Transcending trauma: survival, resilience and clinical implications in survivor families / Bea Hollander-Goldfein, Nancy Isserman, and Jennifer Goldenberg.

Includes bibliographical references and index.

Summary: "The Transcending Trauma Project (TTP), begun in 1991, is a large qualitative research endeavor based on 275 comprehensive life interviews of survivors of the Nazi Holocaust, their children, and their grandchildren. Using this research as a base, Transcending Trauma presents an integrated model of coping and adaptation after trauma that incorporates the best of recent work in the field with the expanded insights offered by Holocaust survivors. In the book's vignettes, interview transcripts, and audio excerpts, survivors of a broad range of traumas will recognize their own challenges, and mental health professionals will gain invaluable insight into the dominant themes of Holocaust survivors' experiences and of trauma survivors' experiences more generally. The study of lives conducted by TTP has illuminated universal aspects of the recovery from trauma, and Transcending Trauma makes a vital contribution to our understanding of how survivors find meaning after traumatic events"--Provided by publisher.


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An Integrated Framework

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Introduction

This review traces some of the most relevant thematic material from both the theoretical and the empirical literatures that have informed the research on Holocaust survivors and their families of the Transcending Trauma Project (TTP). It focuses on several broad bodies of literature—traumatic stress, coping, and resilience—highlighting the most salient work that has informed our own and that has given the TTP its foundational underpinnings.

As will become clear by the end of this review, our own work is situated within a process-oriented perspective, the most recent phase of research into trauma and its effects, and is focused largely on understanding the underlying and complex processes involved in coping, adaptation, and resilience after the trauma of the Holocaust. Our research findings have, we believe, important clinical implications for mental health professionals who work with survivors of various types of trauma.

The Traumatic Stress Literature: The Early Emphasis on Pathology

There is an extensive literature documenting the experiences of European Jews in the Holocaust (see, for example, Krell and Sherman’s exhaustive 1997 bibliography). An early phase of the traumatic stress literature also examined Holocaust survivors and is almost exclusively weighted toward
the pathological consequences of the traumatic events of the Nazi genocide (Suedfeld et al., 2005).

It is important to note that the early researchers, many of them survivors themselves, were working in the 1950s, 1960s, and 1970s either as therapists with clinical populations or for the purpose of establishing credibility for survivors in their claims against the German government for war crimes reparations (Glicksman, van Haitsma, Mamber, & Gagnon, 2003; Kahana, Harel, & Kahana, 1988). Consequently, these early investigations after the war laid a foundation that pathologized survivors of the Holocaust, a perspective that has survived unchallenged until fairly recently (Ayalon, 2005; Suedfeld et al., 2005). Survivors have been categorized as victims, not heroes; shattered and damaged, not whole. Investigators studying Holocaust survivors and the impact of the horrors of their stygian journey did not see that journey as contributing, in many cases, to being “stronger at the broken places” (Hemingway, 1929).

The largely pathologizing focus of this early phase of research, coming mostly from descriptive clinical observations, but also from some systematic empirical research, depicted Holocaust survivors as psychically numb, alexythymic, unable to overcome the effects of their severe persecution and massive losses of family, community, and faith, and generally unable to sustain meaningful relationships after the war. Much was made of “survivor syndrome,” which, as defined by Niederland (1968) as a result of his clinical observations, includes anxiety, fear, disturbances in cognition and memory, depressive states, psychosomatic symptoms, a lifelong sense of vulnerability, disturbances in identity and body image, nightmares and flashbacks, psychic numbing, and survivor guilt. Eitinger (1964), working with a clinical population of Holocaust survivors and also basing his findings on his early, systematic study of three groups of concentration camp survivors, both Jewish and non-Jewish, coined a similar term for similar symptoms: “concentration camp syndrome” (Eitinger, 1964). Eitinger, Niederland, and others were writing a decade or more before posttraumatic stress disorder (PTSD) was first recognized in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association [APA], 1980). Through contact with Holocaust researchers, Vietnam veterans’ groups began to see veterans’ symptoms as “a manifestation of the same psychological disorder as that experienced by survivors of various catastrophic traumas” (Kutchins & Kirk, 1997, p. 112), including survivors of concentration camps.

There were some researchers who challenged the emphasis on the pathology of Holocaust survivors, however, including Sigal and Weinfeld (1989), Harel, Kahana, and Kahana (1988), and Carmil and Breznitz
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(1991). But, Robert Jay Lifton’s work (Lifton, 1967) provided a broader conceptualization of posttraumatic effects by going beyond assessments of PTSD-like sequelae to the meaning of being a survivor.

A Shift in Emphasis: The Search for Meaning in Survival

Lifton, a psychiatrist coming out of the psychoanalytic tradition, immersed himself in trauma narratives, including those of survivors of human-made wars such as Hiroshima and the Vietnam conflict, and disasters such as the Buffalo Creek flood, many of whom he interviewed himself (Lifton, 1967, 1973, 1988). Through his research, Lifton came to a “psychology of the survivor” (Lifton, 1967, 1988). Despite his emphasis on the pathological sequelae of trauma, Lifton (1967, 1988) added the important dimension of the experience of being a survivor to the trauma discussion and the meaning that experience has for the individual who goes through it. He perceived survivors as experiencing a “death imprint,” a “radical intrusion of an image-feeling of threat or end to life” (Lifton, 1967, p. 169). This is expressed “as a continuing struggle to master and assimilate the threat” (Lifton, 1988, p. 170), compelling the survivor to a search for meaning that, in time, may lead to healing and recovery.

For Lifton, the Hiroshima survivors’ traumatic sequelae are in themselves “neither pathological nor ‘normal.’ Rather, they are consistent human adaptations to nuclear weapons exposure” (Lifton, 1967, p. 11). He saw these responses as “distinctly universal in nature” (Lifton, 1967, p. 11). Despite cultural differences, “under extreme conditions, universal patterns become especially manifest” (p. 11). Lifton’s work brings in a different phase or emphasis to the research on trauma survivors—the shift to an understanding that a search for meaning in the survival of trauma is part of the posttraumatic impact. He did not view this as pathological, but rather adaptive.

Viktor Frankl, in his seminal work, *Man’s Search for Meaning* (1959), approached the understanding of the survivor experience from an existential perspective. A psychiatrist and survivor of Auschwitz and other concentration camps, Frankl used his own Holocaust experiences and those of his fellow prisoners to articulate a psychological framework that views the search for meaning as a “primary motivational force in man” (p. 54). The survivor, in Frankl’s view, is severely “questioned by life” through his or her traumatic experiences. “Each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible” (p. 172, italics in the original). Being responsible, by giving one’s life meaning and purpose, is the key to the resolution of trauma. “Suffering ceases to be suffering in some way at the moment it finds a meaning” (p. 179).
Paraphrasing Nietzsche, Frankl (1959) posited that the survivor who “knows the ‘why’ for his existence … will be able to bear almost any ‘how’” (p. 127). He pointed to an inner resilience of survivors, the strength within an individual that can be called on at will. Frankl’s work has been criticized for being too judgmental, perhaps, of those who were unable to find meaning in the exigencies of life in the concentration camps. Nevertheless, it is important to note that his theoretical focus on the search for meaning after trauma contributes to the same paradigmatic shift of emphasis from an exclusive focus on pathological sequelae to the recognition of more adaptive, resilient responses to trauma, including this strongly cognitive and affective component.

Cognitive Models of Trauma and Recovery

More recent trauma literature, including that related to adult survivors of child sexual, physical, and emotional abuse and neglect, continues in this phase of understanding trauma and its impact from a less-pathological focus, with an emphasis on the cognitive component of trauma’s effects. Following on the work of Lifton and Frankl, it suggests that those who are able to find meaning in their survival are better able to assimilate, cope with, and “move on” from their traumatic experiences. Some of these theorists are basing their work largely on empirical research (Calhoun & Tedeschi, 1999, 2006; McCann & Pearlman, 1990; Rosner & Powell, 2006; Taylor, 1989; Tedeschi & Calhoun, 1995; Tedeschi, Park, & Calhoun, 1998). Others base their theoretical contributions on clinical observations as well as empirical research (Courtois, 2010; Courtois & Ford, 2009; Herman, 1992/1997; Janoff-Bulman, 1992).

According to Janoff-Bulman (1992), we have beliefs, or cognitive schemata, that consist of three fundamental, positive assumptions that most of us hold. The first is the assumption of a benevolent world, that people are basically good and are not out to harm us. The second is the assumption of a meaningful world, that events that happen to us are meaningful and make sense; they are not random and chaotic. The third assumption is one of self-worth, that the self is worthy and certainly not worthy of having bad things happen to it.

Trauma strikes seemingly at random, making the world appear chaotic and without meaning or purpose (Janoff-Bulman, 1992). When individuals are exposed to trauma, their assumptions are shattered. For example, an individual whose assumptive schemata include the view of self as worthy would have that sense of self shattered by a trauma such as rape, so that self-esteem is lowered considerably (Taylor, 1989). Similarly, one’s sense of people as basically trustworthy and not out to harm the individual intentionally can be shaken by such an experience.
People become untrustworthy; the self becomes suspicious of others and hypervigilant.

Herman (1992/1997), based on her clinical work with traumatized populations, has formulated three stages of recovery for the trauma survivor: the establishment of safety, remembrance and mourning, and reconnection with ordinary life. Herman’s stages of recovery include first a gradual rebuilding of the survivor’s sense of control and mastery and the reformulation of at least the illusion of safety (Taylor, 1989) about his or her environment. The second stage is remembrance and mourning, which consists of the telling of the trauma story “completely, in depth and detail” (Herman, 1992/1997, p. 175). The reconstruction of the trauma story begins with “a review of the [trauma survivor’s] life before the trauma [italics added] and the circumstances that led up to the event” (p. 176). By reviewing pre-trauma life and relationships, the traumatic event is placed into a meaningful context with which the posttrauma life can be connected.

The process of mourning the losses is a critical part of healing for the survivor as well (Herman, 1992/1997). But, when does mourning end? Danieli, who has worked clinically with many Holocaust survivors and their children, quoted a 74-year-old widow who survived the Holocaust as saying: “Even if it takes one year to mourn each loss, and even if I live to be 107 and mourn all the members of my family, what do I do about the rest of the six million?” (Danieli, as quoted in Herman, 1992/1997, p. 188).

But many survivors, frozen by survivor guilt (“Why did I survive when the rest of my family did not?”)—are unable to face this part of the recovery process. Entrenched resistance to mourning can freeze such processes (Herman, 1992/1997).

The final stage of recovery—reconnection—is about imagining and creating a future through establishing relationships with others (Herman, 1992/1997). For refugees from other cultures such as Holocaust survivors, this part of the recovery process is particularly difficult, as they are forced to recover in an unfamiliar environment, surrounded by unfamiliar customs, languages, and altered roles (deVries, 1996; Ellis, MacDonald, Lincoln, & Cabral, 2008; Hodes, Jagdev, Chandra, & Cunniff, 2008).

As survivors establish relationships and have children, concern for the next generation—generativity—helps them create meaning and purpose within their personal lives (Suedfeld et al., 2005). Some are also able to find meaning and connection within the wider environmental context of political activism or through an existential recommitment to religious faith—Herman’s (1992/1997) concept of “survivor mission” (p. 207), an idea similar to those of Frankl (1959) and Lifton (1967). In Herman’s view, “recovery” from trauma may never be complete, but “the best indices of resolution are the survivor’s restored capacity to take pleasure in her life and to engage fully in relationships with others” (p. 212).
The process of searching for meaning after undergoing traumatic stress can be considered a way to cope cognitively (Brom & Kleber, 2009). Finding meaning in stressful events can help an individual regain a sense of control, which is an important component of recovery from trauma (Bloom, 1997; Courtois & Ford, 2009; Herman, 1992/1997; Wilson, Friedman, & Lindy, 2001). One study of Holocaust survivors discussed the implications of survivors being able to recall events of strength and resilience as a major source of coping with their traumatic memories (Hass, 1995).

Based largely on their clinical observations, Meichenbaum and Fitzpatrick (1993) used a constructivist narrative approach to survivors, emphasizing that “individuals … respond to their interpretation of these events [italics added] and to their perceived implications of these events” (p. 720). It is not the event itself that is traumatic to the individual because that varies from individual to individual. Rather, it is the meaning each individual puts to the specific event that makes it traumatic: “The stories we tell ourselves and others about what happened and why will influence how we cope” (p. 720).

Once the concept of individual variation is acknowledged in the trauma literature—that it is not the event itself that makes it a “big T” or “small t” trauma, but rather an individual’s internal perception of that event and the meaning he or she puts to it—the focus is then placed on a continuum of posttraumatic responses. This phase of the literature on trauma survivors is focused on the subjective, individual interpretation of trauma and the search for meaning.

The Stress and Coping Literature

The literature on coping with stress emphasizes cognitive appraisal and process. The concept of “stress” is obviously a subjective one. Selye’s definition seems one of the best and most succinct: “any demand upon the body, be the effect mental or somatic” (as quoted in Kahana, Kahana, Harel, & Rosner, 1988, p. 56). Aldwin’s (2007) definition is more detailed: “That quality of experience, produced through a person-environment transaction, that, through either overarousal or underarousal, results in psychological or physiological distress” (p. 24).

Situations of war, including the Holocaust, contain aspects of extreme stress, according to Kahana, Kahana, Harel, and Rosner (1988). In their review of the literature on Holocaust survivors, they emphasized several aspects of coping under the most inhumane life circumstances, such as those pertaining in the concentration camp. These circumstances included intense states of physical degradation, lack of food, extreme cold, isolation, lack of a conventional social structure, the loss of an anchor in reality, and the lack of ability to predict or anticipate outcomes (Kahana, Kahana,
Harel, & Rosner, 1988). Several survivors of concentration camps, some of them psychologists themselves, have described the concentration camps as the ultimate experiment to test human adaptability (Levi, 1993; Frankl, 1959; Wiesel, 1960).

They have also noted, based on personal experience, several coping strategies used in the camps, including a focus on surviving in the present, an avoidance of danger, optimism, a strong sense of identity and self-esteem, a suppression of emotion, and the will to live (Kahana, Kahana, Harel, & Rosner, 1988). According to the model of coping put forth by Kahana et al., having “the will to live” seems to be a key component of survival. Those who did not have such a will to live, who were in such a state of emotional numbing and denial that they could barely put one foot in front of the other (the so-called musselmen), were the ones who succumbed and died. Those who had a will to live focused on day-to-day survival, held on to a sense of optimism, and had a sense of meaning in their life that kept them focused on living.

The catastrophe processing model of coping by Green, Wilson, and Lindy (1985) takes extreme trauma into consideration and is therefore a useful model for the purposes of the research presented here.

The processing of the event … takes place within an individual and social context. Thus whether a person is able to assimilate the trauma gradually and restabilize is dependent on what individual characteristics he or she brings to bear when perceiving, understanding, and dealing with the event. It is also dependent on the social environment in which the event and the working through take place. … This notion implies that different people who are present at the same event will have different outcomes because, not only will their experiences differ, but the individual characteristics they bring to bear upon the psychological processing are different, and this processing may take place in differing recovery environments (Green et al., 1985, pp. 58–59; italics added).

We can see from this conceptualization that the authors included risk and protective factors—both individual characteristics that are present before the traumatic event and environmental factors after the event. What is especially interesting about Green et al.’s (1985) view is their discussion of what may enable some people to adapt more quickly and successfully than others. Some variables they take into consideration include the nature of the event itself. Human-made traumas are more difficult to recover from than natural disasters like floods or earthquakes and therefore have more profound, long-term effects (Ayalon, 2005; Courtois, 2010; Courtois & Ford, 2009; Green et al., 1985; Horowitz, 1986; Kahana, Kahana, et al., 1988; Lifton, 1967, 1973; Rosner & Powell, 2006).
Green et al. (1985) also suggested that the meaning the person ascribes to an event is related to his or her prior experience, including prior stressful or traumatic events. They suggested that the meaning the individual ascribes to an event can be related to the role of the survivor in that event—whether they acted as passive victims or active agents. In addition, coping mechanisms already in place at the time of the trauma will have an influence on posttraumatic adaptation.

They (Green et al., 1985) discussed the nature of the recovery environment as well; the types of social supports the individual has in place will help or hinder the individual’s recovery from the traumatic event. This recovery environment can include what the authors called a “trauma membrane” (Green et al., 1985), a protective wall around survivors of trauma by friends and family that can isolate, suffocate, or support them. The recovery or trauma membrane also includes the larger “macro” social and political context: How are survivors viewed after trauma? For example, Vietnam veterans returning home from their experiences in the war were hardly greeted with acceptance and support (Figley, 1985; Lifton, 1973). Similarly, Holocaust survivors were greeted with a “conspiracy of silence” (Danielli, 1980) on arrival in this country after the war. No one wanted to hear about their experiences in the Holocaust, including American Jewish relatives. When they were asked to relate what happened to them, they were asked with an underlying suspicion that implied they had done something terrible to others to survive. Even psychiatrists and psychologists colluded in this conspiracy of silence, refusing to ask their survivor clients about their experiences, perhaps because they could not bear to hear the traumatic events themselves (Danielli, 1980). Such an unsupportive, even hostile, environment could not be conducive to positive adaptation after the Holocaust.

In the research on extreme stress and coping, Kahana, Kahana, et al. (1988) delineated aspects of extreme stress related to interpersonal violence that are qualitatively different from one-time traumatic events. They posited that during what they called extreme stress,

the total life experience is disrupted … ; the new environment is extremely hostile and dangerous … ; opportunities to remove or act upon the stressor environment are severely limited; there is no predictable end to the experience; and the pain and suffering associated with the experience appear to be meaningless and without rational explanation. (p. 59)

Lazarus and Folkman (1984), focused on less-extreme stress than that experienced in the Holocaust. In their seminal work, Stress, Appraisal, and Coping, they saw the coping process as essentially an appraisal process in
which the stressor is appraised by the individual, meaning is assigned to it, and coping mechanisms are brought to bear in response. In Lazarus and Folkman’s transactional stress appraisal model, coping was defined as “constantly changing cognitive and behavioral efforts to manage specific external and or/internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). The definition is “process-oriented rather than trait-oriented, as reflected in the words constantly changing and specific demands and conflicts” (p. 141).

Lazarus and Folkman (1984) viewed coping as efforts to manage. By using the word manage, they were not equating coping with mastery. “Managing can include minimizing, avoiding, tolerating and accepting the stressful conditions, as well as attempts to master the environment” (p. 142). Regarding the process-oriented nature of coping, the authors stated:

Coping is thus a shifting process in which a person must, at certain times, rely more heavily on one form of coping, say defensive strategies, and at other times on problem-solving strategies, as the state of the person-environment relationship changes. … The dynamics and change that characterize coping as a process are not random; they are a function of continuous appraisals and reappraisals of the shifting person-environment relationship. … Regardless of its source, any shift will lead to a reevaluation of what is happening, its significance, and what can be done. The reappraisal in turn influences subsequent coping efforts. The coping process is thus continuously mediated by cognitive reappraisals. (pp. 142–143)

For example, in Kubler-Ross’s (1969) stage model of grieving, there is often first a sense of shock and disbelief, then efforts to deny the death, then frantic activity or struggle, followed by temporary disengagement and depression, and (ideally) ultimate acceptance of the loss. The process of grieving can be seen as a coping process; the person alternates between assimilating the information that a loved one has died and avoiding that fact.

The coping process may be characterized in multiple ways: problem focused, emotion focused, or focused on the seeking and obtaining of social support. The authors pointed out that theirs is not a stage model because the sequence can be, and often is, variable (Lazarus & Folkman, 1984).

Moos and Schaefer (1993), building on the work of Lazarus and Folkman, listed several personal coping resources that individuals draw on in times of stress. These include self-efficacy, optimism, and a sense of coherence. The concept of self-efficacy, defined by Bandura (1977) as “the strength of people’s convictions in their own effectiveness” (p. 79), posits
that individuals with a stronger sense of their own effectiveness will meet challenging situations with a more active and persistent style, whereas “those with lower levels are less active or tend to avoid such situations” (Moos & Schaefer, 1993, p. 239).

Moos and Schaefer (1993) also posited that stressful events can result in an even higher level of functioning than that experienced previously, an idea analogous to posttraumatic growth (PTG):

People are remarkably resilient in the face of adversity. Individuals often emerge from a crisis with new coping skills, closer relationships with family and friends, broader priorities, and a richer appreciation for life. … Accordingly, investigators need to consider the possibility of a new and better level of adaptation that reflects personal growth rather than a return to the status quo. (p. 251)

Transformational Coping and Posttraumatic Growth

Aldwin’s (1994, 2007) work on “transformational coping” forms a bridge between the literature on coping with extreme stress and the relatively new area of PTG or “adversarial growth.” Aldwin (1994) noted that there is sufficient empirical evidence in the field to indicate that both positive and negative sequelae can result from undergoing a stressful experience. Indeed, there is a large literature that talks about the individual’s ability to find meaning after traumatic experiences and to find positive benefit (Frankl, 1959; Janoff-Bulman, 1992; McCann & Pearlman, 1990; Meichenbaum & Fitzpatrick, 1993; Sommer & Baumeister, 1998; Taylor, 1989; Thompson, 1985). There is, no doubt, an element of self-deception and denial in some of this, as Taylor has pointed out so clearly in her book on “positive illusions” (1989). Such cognitive reframing as “having cancer was the best thing that ever happened to me” or “becoming a quadriplegic was a good thing because it forced me to reprioritize my life” helps make intolerable situations more tolerable (Aldwin, 1994, 2007).

Aldwin (1994) discussed the coping process as sometimes having transformational functions. Looking at the outcome of coping strategies, she cited skill acquisition, self-knowledge, and better relationships as transformational—“that is, encountering and coping with a stressful situation has resulted in a change of some sort. This change may be minor or major, positive or negative, transient or permanent” (p. 242). Aldwin argued further that “stress may be a necessary condition in order for individuals to grow as human beings” (p. 242).

Calhoun and Tedeschi (1999, 2006) gave us the concept of PTG, which they defined as “positive change that the individual experiences as a result
of the struggle with the traumatic event” (Calhoun & Tedeschi, 1999, p. 11), a similar idea to Aldwin’s “transformational coping.” The common elements of PTG include a changed sense of one’s relationships, increased compassion and sympathy for others, greater ease at expressing emotions, and positive changes in religious, spiritual, or existential matters (Calhoun & Tedeschi, 1999).

Calhoun and Tedeschi (1999) added the proviso that

there are some sets of circumstances where even the consideration by outsiders that posttraumatic growth may be possible can be regarded by trauma survivors as naïve or even obscene. It is not our intent to imply that posttraumatic growth is a facile consequence of a bit of stress. Life crises can have many negative psychological consequences that for some people may last the rest of their lives. What we are suggesting is that, in their struggle with difficult life circumstances, some persons discover that they have changed for the better—that they have grown as individual persons. (pp. 16–17)

Despite the disclaimer, Calhoun and Tedeschi still seem to be implying that there is some inherent difference between those people who experience PTG as they define it and those who do not. Some persons may be more likely to experience PTG than others, and this depends on the foundations of the individual’s pretrauma personality, including a more complex cognitive style, higher levels of optimism and hope, a greater level of extraversion, and creativity (Calhoun & Tedeschi, 1999). But, this may not be the case for people who have suffered chronic, extreme, and prolonged trauma such as the Holocaust or other genocidal wars. It is not clear whether this is only true for people who have experienced extended traumas or one-time traumatic events.

In their model, Calhoun and Tedeschi (1999) offered a transition from “trauma to triumph.” They viewed the response to trauma as a series of stages that, with aid from supportive others, gradually leads to “initial growth” (coping success) and “further growth” (“wisdom”). Trauma is dealt with emotionally, cognitively, and behaviorally at each stage. But, the model only discusses positive, not negative, change, and the researchers use terms like “serenity” and “wisdom,” which are problematic. It is perhaps naïve to assume a state of serenity in trauma survivors. In addition, stage models wrongly assume that each individual follows the same set of stages in a more or less linear progression.

According to Tedeschi and Calhoun, individual traits such as optimism, self-efficacy, and locus of control are related to positive outcomes following a traumatic event. According to this model, change does not occur until current coping resources are exhausted and new coping strategies emerge.

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In the initial growth stage, or “coping success,” new meaning is achieved, and the event is seen in light of it (Tedeschi, Park, & Calhoun, 1998).

As the researchers admitted, there are limitations to this model, the most significant perhaps being that it implies that serenity, wisdom, and PTG are achievable by everyone posttrauma. The model suggests that those who do not reach the pinnacle of “growth” are somehow flawed. This model also deals with a single traumatic event and the growth that comes from it; it is unclear how it can be applied to a lifetime of traumatic events or to chronic traumatic experiences, such as surviving war and genocide.

The idea of PTG or adversarial growth (Calhoun & Tedeschi, 1999, 2006; Linley & Joseph, 2004) has been questioned regarding the validity of its measurement and its potentially sanguine approach to the impact of trauma (Linley & Joseph, 2004; Smith & Cook, 2004). In the case of survivors of extreme, prolonged traumatic events like the Holocaust, the concepts of transformational coping and PTG may not apply.

The Resilience Literature

Thus far, we have seen various shifts in the literature on trauma survivors—from an almost-exclusive emphasis on pathology, to cognitive models of recovery, including the search for meaning, the rebuilding of the assumptive world, and even PTG. All of this theoretical and empirical research points toward, if not directly speaks to, the process of recovery. The search for meaning is a process, coping appraisals and reappraisals are processes, the rebuilding of the assumptive world is a process.

Turning now to the extensive and ever-growing literature on resilience of the past 20-odd years, we can see how it has provided us with some important insights into the factors that contribute to individual variations in response to stress and risk. Several rigorous longitudinal studies have revealed a host of risk and protective factors, both internal and external, that, in interaction with each other, appear to help people adapt to a variety of stressful and traumatic events in their lives through the process of resilience. But, how do we understand this process?

Researchers are beginning to shift their lens to understand how adaptation after trauma happens (Layne et al., 2009). Person and environment interact in complex ways, involving both internal and external risk and protective factors that move adaptation and resilience forward. There is empirical support for these psychological and environmental risk and protective factors—particularly protective factors such as an “easy” engaging temperament, optimism, self-efficacy, intelligence, secure attachment, planning ability, and social support (Masten, 2001; Rutter, 1999; Werner & Smith, 1992, 2001).
As social scientists began to shift their lens from the pathological toward the resilient and adaptive, they began to look at what was “right” with children who managed to “spring back” despite high levels of risk in their environments. They began to notice and focus on the many “outliers,” children who succeeded despite environments and histories that would be expected to doom them to failure in adult life. For example, the majority of those children who were abused did not grow up to be abusers themselves (Anthony & Cohler, 1987; Barton, 2002). These were the “invulnerable” (Anthony & Cohler, 1987) or “resilient” children.

As Kaplan (1999) has discussed in convincing detail, there is a complexity and ambiguity about the construct of resilience, and there is no clear, agreed-on definition of it in the literature. Resilience has been described and measured as a trait, an outcome, or a process, with problematic methodological implications (Kaplan, 1999).

The idea of resilience as inner trait was an early view of resilience most clearly put forth in Anthony and Cohler’s (1987) concept of the “invulnerable child.” The idea that some children are simply “invulnerable,” or are stronger than others in the face of compound, chronic stressors—such as abusive parents or the effects of poverty in the environment—implies that there is an innate tendency in some children to be resilient, and that not all children have this capacity. Anthony and Cohler likened these invulnerable children to metal dolls that, when struck by a blow from a hammer, are impervious to it, unlike the other dolls in their metaphor, which either shattered (glass) or were permanently marred (plastic). The idea of invulnerability became criticized as researchers grew more convinced that all children are somehow marred or changed by their negative experiences. Invulnerability was a myth, and the word resilient became the more accepted term (Kaplan, 1999).

The later conceptualization of resilience as an outcome is also problematic because it is necessarily value laden (Kaplan, 1999; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Masten’s popular definition, “successful adaptation despite adversity” (Masten, 1994, 1999) is a case in point. Successful is a term with variable definitions, as is adversity. One person’s idea of success is not another’s. One person’s conception of adversity is not necessarily the same for someone else. These are post hoc value judgments concerning who is and is not resilient, what is and is not considered a stressor, and what is and is not considered adaptive. They are terms imposed by researchers, ill defined, and highly subjective, that leave out much of the context and the process of adaptation.

Finally, resilience more recently has been conceptualized as a process over time, referred to as “functioning flexibility” or “adaptive coping” (Garmezy, 1993). For example, internal factors such as temperament, intelligence, and an outgoing personality (and therefore the ability to seek
outside help when needed) have been identified as protective factors that play a large role in a child’s resilience. External protective factors, such as the presence of “one caring adult” in the environment of a child facing multiple risk factors, have been studied as well (Werner & Smith, 2001). These protective factors are believed to mitigate the risks.

The risk factors that have been identified include environmental risks such as alcoholic or depressed parents, lack of social support, poverty and its effects, and racism. The interaction of risk and protective factors, both internal and external, have been studied longitudinally, for example, the long-term study of the children of Kauai, which has now followed a cohort of at-risk children from infancy into midlife (Werner & Smith, 1977, 1982, 1992, 2001).

The view of resilience as an adaptive, complex process operating throughout the life span is becoming more firmly established (Kaplan, 1999). The concepts of cumulative risk (Fraser, Richman, & Galinsky, 1999) and risk chains (Huang, Kosterman, Catalano, Hawkins, & Abbott, 2001) have begun to be studied, assessing levels of risk and tracking the chaining process. Cumulative risk is the idea that there is a certain level or pileup of risk that an individual will eventually be unable to withstand (Rutter, 2000a, 2000b, 2001). Risk chains look at contingencies; they are linkages of distinct risk factors (Fraser, Kirby, & Smokowski, 2004).

One resilience model that could be useful for understanding posttraumatic adaptation of Holocaust survivors is the differential resiliency model (DRM) (Palmer, 1997). Palmer conducted a qualitative study of adult children of alcoholics in an attempt to view them from a nonpathological, nonmedical model framework. In this model, Palmer put resilience on a continuum of coping, consisting of “anomic survival, regenerative resilience, adaptive resilience, and flourishing resilience” (p. 202). It is not a stage model and can easily be applied to a developmental perspective.

Palmer’s (1997) definition can be summarized as a process over a lifetime, interrupted by greater or lesser periods of disruption, and the use of greater or lesser competencies in managing life stressors. Palmer’s model of a continuum of resilience is useful, especially with respect to the aftermath of an event as monumentally traumatic as the Holocaust, because of the continuum of coping she conceptualizes.

At the lower end of the continuum, Palmer (1997) defined anomic survival as experiencing life on the edge. “Energy is directed solely to survival and safety. There is little or no coherence or predictability to life” (pp. 202–203). The next level of resilience, regenerative resilience, is characterized by “the formative development of competence and constructive coping strategies … although crisis and disruption are frequent, and limited repair is achieved. … Exceeding survival and safety needs frees energy for learning and integration” (pp. 202–203).
Adaptive resilience, the next level, is “characterized by sustained periods of stability and balance, some disruption, but reassembly for growth. There is a regular use of competencies and coping strategies. … Reciprocity [between person and environment] provides continual flow of energy to sustain birth of the philosophical self” (Palmer, 1997, pp. 202–203).

Finally, flourishing resilience consists of “extended periods of stability and balance and sustained growth. There is a sustained use of effective cognitive and behavioral coping strategies … a sense of coherence in life, and an enduring philosophical self” (Palmer, 1997, pp. 202–203).

These descriptions of varying levels of resilience are useful as a guiding framework, with particular relevance to a traumatic series of events in the lives of Holocaust survivors, who would likely display anomic resilience during much of the war period. One of the strengths of this model lies in its nonjudgmental nature—that is, it does not suggest that without attaining the highest level of flourishing resilience (cf. PTG), one is somehow less adaptive or lacking in some way. Neither does it have the limitations of a stage model; people can easily be seen to move among the various levels of resilience throughout their life span and in response to different stressful and traumatic events.

The categories of resilience Palmer (1997) conceptualized are useful for the purposes of this study. Anomic survival, for our purposes here, can be seen as barely hanging on to survive the devastating events that are happening in the moment. There is still a level of resilience implied here, but it is almost an instinctual survival mechanism, often without the help of others, which can be seen as applying during the events of the war years. Such a basic level of “survival resilience” could be maintained and sustained as long as possible. But it is still a form of resilience. It is reminiscent of Garmezy’s (1993) idea that there can be resilience at the same time as there is an emotional state of distress, anguish, loss, and fear. Regenerative resilience, adaptive resilience, and flourishing resilience are also useful terms that reflect varying levels of stability, meaning making, and integration. “Flourishing” implies growth and integration, difficult to achieve in a life filled with trauma and loss, perhaps, but still attainable for some.

The study of resilience has been criticized not only for the methodological problems inherent in its varying definitions, conceptualizations, and measurements, but also because the mostly quantitatively driven approaches to the study of resilience have been “top-down” (Ungar, 2004). These analyses ignore the rich, contextual descriptions that can tell us how individuals are resilient, or what the process of individual adaptation looks like over time, as it is subjectively experienced by individual survivors of trauma. Indeed, in a book on the risk and resilience of traumatized children, resilience was conceptualized as having a largely cognitive component: “the individual’s capacity to process traumatic experiences” (Brom & Kleber, 2009, p. 133),

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which, necessarily, is a process over time. Ungar suggested we gather rich descriptions, suspending bias of what is considered resilient or successful adaptation, in an effort to discover more about context, process, and individual variation in recovery from particular stressors (Ungar, 2004).

Survivors of War Trauma

The following is a discussion of some of the most salient empirical studies addressing the issue of how survivors—specifically survivors of war trauma—recover from their traumatic experiences. As is the case in the present study, these researchers have all used qualitative methodology, albeit with much smaller samples than that of the TTP.

Moskovitz (1983) interviewed 23 middle-aged adults who were children during the Holocaust and who survived both in concentration camps and in hiding. These orphans were raised in a group home in England after the war. A major strength of this study is that it used the survivors’ own words to describe how they recovered from trauma. It also generates compelling themes salient for adult survivors of childhood trauma, including survivor guilt; mourning, and loss of memories of the events (especially for the youngest survivors, who cannot trust their memories as accurate). Other impacts of the Holocaust the respondents noted include loss of identity, lost childhoods, crises of faith, and loss of community (cf. Erikson’s, 1976, concept of “collective trauma”). The “conspiracy of silence” (Danieli, 1980, 1985) figures prominently in these narratives as well. Shame, problems with intimacy with nonsurvivor spouses, and continuing fear of persecution, are some of the other negative impacts these child survivors describe.

On the more resilient end, Moskovitz (1983) found among her respondents optimism, spiritual involvement, communal involvement, social responsibility, the desire to create families, and a lack of revenge motivation. Moskovitz’s study also stresses the importance of the “one caring adult” in the recovering child’s life. This is consonant with the resilience literature, particularly the work of Werner and Smith (1992, 2001). Moskovitz’s interviews with these child survivors indicate that positive postwar experiences can provide healing. Her study suggests the importance of understanding clearly the impact of positive posttraumatic circumstances: “We learn powerfully from these lives that lifelong emotional disability does not automatically follow early trauma. … Apparently, what happens later matters enormously” (Moskovitz, 1983, p. 237). This is clearly an optimistic view that is based on solid empirical research that emphasizes the importance of posttraumatic circumstances in the recovery from trauma.

Miller’s (2000) study of women interned in Auschwitz ($N = 16$) focuses on their coping strategies and adaptation. Following Lazarus and Folkman
(1984) and Lazarus (1991), she categorized her respondents’ coping strategies into two types: emotion focused and problem focused. Echoing Frankl’s (1959) work, Miller’s (2000) results indicate that sustaining hope of being reunited with family or friends and maintaining emotional connection with others provided the major motivation of survival for these women. According to Miller, women’s relationships with other women in the camps were the lynchpin of their survival in Auschwitz. However, she provided no convincing evidence to support the implication that this is somehow categorically different from men’s coping under similar extreme conditions. Her work is useful in its delineation of coping strategies used by these women during the war but did not examine either prewar coping styles or postwar adaptation.

Suedfeld, Krell, Wiebe, and Steel (1997) performed a content analysis of 30 videotaped autobiographical interviews of Holocaust survivors; the authors used a combination of quantitative and qualitative approaches. They divided their sample by sex and by age at the end of the Holocaust (child, adolescent, or adult). They argued that the individual’s developmental stage at the time of trauma is an important factor in understanding its impact, particularly how the individual copes in response. Subjects who were older during the war tended to use more problem-oriented coping strategies, those who were adolescents used emotion-focused coping styles, and many children were simply overwhelmed by their traumatic experiences, having few coping skills in place at the time of the Holocaust (Suedfeld et al., 1997).

Some of the statistically significant effects the study found include distancing, problem solving, seeking social support, and compartmentalization. An interesting developmental finding of the study is that those survivors who were children during the war cited what the authors termed “supernatural protection” less than the adolescent or adult groups studied. Perhaps the children did not yet have a fully formed religious belief system, unlike some older survivors, who could call on their faith to help them cope. Faith as a coping mechanism is a little-studied phenomenon; respondents who were adolescents when they were forced into the camps, and therefore at a different level of cognitive development than younger children, would have had some sort of belief system in place—including agnosticism—going into the war. In other words, they were old enough to have established some sort of spiritual beliefs or had concluded (or were in the process of concluding) that the God they had learned about in their childhood did not exist (Goldenberg, 2009, and this volume, Chapter 7).

The Suedfeld et al. study (1997) was a methodologically rigorous one based on interviews that included pre- and post-Holocaust material. However, we are not given clear examples of how survivors “have
successfully transcended not only the Holocaust but the vicissitudes of post-war recovery, emigration, and the re-creation of their lives” (p. 175). Again, survivors’ words are omitted; their explanations of how they rebuilt their lives are synopsized, leading to an incomplete picture of the process of adaptation.

These studies all used qualitative methodology and all study survivors many years after the traumatic events occurred. However, they did not address pretrauma life and relationships or discuss posttraumatic adaptation in sufficient detail to help us understand what strengths and coping skills, risks, and vulnerabilities the survivors may have brought with them into the war or how the survivors adapted afterward. What did the process of adaptation look like? How did the survivors themselves describe how they rebuilt their lives after massive trauma and loss? With the exception of Moskovitz’s (1983) work, in each of these studies the survivors’ own words are referred to infrequently in the written analysis. We are given summary statements and paraphrases when it seems critical to know precisely what words the survivors themselves used to describe their adaptation.

Clinical Applications of This Book

How did survivors of the Holocaust rebuild their lives in the wake of the extreme trauma and massive losses they incurred? This was the broad research question of the TTP, which focused on the coping strategies, adaptation, and resilience of survivors before, during, and after their experiences in Hitler’s genocide. The qualitative methodology, employing a semistructured interview format, allowed a window into the actual processes of the strategies survivors used over their lifetimes. This book, the result of the analysis of the TTP survivor interviews, relies heavily on the survivors’ own words to understand their posttraumatic adaptation.

Why is such a study relevant now? The Holocaust was unfortunately neither the first nor the last genocidal war (Charny, 1999). Survivors of more recent genocides and ethnic conflicts live in our midst and sometimes seek our help (Goldenberg, 2009; Wilson & Drozdek, 2004). What do survivors themselves delineate as the long-term effects of genocidal conflicts and the ways they have developed to cope with those effects? If we better understood some of the long-term impacts of extreme, prolonged trauma, we might be able to provide interventions and help put social policies in place that could not only mitigate the negative effects of these horrific wars but also help foster more positive, long-term adaptations for the survivors.

More than this, however, we believe that our work with the TTP has yielded a deeper understanding of the process of recovery after severe
trauma that is relevant to all trauma survivors. The qualitative research of the TTP gives us a nuanced perspective on both the long-term impacts of extreme, prolonged trauma and the long-term process of coping, adaptation, and resilience that is valuable for both clinicians and researchers of traumatic stress.

In addition, the words survivors use to articulate what they and their lives were like before the war, their descriptions of how they survived and coped during the war, and most important, their explanations of how they coped and adapted in the wake of the traumatic events they experienced can be useful to clinicians and researchers trying to understand long-term posttraumatic sequelae, methods of coping and adaptation over time, the process of resilience, and how mental health professionals can help in the recovery process itself. Their narratives help us understand what life was like before the extreme trauma of the Holocaust, what and how they endured during the Holocaust, and how they went on to form adult relationships, raise children, and provide for their families in a new country, simultaneously living with their traumatic memories of what happened to them and their loved ones.

Further, the work of the TTP begins to look to the second generation and gives voice to the children of survivors, many of whom are now grandparents. Their narratives about their parents and families help us to understand the generational transmission and the legacies—not only of trauma, but also of resilience—within survivor families. Yet, this book is focused more on the survivors’ stories. Even when we analyze the interviews of the children and grandchildren, it is in the context of the impact of the survivors’ experiences on their lives. We hope in the coming years to concentrate more of our analysis and writing on the children and grandchildren. We believe, however, that the following chapters provide new perspectives and avenues for trauma and resilience researchers and for mental health professionals to pursue in their work with trauma survivors.

References


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