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SURVIVORS, TRAUMA AND MENTAL ILLNESS: A CHALLENGE FOR AUSTRALIAN JEWISH WELFARE

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Abstract

This article begins by examining the state of Sydney's mental hospitals, as they were then known, in order to highlight the conditions and treatments that prevailed in the 1950s and to identify some of the particular disadvantages for migrants and refugees in such institutions. The contributions of key leaders, doctors and social workers are then explored as a means to address the question of who helped this group of survivors. Finally, the various case studies found in the AJWS archives are discussed. In some cases, these are fragments of the story.

Keywords: Holocaust, Refugees and Welfare, Mental Illness, Sydney Einfeld, Dr Wolf Matsdorf, Australian Jewish Welfare Society

Dr Maurice Goldman, former lecturer in languages at the University of Berlin, arrived on the *Orford* after escaping to London to settle in Australia. This former President of the Union of Jewish students in Germany, said 'The mental sufferings of Jews in Germany and Austria have taken a greater toll than physical suffering. The mental suffering to a sensitive people is acute.'[1] These words, from this distinguished European described as a linguistic giant, and stated in 1938 even before the war began, would prove prophetic.[2] While there is substantial research on Holocaust trauma and recent efforts to deal with the problem, to date little research has been undertaken about efforts made in the 1950s to assist Jewish Holocaust survivors suffering from what has become known as Post Traumatic Stress Disorder (PTSD). Sydney

David Einfeld, the president of the Australian Jewish Welfare Society (AJWS), identified mental illness among survivors as being the number one problem facing the Sydney Jewish community by 1955,[3] highlighting the historical significance of this study.

The most disturbed survivors were admitted to mental hospitals, possibly after a suicide attempt, or after efforts by the AJWS to case manage these individuals in the community had failed. Once admitted, patients had limited treatment options until much later in the twentieth century when improved medications became available. As a consequence, the length of admission was often extended and therefore the cost was significant, a major burden on the AJWS where the Society had guaranteed that the sponsored survivor would not become a charge on the state for five years. When the effects of Holocaust trauma were added to the more general issues of mental illness, the special mental health care needs of survivors would have been significant and challenging.

Mental distress treatment

During the twentieth century, lunatic asylums became known as mental hospitals and treatments were evolving but experimental. Isolating the patient was still the preferred treatment and meant that patients could be removed from their family and community. Lengthy admissions of months or years were common, and this exacerbated the overcrowding and resulted at times in the use of restraints and ice water baths. Insulin coma therapy was first used in 1927 and continued until the 1960s. Patients were deliberately placed in a low blood sugar coma as it was believed that insulin levels could affect the brain. There was a risk of prolonged coma and a mortality rate of up to ten per cent. Electroconvulsive therapy (ECT) was later introduced as a safer alternative to insulin coma therapy. Another form of treatment used was lobotomy, which involved surgically cutting the connections to the frontal lobe of the brain. This treatment won the Nobel Prize in Physiology and Medicine in 1949 and was designed to disrupt the circuits of the brain. The surgery was used during the 1940s and 1950s, but always came with serious risks. It was largely discontinued in the mid 1950s as oral medications became available.

ECT was first developed in 1938. Electric currents are passed through the brain intentionally triggering a brief seizure while the patient is under general anaesthetic.[4] In those early days of experimentation,

high doses of electricity were delivered without anaesthetic. Patients suffered broken bones due to the convulsions and many experienced memory loss and other serious side effects. In the early 1940s, ECT was introduced in Australia. At Parramatta Hospital 543 patients received ECT between 1941 and 1943 and 1945 and 1949 and no muscle relaxants were used. Fifteen of the patients died within days of treatment, ten had coronary arrests during the procedure and 37 incurred spinal or bone injury. After more than ten years of experimentation, sedation was eventually introduced during the 1950s.[5] Today ECT is described as a safe and effective treatment for the most severe forms of depression when medications cannot help but, because it can cause memory problems, ECT is only used when absolutely necessary.[6]

After the Second World War, lithium was introduced to treat psychosis. It was subsequently used to treat conditions such as bipolar disorder. A few years later, another class of drugs, called chlorpromazine or thorazine, was developed to treat schizophrenia as understanding of brain chemistry evolved. Despite these developments, during the 1940s the state of mental hospitals increasingly became a subject of concern in New South Wales. Throughout that decade as a result of adverse media coverage, pressures increased on the government to respond and work to improve both the treatment and the conditions in New South Wales Mental Hospitals.

New South Wales mental hospitals

In 1949, radical changes were recommended to bring the mental hospitals up to date with those in Britain, Europe and America. Particular criticism was made about the adequacy of the medical and administrative staff and the failure to achieve fully the status of curative hospitals.[7] By 1951, it was reported that wards built to accommodate 30 patients now held up to 61 resulting in severe overcrowding. The state minister for Health, Maurice O'Sullivan, stated that the Health Department's most difficult problem was the state of the mental hospitals with 13,000 people who needed to be accommodated but only 9,000 beds.[8] The Inspector General of Mental Hospitals confirmed in his Annual Report that one in every eighteen patients admitted to mental hospitals during the period 1950/1951 were New Australians. In all, 2,227 patients were admitted in these years, the highest number recorded. The number of migrants admitted rose from 52 in 1949/50 to 124 in 1950/51. In an early example of blame shifting from the state to the federal government, a

129 per cent increase in a year was attributed to the immigration policy of the Commonwealth government.[9]

In 1953, the Minister reported to the New South Wales Parliament that 80 migrants who had been passed as being sane and fit by the countries of emigration were in mental hospitals. After arrival, they were deemed to be of unsound mind and required hospital care.[10] Similarly the Victorian Minister for Health said 20 per cent of migrants who had arrived had been admitted to mental hospitals, a percentage based on figures provided to the State Health Ministers' Conference. He did suggest this high number could be explained due to the mental strain and suffering they experienced in Europe.[11]

In 1961, the Commonwealth Immigration Advisory Council released its inaugural report, 'The Incidence of Mental Illness Among Migrants'. This study surveyed all arrivals between 1946 and 1957 who were admitted to mental hospitals during those years and highlighted the extent of the problem of mental illness. The report identified 2,316 persons who had been admitted to hospital within five years of arrival between 1948 and 1952.[12] To place these figures in context, it is important to note that the United Nations General Assembly had established the International Refugee Organisation (IRO) to deal with displaced persons (DPs) in Europe. Between 1947 and 1951, some 168,200 DPs were admitted into Australia under the IRO.[13] However, while this was the fourth largest intake by any nation, Jews were excluded initially, and of the approximately 500 who were finally admitted, they had to be young, single and willing to sign a special work contract. Through her research, Suzanne Rutland identifies the bureaucratic and antisemitic measures designed to ensure that few Jewish DPs were accepted.[14]

If DPs were removed from the figures of 'The Incidence of Mental Illness Among Migrants' report, it can be stated that the migrant rate of admission was below that of a typical Western community. However, the report concluded that the higher rates of mental illness found among migrants who arrived between 1949 and 1957 was due to the large number of DPs arriving in those years. The Australian IRO program supported a rapid increase in numbers with some 168,200 arriving between 1947 and 1951. A further 95,800 non-British migrants who were not assisted by the IRO also landed in those years.[15] The report expressed the euphemistic view that an unhappy background of war experience would typically explain higher rates of admission. Within

the admitted patients, those aged 20 to 49 years had the highest rate and there were more males than females. Almost half those aged between 20 and 29 years were admitted by the end of their second year in Australia. The findings supported the view that refugees or displaced persons were more likely to suffer from mental illness requiring inpatient treatment.[16] Whilst these figures were clearly reported, there is no evidence of particularly negative publicity.[17] Unfortunately, the report does not separately identify those migrants who were Jewish but does contribute to our overall knowledge about how refugees experienced mental illness during their first years in Australia and provides an insight into the extent of mental illness during these years. For those non-British refugees who did not speak English, there would have been significant additional stresses. Firstly, their Holocaust or war experience would not have been recorded and secondly it would have been a challenge for the doctors to elicit the correct diagnosis and discuss with patients any symptoms they might be experiencing.

Mental hospitals and migrants

As early as 1939, *The Hebrew Standard of Australasia* published an article designed to reassure the local Jewish and broader Australian community that all Jewish refugees arriving in Australia would be healthy and would not become a charge on the state. The article outlined the safeguards that had been introduced to ensure that only healthy refugees migrated to Australia, including a rigid medical examination, a guarantee by an established Australian resident for the maintenance of a refugee for a period of five years and a substantial sum as landing money. It was noted that the immigrant could not have been in a mental hospital or prison before migrating to Australia. Even then, it was necessary for applicants to prove the soundness of their mental and physical health. Finally, it was deemed important that they could prove that they would willingly become assimilated and uphold the Australian constitution.[18] Whilst these requirements are quite usual for immigrants generally, the Jewish community argued that the survivors would not become a charge on the state. Interestingly, Dr Hans Kimmel did have a history of mental illness so severe that it delayed his ability to travel. Yet, he was able to get a British doctor to attest that he was of sound mind.[19]

Despite the guarantees of the AJWS, inevitably there were survivors in mental hospitals who would suffer from isolation, language

problems, lack of spiritual support, strange food, and many frightening experiences. All this would be probably after suffering extreme persecution by the Nazis, in addition to other extreme forms of antisemitism, and bearing witness to terrible atrocities. Those survivors who experienced mental illness here in Sydney were most likely to have been initially referred by the AJWS to its Honorary Medical Officers, usually general practitioners, who may have made a referral to a psychiatrist. Information provided by psychiatrists and other doctors, including those who were later engaged to undertake assessments for restitution, contribute to an enhanced understanding of the lives of traumatised survivors.

Dr Paul Valent notes that survivors arriving in Australia put all their energy into creating new lives, careers and sometimes new families. In more recent decades, it is straightforward to look back and affirm the nightmares, panic attacks and uncontrolled emotions were of a post-traumatic nature. However, Valent argues that, in those early years, survivors were adamant that they were not mentally ill as this might have been seen as disrespectful to those who perished. They saw suffering as only to be expected and only physical symptoms should be treated, a fact reflected in the high levels of presentations to doctors.[20]

In the 1950s, there were very few articles published in the *MJA* by doctors with an interest in migrant health, the period when the AJWS was faced with trying to manage these clients. In order to achieve the best possible support, AJWS officials worked in close consultation with its Honorary Medical Officers (HMOs).[21] Einfeld endorsed the recommendation of Walter Brand to contact doctors with a view to getting them to act as Honorary Medical Officers. The HMOs included Drs O. Schmalzbach, Z. Wexler, E. Schiller, M. Brenner, N. Wheatley, G. Shelby, and E. Fischer.[22] As well as requiring access to medical advice, the AJWS benefitted from the expertise of a number of social workers. The most significant of those who assisted the survivors suffering from mental illness was Dr Wolf Matsdorf, who was employed at the AJWS for six years in the 1950s, the critical period when survivors arrived and needed support for up to five years.

Wolfgang Matsdorf

Wolfgang Wolf Siegbert Matsdorf was born in Berlin, Germany, into a conservative orthodox family. He had almost completed his training in the law in 1933 when the Nazi Civil Service Law was passed, excluding

all Jews from civil service. He then became part of a small delegation seeking some funds which had been confiscated from Jewish businesses. This initiative was successful and subsequently he assisted Jews who had lost their jobs to prepare for immigration. Between 1933 and 1938, he lived in Frankfurt undertaking the same responsibilities for the large Jewish population there.[23] He recounts in detail his experiences during these years in an oral history interview conducted in Israel in 1981, now available on YouTube.[24]

Much of the information about Matsdorf's early years in Australia can only be obtained from the National Archives. He arrived in Sydney on the *Niagara* on 4 June 1938.[25] Initially, he worked as an AJWS migration officer during the latter part of 1938. He then decided to become a poultry farmer at Greystanes, with support from the AJWS's Mutual Farms project, but was interned as an enemy alien in February 1942 as he was German, although in reality he was stateless.[26] He lodged an appeal and was released two months later,[27] subsequently enlisting in the Australian Army at Mascot in April of that same year.[28] By 1943, he was living in Wollstonecraft from where he applied for naturalisation under the Nationality Act in the same year.[29] It was not possible to ascertain if Matsdorf continued poultry farming until 1952, or if he worked in another occupation, but in November 1952, he was hired by the AJWS as employment officer, a position he served in for a year.[30]

In 1954, Matsdorf re-joined the AJWS, so he may have trained to become a professional social worker in the intervening year. He was a great advocate of the Sheltered Workshop as a way of providing older immigrants with employment and companionship, fostering their sense of dignity and self-worth.[31] Hostels were also important in terms of guaranteeing accommodation and were a vital element of the refugee programme. Suzanne Rutland explores the history of this solution, so critical to the successful support of survivors for five years after their arrival, during which period they could not become a charge on the state.[32]

Over the years, Dr Matsdorf became a spokesman on the mental health of migrants. In 1963, he edited conference proceedings entitled 'Migrant youth: Australian citizens of tomorrow' held at the University of New South Wales.[33] He argued that refugee services should be supplemented by voluntary agencies on a denominational basis as well as support from the Red Cross and Family Welfare Services. He observed

that the Jewish citizen could use any service but might feel more at ease in discussing problems in a Jewish social service agency tailored to meet their personal and spiritual needs. He emphasised that this was especially important in the mental health field where the influence of environmental factors was apparent and that there was also room for a Jewish approach to mental health problems.[34]

Matsdorf observed that Jewish patients often had specific additional symptoms such as high anxiety and a heightened sense of persecution, less apparent in other groups, and he ascribed these symptoms to centuries of persecution, antisemitic attacks, migration and disruption of families. He claimed there were more cases of schizophrenia amongst Jews than in the general population. He argued that it was important to consider the Jewish cultural and religious background of the patient, which was advanced thinking for a mental health worker in the 1950s. It was only several decades later, that a policy requirement was introduced for health services to be culturally appropriate. Matsdorf also argued for specific Jewish nursing and aftercare services, provided by the Jewish community, to assist in providing rehabilitation without bias. Another of his important points was the need for prevention of social and emotional problems, as a vital aspect in working with the Jewish community after immigration. In fact, he was critical of Jewish Sydney for the lack of adequate youth club activities and a lack of interest by Jewish students in becoming professional social workers. He especially referred to the absence of community organisers and case workers and was disappointed that only one full time and one part time professional social worker were employed in Jewish organisations Australia wide. This was an unfavourable profile compared to the West European countries, England, the United States and Israel.[35] This prophetic vision for a comprehensive set of specially tailored services for mentally ill patients presented by Matsdorf would one day become a reality enshrined in the AJWS, which has become known as Jewish Care. However, by the middle of the last century, whilst knowledge had improved, there was still relatively little known about the causes of mental illness. The psychiatric community was attempting to treat patients in a variety of ways, but it is helpful in understanding the mental hospital environment in the 1950s in terms of the case studies discussed later in this article.

The archivist and historiographer Avraham Margaliot interviewed Matsdorf for the *Oral History Archive* after he had migrated to Israel.

At this time, from after 1970 till his death, he wrote a regular column for the *Australian Jewish News* and will always be remembered for this chapter of his career because the B'nai B'rith World Center, Jerusalem, created an award for Journalism in the Diaspora in 1992. This award was named after Matsdorf and his wife, Hilda who edited the Center's Journal, *Leadership Briefing*. Through this award, he is remembered as a journalist in Israel and Australia while Hilda is described as a pioneer in social work.

Public attitudes to mental illness in the 1950s

During the 1950s, the AJWS's most challenging clients were generally admitted to mental hospitals. In fact, Einfeld reported in February 1953, that he personally had taken in hand these cases with the assistance of the AJWS's General Secretary, Walter Brand.[36] In dealing with these most challenging of survivors who were badly affected by their traumatic Holocaust experiences and were unable to function normally in society, the AJWS would also have been challenged by the stigma and fear of mental illness at the time. In attempting to understand the context in which the AJWS was attending to these mentally ill Jewish survivors, it is important to understand how mental illness was viewed in the 1950s.

Shirley Star's study in the mid-1950s, which was based on 3,500 interviews with a representative cross-section of Americans, each lasting five and half hours, is of particular relevance in this regard. It was, as far as is known, the first such national study to take place. Star researched many different issues relating to mental illness, but the ones that are relevant for this article relate to the characteristics ascribed to those with mental illness by the general public. These include unpredictability, impulsiveness, loss of control, irrationality, violent behaviour and delusions. The other finding of interest was that interviewees tried to find reasons other than mental illness to explain the behaviours such people exhibited, as if seeking to find answers so that a person would not be classified as mentally ill. This latter finding suggested people who needed treatment might seek to avoid it due to a realistic fear of rejection and stereotyping.[37]

It is not unreasonable to extrapolate from these findings and presume similar attitudes prevailed in Sydney in 1955. Reactions to mental illness were often fear, rejection and negative stereotypes. Inevitably, the associated stigma and rejection also contributed to increased social

distance and isolation.[38] It can possibly be presumed that the Sydney Jewish community held very similar attitudes and anxieties about people with mental illness, in addition to their concern that the large number

Sydney Einfeld addressing a luncheon in honour of Moses A. Leavitt, Director, American Joint Distribution Committee: r to l: Felix Freeman, Sydney Einfeld (standing), Moses Leavitt, Mrs Watts, Good Neighbour Council, C.L. Ferguson, Immigration Department, Dr Wolf S. Matsdorf (standing), Ms Davis (Red Cross)

of foreign Jews would increase antisemitism, so that some Anglo-Jews were not very welcoming to the newcomers. It was in this environment that Einfeld, Brand and Matsdorf took on the responsibility of taking care of survivors with mental illness.

The very use of the title 'Problem Cases' suggests the priority was to get them into work and lodging and reduce the financial burden they placed on the organisation. There is nothing in the minutes to suggest there was any documentation of the Holocaust experiences of these survivors. This was not a time of encouraging survivors to share their Holocaust narratives or to understand how those experiences had become internalised into the life narratives. Certain vulnerabilities and behaviours exhibited as a response to loss, isolation and illness were common to many survivors as is evident from the stories of the 'problem cases.'[39] Each of the cases discussed below needs to be considered through the lens of trauma, remembering that PTSD symptoms

of avoidance, including detachment and partial amnesia, nightmares and intrusive persistent thoughts, and arousal, which includes angry outbursts, irritability, and poor concentration.

Problem cases

The AJWS minutes and correspondence provided information about clients suffering from mental illness and behavioural problems. Some of the clients had quite detailed information included in the notes, and, in some cases, additional information was able to be sourced through the historical website, Trove. Other cases are only briefly mentioned in the minutes. For example, there is a brief update from Gladesville Mental Hospital about HC[40] on his condition, or a note that SO was still costing £1.10.00? a week for his stay in a mental hospital. Such details and information about clients would be the subject of privacy legislation today, but during the 1950s the minutes described this group as 'Problem Cases' and included their names. This unique archive is an important source of survivor stories and sheds light on the challenges they experienced in Sydney. It also illustrates how many of these survivors relied upon the practical assistance, contacts and financial support provided by the AJWS to a level probably not achieved by any other organisation in Sydney in the 1950s, or for decades after. It also shows that Einfeld in particular, as AJWS president, was very concerned about the significant financial burden this group was placing on the organisation and partly for this reason he decided to undertake personal responsibility for management of the issue.

The Board and staff did their best to help these clients find work and move into independent accommodation, rather than having protracted stays in the hostels. The officials worked in close consultation with the Society's Honorary Medical Officers (HMOs). There is no evidence in the cases discussed below as to whether they had pre-existing conditions or not. However, if they were incarcerated in mental hospitals, they would have been ineligible as state subsidised patients for five years after their arrival and the AJWS would have been required to cover the costs of over a £1 a week per patient. It is very difficult to ascertain what particular mental health issues were experienced by the survivors as detailed in the minutes. It appears some were depressed, others suicidal and a further group struggled to adapt to the life in Sydney for a variety of behavioural reasons probably associated with the trauma they had experienced in Europe. These stories offer a transient glimpse into

these lives when their behaviour became a concern. They are testament to social isolation, desperation, grief and loss endured by these Jewish survivors.

The risk of self-harm or the potential to hurt others was, and still is today, a key factor in deciding if a patient needs to be admitted to an inpatient facility. Some people experience an acute mental illness with significant distressing symptoms requiring immediate treatment following a sudden swift onset. This may be the person's first experience of mental illness, a new episode, or the exacerbation of continuing mental illness. Those patients with continuing mental illness have a chronic condition for which there were then limited therapeutic treatment options, although even today there are limitations with what can be achieved therapeutically with medication. The more acute cases are discussed first to provide a sense of the suffering and disruption for those experiencing trauma after the Holocaust and the ways in which the AJWS supported these people. These cases are perhaps best described as a reactive response to the circumstances of their lives.

Crisis Management

FF

F and her husband had arrived in 1938 before the war.[41] The records indicate her husband had been sent to Allied Works Council (AWC) in Alice Springs.[42] FF became aware that her husband was experiencing unpleasant treatment at the AWC, and she attempted to commit suicide by gassing herself in 1943. Relatively little is documented in the minutes about this case. The AJWS reported that she had been detained at the mental hospital, then called the Reception House at St. Vincent's Darlinghurst,[43] where she was recovering quite well. The file at AJWS is really limited to this information.

However, her husband had successfully sought an injunction against the AWC. The Equity Court determined that the alien refugee could successfully restrain the AWC from employing him and he secured his return to Sydney where he was working as a first -class fitter in a protected undertaking. Declaring that the case of HF was urgent and involved his liberty, the Judge actually ruled that refugee aliens subject to protected undertakings were also protected from call up.[44] An affidavit from his wife indicated they had fled Germany in 1938 to escape racial persecution. One of the lawyers who represented F was

Abram Landa, a prominent New South Wales Jewish MP.[45] It seems that the succession of stress, with her separation from her husband and his poor treatment in Alice Springs, combined with their flight from Germany, resulted in her desperate attempt to end her life. Nothing more was reported about this family in subsequent minutes, suggesting this was an acute response to a distressing experience endured after fleeing Nazism and trying to settle in a new land with further challenges. A woman isolated from her husband in Sydney after escaping Europe, experienced once again the feelings of anxiety and fear, making her feel quite desperate. It is possible that she was subsequently charged with attempting to commit suicide, since this offence was only removed from the Australian legal statutes in 1967.

The other cases discussed here occurred in the mid-1950s when survivors had arrived in their thousands and a few struggled with mental illness and behavioural issues which affected their adjustment to life in Sydney or, in some cases, meant that they definitely did not wish to remain in Sydney.

SS

Passenger arrivals confirm S arrived on the *SS Oceania* on 2 March 1953. This young lady was noted to be an Austrian refugee who attempted suicide by throwing herself off the Gap at Watsons Bay. The AJWS instructed a Mr Rosenblum to look after the client who was also detained at the Reception House, Darlinghurst. Dr Friedlander examined her at the request of the AJWS and recommended that she be transferred to Gladesville Hospital to receive shock treatment which was generally recommended in cases of depression. It was noted that the hospital carried out this recommendation. It is possible that she received this treatment with the benefit of sedation as this episode occurred in 1955. It is likely that this survivor was also charged with attempting to commit suicide. However, there was no follow-up in the minutes in terms of what happened to her after hospitalisation. Her case again shows how the extreme experiences of survivors contributed to a sense of hopelessness, alienation and social isolation.

CR

This lady arrived alone on the *Orion* on 2 July 1953.[46] She was identified as a problem case and the AJWS made the decision to accede to her wishes and booked her passage to Israel at a cost of £229, which would have been a significant sum of money to commit. CR is one of that

small minority who chose to leave Australia, her trip being funded by the AJWS, and is testament to the fact that the AJWS provided financial support even for those who wished to leave. This case, about which so little is known, highlights the great personal isolation experienced by many survivors. Nonetheless she knew her future was to be in Israel.

AA

Dr Matsdorf reported that this client had received weekend leave on three occasions from Callan Park Hospital and had been accommodated at Waverley Hospital during the periods of leave. It was advised that the Medical Superintendent of Callan Park was prepared to offer an indefinite leave, provided employment could be found for him. Matsdorf discussed the client with a Mr S. who was willing to employ him after Easter, provided accommodation could be offered at Waverley Hospital, which apparently provided this service to some of the new arrivals. The story of A confirms that after a time of incarceration and treatment, followed by leave in the community, the AJWS plan was to provide accommodation and employment and support towards achieving integration into the community. AA was supported by the AJWS, principally in terms of providing practical assistance and using contacts to identify employment. There is nothing in the files that suggests what symptoms AA had experienced to merit further hospitalisation and no information which suggests his mental illness recurred. The impression is that he was here in this country alone and completely reliant on the AJWS contacts and referral system in order to adjust to life in an alien land.

Long term cases

This next group of cases reflect ongoing concerns over longer periods of time, especially those who were causing problems but were not sufficiently mentally unwell to merit admission for treatment at the time their issues were raised in the minutes. The financial impact of these clients on the AJWS was considerable as they may have required extended periods in hospital and, even when living in the community, would have needed to be accommodated and financially supported as their work records were either intermittent or non-existent, possibly due to some of the PTSD symptoms like arousal, anger, poor concentration and detachment.

Jacob Bresler

There is a lot known about the case of Jacob Bresler because of the publicity associated with his story. Indications of his difficulties were first reported on page 3 of *The Sydney Morning Herald* in July 1956 with an article headlined the 'Silent Stowaway Now Free.' *The Sun* said that the silent stowaway on the migrant ship *Surriento*, had been detained on board the ship since April 1956. It was stated in the newspaper that even under interrogation, Bresler was described as refusing to speak despite being encouraged.[47] Whilst it is not stated in these articles, the mutism or silence he displayed may well have been due to the extreme trauma he had endured over many years.

Apparently, when the *Surriento* reached Sydney after sailing from Genoa, Bresler could not tell immigration officers who he was, and no country would allow him to land. However, just before the ship sailed from Sydney to Brisbane a Polish immigrant, David Solomon, identified him as a childhood friend. Solomon said Bresler spent many years in the Buchenwald Concentration Camp, Germany. The ship sailed to Brisbane where immigration officers confirmed his identity and allowed him to leave the ship. It was revealed that he was a 26-year-old Polish migrant, who had arrived in Australia in 1951. He worked in Melbourne until April 1956, when, somehow, he managed to board the *Surriento*, was discovered and locked up in a small, barred cabin while the ship sailed to Genoa and back to Sydney.

It transpired that, five years earlier in 1951, the AJWS had sponsored him to come to Sydney from Europe, but he arrived in Melbourne where he lived for five years. He was flown back to Sydney and met by Matsdorf at Mascot, to become the subject of considerable publicity.[48] Bresler was a concern to the AJWS from the outset. It appears from the records that he had previously been in a mental hospital and released. Extensive discussions with various doctors ensued. Dr Brenner noted that Bresler was an enormous responsibility for the AJWS and a real risk in terms of his mental illness with a high probability of further recurrences. The AJWS sought the advice of a psychiatrist of standing in the community, one Dr John McGeorge.[49] The decision was made not to commit him at that point as he showed some improvement following his discharge from hospital. It was decided that he should stay in the home of Rabbi Osher Abramson and expected to find a job at a knitting mill. Einfeld noted the AJWS had already incurred great

expense to provide treatment, but that little improvement had been noted. He hoped now that he was living with people he had known in Poland, there was a prospect of recovery.

In 1956, a young cadet journalist from the *Sydney Sun,* Eva Sommer, won a Walkley Award, introduced in that year for excellence in print journalism.[50] Sommer investigated Jacob Bresler, the boat person with no identification and no functional memory. She wrote, 'If nothing is done to treat the man he may be doomed to sail between Italy and Australia for the rest of his life.' The *Walkley* website states that Bresler eventually recovered his memory and lived the rest of his life in his adopted home.[51] Bresler died in July 1985 at the age of 60 at his home address, 41 Bennett Street Bondi. His surname is recorded as Breslau. His cause of death was myocardial infarction, his parents were unknown, he was born in Poland and lived in Australia for 35 years working as a process worker. He never married and was buried at the Jewish section of Rookwood Cemetery.

Bresler arrived in this country as a disturbed and traumatised survivor with no family after spending years in the Buchenwald concentration camp. He suffered mutism and, based on the medical assessments, was at a real risk of self-harm or some other form of aggression. In spite of this most extreme experience, it is possible to conclude that he somehow fashioned a life in Sydney and contributed to his new country with the support of the AJWS. It is a story lost over the decades. Again, the AJWS was a central support for this client and Matsdorf figured prominently during the early period of his arrival.

SF

SF arrived as a stateless 23-year-old in Australia in 1953. During June 1953, Dr Max Brenner noted that SF had requested repatriation and recommended that his request should be refused.[52] He had been in a mental hospital, unnamed, but was discharged in August 1953 and arrived at the AJWS offices with a suitcase and said if they did not find him a job, he would wreck the premises. He was persuaded to leave but left the suitcase and came back the next morning. A referral letter was typed for him to take to Dr Brenner, but he tore it up and started shouting and abusing staff and upturned a desk. Police were called and he quietened down. Dr Brenner agreed to take him on as a patient.

The doctor felt he could undertake light work, but SF said his only desire was to return to France. He believed that he could receive a visa

to settle back in Paris. SF had not worked for months since his mental hospital discharge in August 1953. The notes indicate he always threatened that next time he would do something that would result in ending up in prison. Hence, the AJWS considered whether it would be cheaper to return him to France rather than to continue supporting him. He was assessed as mentally unbalanced but not certifiable. He was not unwell enough to be readmitted to hospital and continued demanding to be returned to Paris. The AJWS continued to pay him £5 a week and during this period, he was being treated as an outpatient at St. Vincent's Hospital.

Ultimately the AJWS paid for his return to France by ship in 1957 and resolved to give him £30 to £40 so that he would not immediately become a burden on the American Joint.[53] They also resolved to provide the Joint with a full case history. By the meeting in October 1957, after all arrangements were finalised, S told the AJWS he wanted nothing to do with them and his steamer berth was cancelled.[54] The Minutes do not record any further issues relating to this client. He appears to have been very unhappy to remain in Sydney. It is not possible to understand his diagnosis given the level of information. He was supported by a range of services including medical, social and financial but he became an ongoing financial burden subsequent to his hospital discharge and was struggling to adjust to his new country and the pressures of integration. His hostility, aggression and inability to adjust are all signs of his traumatic past.

SL

A survivor from Romania, S arrived on the Ex-Children's Scheme without family on the SS *Derna* on 23 October 1948.[55] From March 1952, he had been mentally ill, attempted suicide and was eventually placed in the mental hospital, Broughton Hall, Rozelle, by Dr Wexler. Subsequent to his release several weeks later he was placed at the Komlos Hostel. Light work was organised, but he was unable to complete his duties. It was noted that he remained on relief totalling some £57 to date during 1955.[56] Nothing more is known about him, but it would seem he was alone in Sydney, a young person with problems of adjustment and difficulty in completing even simple tasks.

MG (#1)

This Polish refugee arrived in Australia in April 1952, aged 44, exhibiting a range of challenging problems. Dr Brenner reported in early 1953

that he was one of the few serious cases who was unemployable and would be an ongoing responsibility.[57] The AJWS had been able to get him several cleaning jobs, but the various employers refused to take him back. At the time of the committee meeting, he had cost the AJWS £98 and appeared to be unemployable. He had begun 'associating' with SF and together it was reported they started using the same threats in their dealings with the AJWS.[58] In all like likelihood these two men developed a friendship as both appear to have arrived alone in Australia and would have been socially isolated and rejected in their new country. Nothing more is known of his fate.

MG (#2)

M was born in Romania and was sponsored by the Children's Scheme. He arrived on the *Continental* on the 27 February 1949.[59] Brand reported the young man was calling regularly for funds, and his condition continued to worsen. Einfeld expressed concern as to whether such a young man should be receiving an ongoing weekly allowance. Dr Brenner stated that currently wonderful results were being achieved in government institutions for such cases. Whilst the treatment is not mentioned it was likely electric shock therapy was used for depression. M was described as unemployable and would not even attend the sheltered workshop.[60] By 1958, M was an inpatient at Gladesville Hospital. As he had no one to care for him, the AJWS agreed to support him for release on licence and the president found him employment.[61] During 1960, Dr Brenner suggested that he be referred to two specialists to consider a leukotomy, a brain surgery procedure used at the time to treat mental illness. Later, in that same year, M started work in the sheltered workshop and was noted to be the best he had been for years, presumably without the leukotomy.[62] The key theme with this story is that he was a vulnerable young man alone in Australia and suffering from depression for several years. It appears that, after having been initially incapable of working, he was finally able to overcome some of his symptoms and make an adjustment, which would have been good news for the AJWS due to the costs he incurred.

It should be re-emphasised that these short paragraphs merely offer glimpses into the lives of these survivors. By using their HMOs, the Jewish community and their various connections, the AJWS did its best to manage survivors in a time when trauma and mental illness were barely understood and it would seem, not documented. The AJWS kept

detailed costings for each client and became greatly concerned when clients could not earn a living and reduce the financial burden on the organisation. Each of these clients who was admitted to a mental hospital would have a patient file, but these are not publicly accessible. It is also quite unclear when nothing further is known about several of the cases where the intervention of AJWS was relatively brief or truncated, whether they committed suicide, left the country or recovered sufficiently to be able to function at a level of independence.

Conclusion

Matsdorf resigned as the Society's social worker in September 1959 to pursue a new role.[63] By February the following year, so few clients were calling at the office that the AJWS decided it no longer needed a social worker. This was a reflection of its successful management of those cases that had presented the greatest challenge in the 1950s. In April 1960, it was decided that when the medical superintendents of the mental hospitals agreed a patient had improved sufficiently, the AJWS would accept them back into the community on licence.

For some, after years of experiencing Nazism, an additional stressful event here in Australia precipitated an acute response. For others, their mental illness was so severe that it required lengthy hospital admissions and long-term management. As this article reveals, a story of survivors arriving in Australia with extreme trauma is also the history of mental illness in the 1950s. As is the case with other periods in history, the community found mental illness to be difficult to accept as a diagnosis and it created a sense of fear and an atmosphere of rejection. This article shows that the media were agitating for changes to mental hospitals from the 1940s. By 1960, when the Commonwealth government commissioned a report into migrants in mental hospitals as discussed above, this showed that a significant number of newcomers were admitted within two years of arrival in Australia. The focus on mental hospitals contributed to a view by the media that Australian mental health services were in crisis.

According to the evidence in the AJWS Minutes, only a very small percentage of Jewish migrants required hospitalisation but, for those who did, the period of admission was often lengthy and costly due to the limited treatment options available and the severity of each case. While only a very small group appear to have required specialist support for mental illness for up to five years after arrival this did mean

significant reliance on the AJWS. Support and funding were provided to each of those who needed hospitalisation during the years when no government funding was available and before the allocation of individual restitution by Germany for Holocaust survivors.

Matsdorf observed that Jewish patients had usually endured persecution, the Holocaust and forced migration. The Australian psychiatrists, Drs Hocking and Bower, saw distressed, angry, paranoid and hostile behaviour in the survivors they treated. These behaviours, when combined with social isolation and adjustment difficulties in Australia, created substantial problems for some of the new arrivals. The case studies described in this article illustrate some of these observations and offer an insight into the mental health challenges and symptoms of PTSD faced by these survivors.

Perhaps it is remarkable that of so many thousands of arrivals, so few needed the help of the AJWS and its HMOs. Those who experienced serious impairment due to mental illness eventually received some compensation from Germany in 1988. Thus, those suffering from mental illness, who survived more than three decades after Liberation, finally received some funding to acknowledge the severe impairment they experienced due to Holocaust trauma.[64]

Endnotes

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