service providers, religious leaders, and volunteers to better understand elder Holocaust survivors. Service providers often lack training regarding the unique needs of elder Holocaust survivors, their psychosocial functioning, their diversity, and the resources available to them. There is also a lack of knowledge and understanding of the effects of trauma on individuals. Workers must become informed about the characteristics of war-related post-traumatic stress disorder, interventions to enhance survivors' coping skills, and creative programmatic responses.

Working with survivors of war trauma takes its toll. Workers may experience symptoms of post-traumatic stress (Herman, 1992). "Vicarious traumatization" can occur in the form of "depression, despair, cynicism, alienation, psychological and physical symptoms, withdrawal, and a heightened sense of vulnerability" (Meichenbaum, 1994, p. 279). For these reasons professionals often resist working with Holocaust survivors. Understanding and being able to deal with post-traumatic stress disorder takes time and training. Ongoing supervision and support are necessary to help workers deal with the vicarious traumatization.

Home Stimulation Program

Survivors who are frail, isolated, and homebound tend to focus on their Holocaust experiences. A lack of stimulation may lead to or exacerbate their chronic anxiety and depression. A home stimulation program especially designed for Holocaust survivors would provide physical, intellectual, and social stimulation to improve the quality of their lives.

Intergenerational Oral History Project

It has been therapeutic for Holocaust survivors to engage in an intergenerational dialogue with younger individuals (Pennebaker, 1990). In so doing, they honor the commitment they made to their dead family members

not to allow the world to forget what happened to them. Survivors can be provided with opportunities to bear witness by linking them with March of the Living participants and/or the adults who accompanied them for interviews and/or discussions. These young adults can be provided with appropriate training sessions in working with survivors. Survivors' stories would either be recorded or written, transcribed, published and then distributed to individuals and groups. The survivor would receive a copy and a duplicate copy or copies can be deposited locally or internationally at Holocaust Museums. They can serve as an excellent discussion guide for schools, synagogue groups, and the like.

Holocaust Resource Guide

This guide would list and describe the community resources and services available for Holocaust survivors and their families. It would also include a brief historical overview of the Holocaust and a suggested bibliography. The purpose of the guide is to educate survivors, the health and social services, and the community at large about the specialized services for this population. A directory of this nature entitled *The Holocaust Resource Directory* was distributed at the first International Conference in Miami in 1992.

Responding to Survivors in Poverty

It is a myth that all survivors are financially secure because they receive restitution payments from the German government. The rate of poverty among survivors is distressing and is especially high among those who live alone. We need to be creative in our response to these survivors, as many are resistant to the financial supplementation process currently in place. While some see the service as charity, others refuse to submit to what they interpret as a means test.

In recent years, there has been the emergence of new restitution laws, special funds, and services for survivors in need. The Conference on Jewish Material Claims Against Germany established the Article 2

Restitution fund and more recently allocated funds to community social service agencies for the creation of a Holocaust Survivor Emergency Assistance Program for special needs. In recent months, the Swiss government has established the Swiss Humanitarian Fund that will provide a lump sum payment to needy survivors. It is important to ensure that those who are eligible apply for these pensions. In a joint project with the United Restitution Organization, public and private sector organizations can be encouraged to modify intake and assessment forms to include the issue of restitution and new funds. In so doing each survivor not already receiving a monthly pension can be informed of the fund and referred appropriately.

A Wholistic Approach for Survivors of Trauma

Most Holocaust survivors have never sought professional therapy to deal with the emotional impact of their traumatic experiences. The emotional healing experience often includes talk therapy, which is alien to most European survivors. In recent years, complementary approaches have been utilized to help people recover from severe traumatization. These include physical fitness (exercise, yoga), nutrition, art therapy, reflexology, energy work, body movement to sound, spirituality, and humor. In the words of Dr. Frank Ochberg (1993, p. 778), a leading practitioner in posttraumatic therapy, "Holistic health recognizes that the healing process is more than chemical reequilibrium. Attention to exercise, nutrition, humor, and spirituality are important elements of the holistic approach."

CONCLUSION

During the last decade, we have witnessed an upsurge of programs for Holocaust survivors, largely due to funding made available by the Conference on Jewish Material Claims against Germany. However, when this organization is unable to fund the services survivors require, community funding must be

allocated. Developing a service network for Holocaust survivors requires a commitment from local federations to fund services and staff. Specialized programs, services, and policies must be built into the system so they do not disappear with changes in staff and administration. As well, survivors must be involved in the development of these services.

As a community we have a responsibility to make the last stage of survivors' lives as comfortable as possible. At the very least, they deserve a compassionate community response at this point in their lives when past vulnerabilities are emerging.

A partnership between social service agencies in the establishment of a service network for Holocaust survivors would be an innovative and practical response in meeting the unique needs of the survivor community. This integrated community approach in the spirit of cooperation and collaboration would bring much-needed services to the community.

Benjamin Meed, the president of the American Gathering of Jewish Holocaust Survivors, made the following passionate plea at a 1992 conference for health professionals in Miami:

"Do not send us into old age, when our strength wanes, do not abandon us" (quotation from Jewish High Holy Day prayer). We have been sent into old age; that has been a blessing. We never expected it and so in a sense we never prepared for it.

That is our challenge; it is the collective responsibility of the Jewish people. We must be our brother's keepers.

REFERENCES

- Brodsky Cohen, B. (1991). Holocaust survivors and the crisis of aging. *Families in Society: The Journal of Contemporary Human Services*, 226-231.
- Brotman, S., & Giberovitch, M. (1997). The aging of Holocaust survivors in Canada: Implications for service accessibility and adaptation. A paper presented at the *Canadian HomeCare Association Conference*, Federation des CLSC du Quebec, Sheraton Centre.
- Danieli, Y. (1994, Winter). As survivors age: Part I. *NCP Clinical Quarterly*, 4(1).
- Dasberg, H. (1995). AMCHA: The national Israeli center for psychosocial support of Holocaust survivors and the second generation: Raison d'Être. In *A global perspective on working with Holocaust survivors and the second generation* (pp. 1-9). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Edelstein, E. L. (1981). Reactivation of concentration camp experiences as a result of hospitalization. In C. D. Spielberger, I. G. Sarason, & N. A. Milgram (Eds.), *Stress and anxiety*, 8(pp. 401-404). New York: McGraw-Hill, Hemisphere.
- Fried, H., & Waxman, H. M. (1988). Stockholm's Cafe 1984: A unique day program for Jewish survivors of concentration camps. *Gerontologist*, 28, 253-255.
- Giberovitch, M. (1992). Decisions, issues and innovative responses concerning families of survivors and establishing trusting relationships with Holocaust survivors. In R. E. Kenigsberg & C. M. Lieblisch (Eds.), *The first national conference: Identification, treatment and care of the aging Holocaust survivor: Selected proceedings* (pp. 42-47; 64-74). Florida: Florida International University.
- Giberovitch, M. (1994). The contributions of Holocaust survivors to Montreal Jewish communal life. *Canadian Ethnic Studies*, 26(1), 74-85.
- Giberovitch, M. (1995). Social work practice with aging survivors. In *A global perspective on working with Holocaust survivors and the second generation* (pp. 277-288). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Gutmann, D. (1995). Meaningful aging: Establishing a club for survivors of the Holocaust in Hungary. In *A global perspective on*

- working with Holocaust survivors and the second generation* (pp. 259–267). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Hassan, J. (1995). Individual counseling techniques with Holocaust survivors. In *A global perspective on working with Holocaust survivors and the second generation* (pp. 185–204). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.
- Kinsler, F. (1995). The emotional and physiologic issues of aging in North American Holocaust survivors. In *A global perspective on working with Holocaust survivors and the second generation* (pp. 25–49). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Kover, E. (1995). Community-based services for elderly Holocaust survivors. In *A global perspective on working with Holocaust survivors and the second generation* (pp. 51–58). Jerusalem: JDC-Brookdale Institute of Gerontology and Human Development, AMCHA and JDC-Israel.
- Meichenbaum, D. (1994). *A clinical handbook/practical therapist manual for assessing and treating adults with post-traumatic stress disorder (PTSD)*. Waterloo: Institute Press.
- Pennebaker, J. (1990). *Opening up: The healing power of confiding in others*. New York: William Morrow.
- Rosenbloom, M. (1983). Implications of the Holocaust for social work. *Social Casework*, 64(4), 205–212.
- Rosenbloom, M. (1985). The Holocaust survivor in late life. *Journal of Gerontological Social Work*, 8(3&4), 181–191.
- Safford, F. (1995). Aging stressors for Holocaust survivors and their families. *Journal of Gerontological Social Work*, 25(1/2), 131–153.
- Shour, A. (1990). The aging Holocaust survivor in the institution. *The Journal of Aging and Judaism*, 4(3), 141–160.
- Torczyner, J., & Brotman, S. (1994). *Diversity and continuity: The demographic challenges facing Montreal Jewry*. Montreal: McGill Consortium for Ethnicity and Strategic Social Planning.
- Weinfeld, M., Sigal, J. J., & Eaton, W. W. (1981). Long-term effects of the Holocaust on selected social attitudes and behaviors of survivors: A cautionary note. *Social Forces*, 60, 1–19.
- Zilberfein, F., & Eskin, V. (1992). Helping Holocaust survivors with the impact of illness and hospitalization: Social worker role. *Journal of Social Work in Health Care*, 18(1), 59–69.