ABSTRACT: This article reports on Holocaust survivorship amongst Hasidim and ultra-Orthodox groups. The role of the social and religious set in organizing response to the Holocaust is traced. Unique dream phenomena in this group, with brief clinical vignettes, is provided. Often recurring clinical syndromes in the Hasidic Survivor population are discussed. A detailed case history with a strategic therapeutic approach is provided, and other treatment considerations are explored. The response possibilities of the system memory in traumatized individuals are outlined, and the centrality of activity-passivity conflicts in Survivors is noted.

In the autumn of 1974, following a request for assistance from a Hasidic Group in New York City, the Human Resources Administration established a Holocaust Survivor Project to provide psychological services for survivors and their children. The request for aid had come after community leaders noted an increasing occurrence of family conflicts, marital difficulties, childhood disturbances, and individual mental health crises in their people, especially among first- and second-generation survivors. As there were no trained professionals within the community concerned, an appeal was made for outside help—a step most unusual for this group, which sets a very high priority on its autonomy and privacy. The request in itself thus reflected the extent and gravity of the problem.

Eventually the project was extended to serve the needs of a larger population of Orthodox and Hasidic Jews living in the city. In 1974, at the inception of the project, 762 family cases were screened and 455 families given some form of service. A trilingual questionnaire had been distributed to families in the Social Service catchment area, and a number of cases were undertaken following the response to this outreach attempt. In addition, staff members of the project, in the field at Social Service centers, had many requests for homemaking and housekeeping services from women, especially those just postpartum. In the course of interviews to attend to these requests, more cases came to light and were referred to me for discussion and consultation.
A substantial number of the approximately 50,000 persons in the Hasidic communities and large ultra-Orthodox communities could be designated as Survivors and children of Survivors. Early marriages and an average family size of seven swelled the numbers of second- and third-generation Survivors. Thus, in potential at least, we were dealing with a not inconsiderable number of prospective cases.

At the onset, we were aware of the delicate nature of our task because of the extreme need and strong requests for anonymity, privacy, and confidentiality in these communities. Since the custom of arranged marriages still prevails, any stigma to the family, including a consultation with a mental health professional, could produce damaging consequences. We were eager to treat this formerly neglected group of survivors and saw an opportunity to compare and contrast survivorship patterns and responses with the greater Survivor population. In essence, we were working with a different culture that had been exposed to the "final solution." A description of this culture is beyond our scope here, but a representative bibliography is appended.

For clarity I will mention some distinctive features of a Hasidic community:

1. The primary position of the Rebbe as leader of the community: His position at the pinnacle of a religious hierarchy.
2. Distinctive dress and the wearing of sidelocks by men and boys.
3. Strict adherence to every aspect of Halachic practice.
4. Strong resistance to outside influence (variable) and adherence to prescribed social and religious custom.
5. Inherent strong appeal of mystical and ecstatic experience (variable).
6. High level of Messianic expectation.
7. Very tightly knit family, kinship, and group allegiances.
8. Strong magical-folkloric and shtetl influences.

These and other distinctive cultural characteristics have shaped group and individual response to the Holocaust and have influenced, to varying degrees, the form and nature of certain clinicopathological states. They have also contributed to the spontaneous development of autochthonously derived treatment modalities. It is my intention to provide a schematic overview of certain clinical conditions that present themselves more frequently in this section of the Survivor population, both in the first and subsequent generations. At the beginning, however, I would like to note that the differences in clinical presentations between this population and other Survivor groups are mostly quantitative rather than qualitative.

The following account is admittedly often impressionistic and at times anecdotal. Yet I feel it will convey something of the condition of post-