

Myra Giberovitch, *Recovering from Genocidal Trauma: An Information and Practice Guide for Working with Holocaust Survivors*. (Toronto: University of Toronto Press, 2014), xii + 344 pp.

On the Skytrain at Oakridge Mall, located in the hub of Jewish Vancouver, passengers overheard a conversation between two medical professionals. A young nurse described an incident involving an elderly gentleman recently admitted to hospital. The patient, unknown to her until that morning, had resisted instructions to take a shower. He appeared fearful, yelling that he wished to be clean but would not enter “the showers.” Her travel companion inquired about the origin of the patient’s anxieties; surely, someone spoke with the patient about his concerns and found a reasonable solution. But, no – according to the nurse, only senility contributed to such irrational fears in seniors.

This incident and others like it expose a lack of critical historical thinking on the part of social service and health-care practitioners responsible for the treatment of survivors of mass atrocities in community and institutional settings across North America. Caregivers operating without a basic understanding of Holocaust history or the experiences of the local survivor community risk poor service outcomes and misdiagnoses. Workers trained to recognize out of the ordinary behaviours, such as fearfulness of institutional showers or identification systems as indications of a complex personal history, approach individual cases with greater awareness and sensitivity. Considering the root causes of symptoms can eliminate kneejerk diagnoses about clients’ intellectual or physiological functioning and reduce unnecessary prolonged suffering.

In her new book, *Recovering from Genocidal Trauma: An Information and Practice Guide for Working with Holocaust Survivors*, social work practitioner and university instructor Myra Giberovitch addresses these embedded issues within the social service and health care system. Poor preparedness techniques relates to two compounding issues: insufficient training about the manifestation of post-traumatic stress symptoms that present in Holocaust survivors alongside ordinary concerns relating to aging, including memory loss and decreased mobility; and an outdated perception of survivors as traumatized, maladapted victims.

Giberovitch is not the first practitioner to propose specialized treatment approaches in relationships with Holocaust survivors. As Holocaust Resource Coordinator at the Baycrest health care complex in Toronto, Dr. Paula David compiled a practical manual designed to sensitize and educate survivors’ caregivers about the distinct challenges presented by this special population. David’s *Caring for Aging Survivors of the Holocaust* focused nearly exclusively on preparing caregivers to provide compas-

sionate and individualized care to survivors.

Published ten years later, Giberovitch – herself the founder of the first community-based social service group for survivors in Canada – continues to fill the literature gap. Building on a lifetime of personal and professional interactions with Montreal's Holocaust survivor community (she is the child of Polish survivors), Giberovitch presents a blueprint for rethinking working relationships with survivors. Over five parts, the book outlines step-by-step instructions on incorporating new, strengths-based approaches into existing service plans. This school of thought encourages survivors to take the lead in problem solving and decision-making when determining their personal intervention plans.

A strengths-based approach places a high value on respecting survivors' worldview. Religious traditions, family values, and work ethic provide useful insight for building mutually beneficial client-worker relationships.

The following case illustrates the benefits of the strengths approach. A survivor of seven concentration camps, Mr. G was referred to the author by a storefront community organization. In her assessment, Giberovitch learned that Mr. G had been diagnosed with schizophrenia, was socially isolated and overmedicated. Mr. G also revealed that during his internment in the camps, he suffered severe beatings that resulted in permanent neurological damage. Giberovitch also discovered that the survivor was a poet who skillfully expressed his wartime experiences, pain in being the sole survivor of a large family, and gratitude to Quebec and Canada for providing asylum in the postwar years in words.

Throughout the participatory and collaborative treatment process – which included referrals to a psycho-geriatric day clinic and low-cost supervised housing – Giberovitch focused on Mr. G's strengths and creativity as an accomplished poet, not a patient with a psychiatric condition. Together, the two edited and distributed a collection of Mr. G's poetry. In his final years, Mr. G reported satisfaction in knowing that his experiences contribute to future generations awareness of the Holocaust. Similar case studies pepper the book.

If recovery is the end goal of the approach, Giberovitch's enlightened definition is less clear. Does recovery imply a rupture in time and experience, a compartmentalization of one's lived history to forget painful moments of humiliation, fear and suffering? Forgiving the perpetrators who viciously destroyed Jewish families and communal life? Or, perhaps recovery is characterized as financial, professional and familial success?

For recovery to take place, practitioners must remove focus on pathology: if we believe someone is irreparably damaged, recovery is unrealistic. In a memorable analogy, Giberovitch likens acute genocidal trauma to a painful open wound. When

survivors' draw on their strengths and focus their energy on living engaged, meaningful lives, the wound transforms into a deep scar – a permanent reminder of the past experiences, good and bad, but no longer aching. A 'recovered' survivor accepts permission to experience pleasure and joy by transcending guilt and overbearing sadness. Practitioners are a key variable in this process.

In an effort to reinforce the significance of strength-based treatment plans, Giberovitch errs on the side of repetitive. The highly clinical nature of the text, rich in professional jargon unfamiliar, may present as off-putting to some lay readers. Drawing on her insider's view as the child of survivors and social work practitioner, the ethnographic sketch of Montreal's Polish survivor community and integrated case studies represent the most compelling elements of the book for non-clinicians.

Despite her applauding the positive outcomes of carefully conceived individual and group approaches to recovery, Giberovitch does not sugarcoat the challenges to empowering survivors of trauma.

Aging Holocaust survivors no longer resemble the young, energized refugees who immigrated to Canada in the early postwar period. The physical strengths that propelled individuals towards wartime survival, and aided their adaptation Canadian society are diminished, as are the community infrastructures (*landsmanshafin*). As the survivor population continues to decline (the youngest survivors who were children during the Holocaust are now in their mid-seventies), the demand for specialized support services escalates. With this welcome and timely contribution to casework literature, Giberovitch equips practitioners with the tools to develop best-practice treatment approaches in their own communities and help survivors experience dignified, meaningful lives.

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