

Transcending Trauma

Survival, Resilience, and Clinical Implications in Survivor Families

Bea Hollander-Goldfein Nancy Isserman Jennifer Goldenberg



Transcending Trauma

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This book is part of the Psychosocial Stress Series, edited by Charles R. Figley.

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In memory of Rachel Levin, who taught us about how to be graceful and courageous in facing trauma and death

In memory of my parents, Saba and Harry Hollander, Holocaust survivors who taught me the meaning of love and transcendence—BHG

In gratitude to Joel, Rachel Meira, Chama, Michael, and Gavi for their support and love—NI

For Joshua, Tirzah, and Shifra with love—JG



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Series Editor's Foreword

We welcome *Transcending Trauma* as the latest addition to the Psychosocial Stress book series. The first book in the series, *Stress Disorders a mong Vietnam Veterans*, charted new territory in attracting and guiding researchers and practitioners about a special population. *Transcending Trauma* follows closely in its footsteps.

The challenge with bringing attention to a neglected group of traumatized people is overemphasis on their problems. News accounts, personal experiences represented in news articles and art, and scholarly research often focus on the negative consequences to emphasize the need for services and research attention. Once, for example, we assumed that everyone who endured child trauma, combat, a major disaster, or terrorist attack would have behavioral health problems, and this did help attract increased attention to trauma's effects. However, what emerged was the impression that everyone touched by trauma was unable to function. Now, in the second decade of the 21st century, in part due to the pioneering work in positive psychology, we recognize that not everyone exposed to trauma becomes traumatized, and not all traumatized people remain so forever. Indeed, what we now understand is that there is first a traumatic stress injury (cf. Figley & Nash, 2007) that may or may not lead to depression, posttraumatic stress disorder (PTSD), or some other anxiety disorder.

Transcending Trauma changes the paradigm through which we view Holocaust survivors and their families. The Transcending Trauma Project (TTP) focuses on the protective factors that enabled Holocaust survivors

to remain resilient and even thriving despite all the horror they endured. Building on the insights from the TTP, this book brings new understanding and appreciation of the long-term and systemic impacts of trauma—specifically being the target of genocide. Throughout these pages, the survivors interviewed share their stories of horror, fear, sadness, and so many other emotions experienced at the time of their internment and the experiences before and after. Survivor family members' interviews complement and extend what has been learned about the survivors, making an important contribution not only to this project but also to the field in general.

As a result of this effort to understand the mutual impact of family on survivors and vice versa, there is a new and exciting attention to the intergenerational impact of trauma and the emergence of resilience, hope, and thriving. Moreover, the authors were able to identify and provide an extended discussion of the clinical implications of the findings to understanding and helping not only the survivors of genocide and their families but also all traumatized clients. The book also helps to illuminate the process of recovery in survivors and their family members through generous quotations and case studies.

The authors from the beginning were guided by the following hypothesis: Many Holocaust survivors and their children are high functioning, have adapted to the long-term impacts of their traumatic experiences, and have been able to create new families and productive lives. The natural question, then, is: How did they do this? What were their prewar lives like, and how did their prewar attitudes inform their ability to cope with trauma? What kinds of stumbling blocks and stepping stones affected their posttrauma adjustments?

Among the important innovations offered in *Transcending Trauma* is the discussion of a paradigm for divided families, based on numerous interviews about the parent-child relationship and detailed study of family functioning among survivor families. Importantly, *Transcending Trauma* also focuses on the intergenerational transmission of trauma and resilience of survivors' children. These children not only heard about their parents' ordeal but also learned a great deal about the strength and courage required to survive and thrive after trauma. This "transformative narrative" had a profound impact on survivors' children, and their exposure to their parents' stories has had multiple and complex consequences.

Transcending Trauma changes the way we think about Holocaust survivors—and, indeed, about the human ability to cope with all manner of traumatic experience. It challenges the simplistic ways of viewing the

traumatized as troubled and helpless and helps us understand Holocaust survivors and their families in their transformation toward resilience and thriving. This is a welcome shift, and Drs. Hollander-Goldfein, Isserman, and Goldenberg deserve considerable credit for proving that it has taken place.

Charles R. Figley, PhD
Series Editor
New Orleans

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Preface and Acknowledgments

No matter what you tell, and no matter how much you tell, you're not telling everything. And there is not one person in the whole world that can put himself in the situation what I was in—what we were in—in the concentration camp.

Survivor

Over 20 years ago, a small group of therapists and social scientists came together to study the impact of the trauma of the Holocaust on survivors. They had reviewed the published literature at that time, which overwhelmingly characterized survivors as victims and damaged individuals who passed on their problems to their children, creating, the research stated, poorly functioning families as a result. Yet, these therapists and social scientists surveyed the world they lived in and saw that this view of survivors was not what they had experienced. In their personal lives, survivors worked, married, and raised children; coped with the aftermath of the war; and rebuilt their lives in often positive and successful ways. As we ask many times throughout this book, how and why did these survivors exhibit resilience and posttraumatic growth after undergoing extreme trauma, including the destruction of their families, communities, and the worlds in which they spent their formative years?

This book is our means of exploring the answers to this question. Yet, we need to note that the Transcending Trauma Project (TTP) has had a profound impact on our own lives as well. We have reflected on how

we have absorbed the stories, so often traumatic and full of grief and loss, and the impact they have had on all of us. Over the years, we have developed our own means for absorbing the powerful narratives that we have heard.

We are grateful for the TTP research team, who provided support in the earlier years of the project when frequently the stories from the survivors and their families were almost too painful to hear. All of us developed our own ways of coping with, listening to, and bearing witness to the experiences shared with us. One team member created a ritual after particularly painful interviews; she returned home and lit a memorial candle in remembrance of all those killed in the Holocaust. This simple act helped her to move beyond the pain of witnessing the stories and to return to her everyday life as a wife and mother of young children. Others sought support from team meetings with the other TTP researchers, taking comfort from the healing words of their colleagues.

The words of the survivors have changed all of us on the TTP team and others who engage in research on survivors. As one researcher noted about another group of survivors who faced genocide:

The Cambodian survivors' stories evoke not only pain and horror in the hearer, but also a compassion that links the speaker to the listener in a bond that is powerful and also inclusive. ... Those of us who are privileged to sit with them can sometimes hear their cry. ... In this cry and hearing a more hopeful vision of our self and our species seems to emerge. (Gerber, 1996, pp. 304–305)

Through our work we have come to admire the people we interviewed who came to a new country after experiencing unbelievable tragedies. Our roles as interviewers and analysts of their stories will, we hope, serve to bear witness to the trauma and losses suffered as well as to the resiliency in rebuilding their lives. In doing so, we have been changed by the narratives that have been told to us by survivors, often struggling to express in words what happened to them and how they felt and still feel even after all these years. We have listened to their stories and those of their family members, read them many times in the transcriptions of the taped interviews, analyzed them, and made them part of our lives. As one of us noted in an earlier article on the impact of the narratives on the interviewer, "They change us, drive us, inspire us—every day. They give a voice to the silenced and will not be still. Neither will they let us be still. They challenge us all to do justice to them, and to do justice—and live justly—in an unjust world" (Goldenberg, 2002, p. 216).

A project of this size, depth, and length involved many individuals who contributed to the birth of this book. First and foremost, we owe a debt of gratitude and thanks to the TTP research team, past and present members, most of whom volunteered their time and labor for years because they felt committed to the need to explore and explain the resilient nature of the survivors and their families. Their friendship and support through the years have enriched our lives. Key members of the team that we want to acknowledge include Nina Albert, Sherry Bowen, Norman Garfield, Mina Gobler, Lyn Groome, Hannah Kliger, Judy Levin, Julie Levitt, Gail Morgenstern, Freema Nichols, Emilie Passow, Mindelle Pierce, Judy Rader, Lucy S. Raizman, Claire Reichlin, Peggy Roth, Juliet Spitzer, Carol Targum, Leila Verman, Neal Welsh, and Ann Weiss. Special thanks go to Judy Levin, who provided careful, close, and insightful readings of the chapters and contributed in significant ways to the analysis of the coping and family chapters of the book. Most important, she helped to keep us on track, particularly in the last stages of the book preparation. We are also deeply thankful to Phil Wachs and Juliet Spitzer, who supported the project in so many ways over the years, and to Dennis Alter, who along with Phil Wachs gave us the opportunity to start this project. Words are inadequate to express how we feel about Phil and Juliet—without them this book would never have happened.

We are appreciative of the support of our families from the beginning, especially our husbands and significant others. We started this project with babies and young children who have, in the intervening years, grown up with us and with the project as an ever-present part of their lives. We are thankful for the encouragement and understanding they have given us.

Finally, we thank the many survivors and their families who gave their time and thought to answering our questions in many hours of interviews. This book is a tribute to your courage and resilience after the horrors of the war years. We are grateful that you have shared your lives with us so that others may learn from your stories how to cope and rebuild after extreme trauma.

Bea Hollander-Goldfein, Nancy Isserman, and Jennifer Goldenberg

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About the Authors and Contributors

Authors

Bea Hollander-Goldfein, PhD, licensed psychologist and LMFT. Since 1991, Bea Hollander-Goldfein has been the director of the Transcending Trauma Project at the Council for Relationships, a nonprofit outpatient therapy center and postgraduate training center, which is the Division of Couple and Family Studies, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, Pennsylvania. Dr. Hollander-Goldfein is the director of the Post Graduate Certificate Program in Marriage and Family Therapy accredited by the AAMFT (American Association for Marriage and Family Therapy), the director of research, and the director of Supervision at the Council for Relationships. She is an instructor and supervisor in the Post Graduate Training Program and a clinical assistant professor at Jefferson Medical College. In addition, she is a senior staff clinician and licensed clinical psychologist specializing in marriage and family therapy. She received her doctorate in psychology from Teachers College, Columbia University, and subsequently she expanded her training to include certification and licensure in marriage and family therapy. Systemic theory has guided her clinical practice and research activities for 30 years. She has presented broadly on the topic of trauma and the importance of an integrated model of coping and adaptation. She has also published in the fields of marriage and family therapy and trauma studies.

Nancy Isserman, PhD, senior research fellow, Council for Relationships. Since 1993, Dr. Isserman has been the codirector of the Transcending Trauma Project, a qualitative research project of 275 Holocaust survivors and three-generation family members on resilience and coping after the

war. She also directs the research for Council for Relationship's Center for the Advancement of Relationship Education, where she was the research coordinator of the Philadelphia Healthy Marriage Project, a three-year Community Development Service Grant, to develop a curriculum based on research for the Mayor's Office of Community Services' Fatherhood Initiative Program. Dr. Isserman is also affiliated with the Feinstein Center for American Jewish History, Temple University. She has published reports, articles, and book reviews and edited books on topics relating to the contemporary Jewish experience and healthy marriage/relationships in low-income minority populations and on tolerance in survivors. Dr. Isserman received her PhD from the Graduate Center, City University of New York. Her dissertation, "I Harbor No Hate: Tolerance and Intolerance in Holocaust Survivors," received the 2004–2005 Braham Dissertation Award. She is working on a book examining the issue of forgiveness versus tolerance in three generations of Holocaust survivors.

Jennifer Goldenberg, PhD, LCSW, is a licensed clinical social worker in private practice in Bangor, Maine, specializing in adult female survivors of childhood sexual and physical abuse. She is a senior researcher for the Transcending Trauma Project, having worked with the project since 1991. She teaches human behavior and trauma theory, assessment, and treatment at the School of Social Work, University of Maine. Dr. Goldenberg received her PhD from Bryn Mawr Graduate School of Social Work and Social Research. Her research focuses on the development of resilience theory, and vicarious trauma in clinical workers. She is currently working on a book comparing the long-term differential developmental impacts of genocide on adolescent and child survivors and their coping responses.

Contributors

Sheryl Perlmutter Bowen, PhD, is an associate professor of communication at Villanova University and a research associate on the Transcending Trauma team. She focuses on interpersonal communication, particularly on how identity (e.g., race, class, gender, and religious or ethnic background) is constructed through interaction and how our perceived identities influence how we communicate. Bowen's interest in the Holocaust centers on how individuals talk about their experiences and how hearers interpret those stories. Bowen holds a PhD in communication from the University of Massachusetts and previously did research on HIV/AIDS education and prevention for college students and urban African American youth. At Villanova, she teaches courses on communication and gender, team building, leadership, and small groups, conflict, and health, and has served as director of the Gender and Women's Studies Program.

Hannah Kliger, PhD, is senior adviser to the chancellor and professor of communication and Jewish studies at Pennsylvania State University, Abington College, where she has also been associate dean for Academic Affairs. Dr. Kliger also served as associate dean for Graduate Studies and senior research investigator at the University of Pennsylvania's Annenberg School for Communication and as associate dean for education at MCP Hahnemann University (now Drexel) School of Public Health. From 1985 until 1997, she was a faculty member at the University of Massachusetts, Amherst. A graduate of Barnard College, Dr. Kliger earned her doctorate in communication from the University of Pennsylvania and received her master's degree in clinical social work from Bryn Mawr Graduate School of Social Work and Social Research. Dr. Kliger's publications focus on the communicative practices and communal organizations of minority groups. In addition to her book on ethnic voluntary associations of Jewish immigrants (Indiana University Press, 1992), she has authored numerous articles on communication and culture in immigrant communities. Her current research as a Transcending Trauma Project research associate is with the project at the Council for Relationships, where she also maintains a part-time practice.

Emilie S. Passow, PhD, graduated from the City College of New York magna cum laude with honors as a member of Phi Beta Kappa and a Woodrow Wilson Fellow. Dr. Passow received her master's degree and doctorate in English literature, with honors, from Columbia University. Dr. Passow has taught a wide range of courses in English and American Jewish Literature, medical humanities, biblical narrative. Holocaust testimonies, and Jewish studies in colleges and universities throughout the Philadelphia area, including Haverford, Swarthmore, the University of Pennsylvania, and Thomas Jefferson University. In addition to her position as research associate in the Transcending Trauma Project, Dr. Passow is an associate teaching professor in the Department of English and Philosophy and the Judaic Studies Program at Drexel University, where she also is director of the new Certificate Program in Medical Humanities, sponsored by the College of Arts and Sciences and the Department of English and Philosophy. Dr. Passow lectures widely on the topics she teaches and writes about. She lives in Bala Cynwyd, Pennsylvania.

Lucy S. Raizman, MSW, LCSW, LMFT, is a senior staff therapist working with individuals, couples, and families. She is a licensed clinical social worker and marriage and family therapist, an AAMFT-approved supervisor, and a research associate and interviewer for the Transcending Trauma Project since 1992. She received her MSW from the University of Pittsburgh and completed her postgraduate training at the Council for

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Relationships. Areas of professional interest and expertise include certification in attachment-based emotionally focused couple therapy and in sex therapy. She integrates in a mind-body-oriented approach her specialized training and experience in EMDR (eye movement desensitization and reprocessing) and SE (somatic experiencing) for helping individuals recover from trauma and attachment injuries. She also supervises, teaches, trains, and presents on couples and trauma-related therapies.

Juliet I. Spitzer, MSEd (http://www.julietspitzer.com), is director of Inter-Cultural Exchange at the International Center for Contemporary Education, promoting the peaceful management of conflict through cultural understanding and tolerance for religious, ethnic, and racial differences. She is also a research associate and past interviewer for the Transcending Trauma team. She is on the faculty of the Florence Melton Adult Mini-Schools and the Delaware Valley Learning Institute, teaching on a variety of topics in Judaism. Juliet is an international award-winning singer/songwriter and recording artist and the guest cantor at Congregation Beth Israel in Media, Pennsylvania.

PART I The Transcending Trauma Project



CHAPTER 1 Introduction

The Transcending Trauma Project

JENNIFER GOLDENBERG, NANCY ISSERMAN, and BEA HOLLANDER-GOLDFEIN

The Transcending Trauma Project (TTP) is a research project dedicated to identifying the coping strategies that have enabled Holocaust survivors to love and to work in the aftermath of the horror they endured. This book, however, is not solely devoted to the Holocaust, although that has been the ostensible focus of our work over many years. In our analysis of survivor interviews,¹ and of the interviews of their family members, we concentrated on understanding the long-term impacts of trauma—specifically genocide. Survivors taught us much about what it was like for them to travel to the abyss and back. Their family members' interviews contributed greatly to our understanding of the process of recovery and the intergenerational impacts of both trauma and resilience.

As we conducted this research into a difficult and painful chapter of our history, we realized that our findings had clinical implications well beyond survivors of genocide—that they could be applied to our own work as mental health professionals with our own traumatized clients. The TTP interviews illuminate the process of recovery in survivors' and their family members' own words. Their strengths and struggles inspire us and motivate us to continue to work to heal suffering and fight injustice—whether it is domestic violence and sexual abuse within individual homes inside our

own borders or ongoing ethnic conflicts and genocides in far-flung regions of the globe.

In 1986, the Marriage Council of Philadelphia (now Council for Relationships) convened the first conference on Holocaust survivors that was sponsored by a mental health agency rather than a Jewish or Holocaust organization. Titled "Shattered Promises and Broken Dreams," the conference drew several attendees who were both children of survivors (COS) and mental health practitioners. They realized that the image of the survivor as portrayed in the existing research literature was that of a mostly damaged, traumatized individual, and that the damage had been purported to have been visited on the second generation (COSs or 2Gs). This image in the literature provided neither an accurate representation of their own family members nor of the dynamics of other survivor families within their communities. Damage and negative impacts surely existed. But, what about the resilient aspects of these survivors?

The conference in Philadelphia motivated these COSs, in addition to other mental health professionals and those from related fields, to create a study group to examine the existing literature on Holocaust survivors and their families in more depth. The group confirmed that research prior to the late 1980s had focused almost exclusively on the negative impacts of the Holocaust on survivors, without examining the adaptive, more resilient long-term functioning of these individuals or focusing on the processes of coping, adaptation, and resilience after such extreme trauma as genocide.

Their work led to the development in 1990 of a pilot project that conducted interviews with survivors and their children (N = 10). The working hypothesis of the pilot project reflected the original hunch of the study group members: that many Holocaust survivors and their children are high functioning, have adapted to the long-term impacts of their traumatic experiences, and have been able to create new families and productive lives.

After reviewing the results of the pilot study interviews, the group formed the nucleus of a research team comprised of mental health practitioners and researchers from other social science disciplines, such as anthropology, communications, and political science. The team, which called itself the Transcending Trauma Project (TTP), was committed to exploring the gaps they found between how the survivors were portrayed in the trauma and Holocaust studies literatures and the more resilient aspects of survivors' lives as they knew them. The TTP team sought to provide a more complete and balanced, in-depth understanding of survivors and their families: how they coped and adapted after liberation; how they rebuilt their lives and families in a new environment; and how the survivors and their family members themselves understood the process of their long-term adaptation after the Holocaust.

Over several decades, the field of traumatic stress studies has progressed from the almost-exclusive focus on the negative sequelae of traumatic experiences to a multidimensional understanding of the impact of trauma on its victims. With the introduction in 1980 of the diagnosis posttraumatic stress disorder (PTSD), society finally came to terms with the phenomenological reality of the suffering of individuals exposed to extreme life circumstances. This marked a paradigm shift in the field and promoted the investigation of the full range of responses to trauma, including both the negative impacts and the capacity to recover, heal, and rebuild after devastating events. The ongoing work of the TTP has coincided with this shift in focus. In Part 1, we establish the foundation for the TTP through a review of the literatures on Holocaust and trauma studies and provide an explanation of the qualitative methodology we used. Chapter 2, "Resilience After Prolonged Trauma: An Integrated Framework," by Jennifer Goldenberg and Bea Hollander-Goldfein, explores the relevant literature to date and places the research of the TTP within the context of the large bodies of literature that address traumatic stress, coping, adaptation and understanding of resilience.

The grounded theory approach of our qualitative research project prioritized the phenomenological investigation of extreme trauma and its long-term impacts, including the intergenerational transmission of both trauma and resilience. What is, we believe, a contribution to the field is our analysis of survivors' accounts of their prewar and postwar lives and the connections between the two in posttraumatic coping and adaptation. We examined the war years in our analysis, of course—the years of prolonged suffering and multiple losses. However, we recognized that survivors were not tabulae rasae going into the Holocaust; rather, we saw them—as indeed they saw themselves—as people who had lives before the war, children, adolescents, and young adults who had significant attachment figures: relationships with adults who imparted meaningful values they had assimilated. They also carried into the war individual strengths that helped shape them and helped them cope with the long-term impacts of what they endured. Similarly, for those of us who are mental health professionals working with clients who have endured traumatic events, there is a need to recognize that many of these individuals had positive relationships with a caring adult before the trauma, as well as values and strengths developed early on that serve them well in the process of recovery. The clinical implications of linking Holocaust survivors' prewar lives with postwar coping strategies are, we hope, demonstrated in the clinical applications and case studies that are presented throughout this volume.

Also, the inclusion of survivors' family members to this qualitative inquiry added a crucial component to the data we analyzed. By interviewing survivors' spouses, children, and grandchildren, we were better able to

understand the intergenerational transmission of the impacts of trauma—both positive and negative. Family members provided "other pieces of the puzzle" to help us more fully comprehend the survivor's experience, as well as "the experience of the survivor" in the eyes of his or her family members.

Our large qualitative data set consists of 275 comprehensive life interviews of survivors of the Nazi Holocaust, their spouses, children, and grandchildren, representing 50 intergenerational survivor families. In Chapter 3, "Making the Unmanageable Manageable: Innovative Tools for Analyzing a Large Qualitative Dataset," Nancy Isserman provides an indepth discussion of the acquisition of the sample and the process by which these interviews were analyzed and then compared within and across families to identify themes and patterns. Meaningful patterns of functioning in individuals and families revealed multidimensional processes of coping and resilience. The methodology required creative approaches designed specifically for the qualitative analysis of this large dataset that would reveal a continuum of psychological processes related to the impact and recovery of trauma.

Three instruments—the semistructured interview guide, the protocol of analysis, and the synopsis—made it possible to assess the large number of variables found within the expansive life histories. Two processes, the analysis triad and charting, focused the analysis and provided a means by which the researchers could track patterns of emotional, cognitive, and behavioral phenomena. By employing these instruments and processes, the TTP compared data within individual interviews and within the intergenerational families to focus on the study of coping and adaptation after extreme trauma.

Part 2 focuses on the survivors. The chapters in this section explore their prewar lives and provide an examination of the factors that helped or hindered their postwar adjustments.

In Chapter 4, "'The Biggest Star Is Your Mother': Prewar Coping Strategies of 18 Adolescent Survivors," Jennifer Goldenberg discusses the many prewar risk and protective factors revealed in the interviews of survivors who were adolescents during the Holocaust years. These include secure attachments with at least one caring adult in their environments and strong ethical and moral values that they were able to draw on for coping after the war. They also contain messages from parents about the importance of human dignity and integrity and, for those survivors who were raised in religious homes, the importance of faith and Jewish ritual practice. In fact, stories of faith were often embedded in secure attachment relationships. Stories of strength—narratives regarding adolescents' prewar courage or self-efficacy—were also able to be drawn on after the war as coping strategies. Goldenberg's analysis revealed that prewar

losses of major attachment figures and the larger environment of pervasive and brutal anti-Semitism may have provided "stress inoculation" (Meichenbaum, 2009) for some survivors that helped them through the war years.

These findings speak to the challenges of all individuals who have suffered trauma and loss—whether in wars, natural disasters, or at the hands of perpetrators within their own families. The reconstruction of a life after trauma may be aided by invoking memories of lost loved ones, by calling on the values and positive messages that were imparted to them, and by remembering their own strength, courage, and self-efficacy.

In Chapter 5, "The Hows and Whys of Survival: Causal Attributions and the Search for Meaning," Jennifer Goldenberg found that survivors commonly give multiple attributions for survival, sometimes choosing different attributions for each "moment of crisis" and often mixing internal and external attributions. The interviews identified such external attributions as the help of others, luck, fate, and God. These external attributions were somewhat more common than internal attributions, suggesting that external attributions may have been more adaptive for survivors in coping with survivor guilt—surviving when so many of their family members did not.

In addition, Goldenberg found that some survivors were eventually able to find meaning in their own survival during the postwar years, whether it was to rebuild the Jewish people by starting families of their own or to remember the dead by telling about what happened. The meaning they found played an adaptive role in their postwar coping. Yet, Goldenberg stresses that there is strength to be found in the search for meaning after trauma—whether or not that meaning is ever found. For those of us who are mental health professionals, we often enter the story of our clients' lives when they are still struggling for meaning. We would do well to remember that the search for meaning after trauma is indeed a process, and that not everyone will find meaning in it. Still, while they may not find the "why" of their own survival, perhaps we can help them find strength in the "how."

In Chapter 6, "'If Somebody Throws a Rock on You, You Throw Back Bread': The Impact of Family Dynamics on Tolerance and Intolerance in Survivors of Genocide," Nancy Isserman explores the ways in which the quality of family relationships were found to be influential in creating tolerance in survivors toward both perpetrators and other groups in society. The instrument that she used for her analysis was the TTP's quality of family dynamics paradigm, a five-factor continuum of behavior between the caregivers and the child that described the nature of the caregiver-child relationship. This five-factor rating grew out of the grounded theory work of the TTP. The paradigm (Hollander-Goldfein & Isserman, 1999)

described five sets of patterns of interaction/attachment between the parent/caregiver and the child that directly influenced political beliefs in adulthood. The five factors are closeness-distance, empathy-self-centeredness, validation-criticalness, expressive of positive emotion-expressive of negative emotion, and open communication-closed communication. When the relationships between the survivor and the family of origin members clustered on the negative end of the paradigm—evidencing distant, critical, self-centered, or negative ties between the survivors and their parents—intolerant attitudes predominated in the survivors. When the relationships between the survivors and their families of origin clustered on the positive end of the paradigm—demonstrated by close, validating, empathic, and positively expressed emotions—psychological security needs were met, and attitudes of tolerance predominated in the survivors.

Isserman found many reasons provided by survivors to justify their tolerant or intolerant attitudes, but the connection to positive and negative family relationships was an unexpected finding that adds a new dimension to the study of attitude formation and group relations. Finally, Isserman found that some tolerant survivors reported receiving messages from close family members—often parents, but sometimes a sibling or grandparent—that functioned as a guide for their future tolerant attitudes.

In Chapter 7, "A Minyan of Trees: The Role of Faith and Ritual in Postwar Coping and Its Relevance to Working With Trauma Survivors," Jennifer Goldenberg indicates that faith or ritual practice became important long-term strategies used by the majority of the TTP survivor respondents to cope with the massive losses suffered in the war. Descriptions of faith and ritual practice were often embedded within the narratives of important attachment relationships, demonstrating again the importance of the analysis of attachment relationships for providing an understanding of the survivor. Using faith as a coping strategy appeared to be related to the quality of family relationships in childhood before the war. Goldenberg found that most of those survivors who had close, warm family attachments before the war were more likely to retain their prewar beliefs or Jewish ritual practices afterward. Those survivors who reported troubled relationships in their families of origin did not exhibit loyalty to retaining the beliefs or practices of their families of origin, and often rejected them, while still retaining their Jewish identity and connection to Jewish community and tradition. The clinical implications of Goldenberg's findings are explored in case studies. Faith is rarely static in the face of adversity; it is strengthened, changed, or abandoned. Helping survivors of faith understand how their belief systems have been affected by their experiences is an important part of reintegration and healing often ignored by mental health practitioners.

Part 3 is composed of two related chapters by Bea Hollander-Goldfein, Nancy Isserman, and Lucy Raizman that focus on the second generation. In Chapter 8, "Parenting in Survivor Families: Critical Factors in Determining Family Patterns," the authors examine the parent-child dyad as a tool for better understanding the quality of family dynamics in the survivor's nuclear family.

This focus on the parent-child relationship led the authors to categorize the family levels of functioning into groups of positive, negative, and mixed families. The observed trends pointed to families in which both survivor parents functioned well and raised their children in an essentially positive family environment; families in which both parents were distressed, and the children experienced the symptoms of dysfunctional parenting; and families in which both parents engaged with the children in both positive and negative ways, resulting in mixed characteristics in adulthood.

Two critical elements of determining which pattern the family followed related to the distinction between self and other on the part of the survivor parent and the degree of marital strife within the post-war family. The absence of marital strife characterized the positive family pattern, while the more conflicted marriages dominated the negative family pattern. However, the parents who were able to put their children's needs first and somehow hold back on their own needs could provide the nurture and sustenance that the children needed to develop in healthy ways while acknowledging their parents' difficulties. In mixed families, this ability on the part of the parents was inconsistent, while the negative families suffered most from the parents' anger and depression.

In Chapter 9, "Like a Bridge Over Troubled Waters': Divergent Parenting and the Mediating Influence of Positive Parental Attachment," the same authors discuss the impact of a mediating parent on the child of a survivor. In a small number of families, there was one parent who succeeded in mediating the negative impact of the emotionally distressed parent to such an extent that the children felt that they were able to live normal adulthoods because of the extraordinary positive relationship with the mediating parent.

In each of the four families whose vignettes are provided in this chapter in which the mediating pattern was found, there was a clear emotionally distressed parent, but the nondistressed parent was described in exclusively positive terms, effective in compensating for the negative parenting of the emotionally distressed parent. When compared to the negative and mixed family groups, there were proportionally less severely distressed marriages among these parents and less targeting of the child by the distressed parent. The descriptions by the children of the healthier parent were so consistently positive and so clearly described as effective in

mediating the impact of the impaired parent that this pattern could serve as a potential model for other families with similar dynamics. The positive descriptions of the healthier parents clearly point to the powerful role they played as mediators of the negative family dynamics. The therapist thus needs to be aware that the parental impact on children varies, and that children are able to distinguish the differing effects. Exploring separately the nature of each of the parental interactions within the family could give the therapist the information needed to help the healthier parent mediate more effectively.

The final unit of this volume is concerned with several themes of intergenerational transmission of trauma and resilience to the children of survivors. In Chapter 10, "'The Elephant in the Room': Survivors' Holocaust Communication With Their Children," Sheryl Perlmutter Bowen, Juliet I. Spitzer, and Emilie S. Passow examine in detail the impact of the survivors' stories on the second generation. They found that communication patterns in Holocaust survivor families were more complex than the standard dichotomy between the impact of survivors who "talked about the war" compared to those who "didn't talk about the war."

In analyzing the various communication patterns found in survivor narratives, the authors noted the importance of motives. By documenting a continuum of motives for sharing traumatic experiences, the complexity of meaning and the variety of functions attributed to communication were brought into clearer focus. Perlmutter Bowen, Spitzer, and Passow's findings demonstrate that the impact of trauma narratives on a child of survivors was based not only on what was said, but also on how it was said, including the nonverbal messages that accompanied the spoken words.

Understanding the communication patterns in families provides insight into the systemic aftershocks of trauma. How members of families talk or are silent about traumatic experiences is important to understand in terms of the impact it has on intergenerational transmission of both trauma and resilience. How do survivors communicate about personal vulnerability? How open are they to questioning? To what extent do they hold secrets or regard the discussion of the trauma as taboo? Communication also reflects the mission of the speaker and what role the listener is to have in the verbal or nonverbal interchange. Perlmutter Bowen, Spitzer, and Passow found that the motives of the trauma survivor in sharing his or her story have a role in the recovery process of the survivor.

Similarly, survivors of other traumatic events face the challenge of communication for the rest of their lives. What do they want others to know? What are the embedded messages about values, role models, bearing witness, continuity, and meaning? The process of rebuilding and meaning reconstruction following traumatic events is a process that is central to

family life. We feel that these questions are relevant to all individuals and families who have experienced interpersonal trauma, including veterans of wars, victims of ethnic conflict and other genocides, as well as survivors of abuse and domestic violence within their own families.

In Chapter 11, "Holocaust Narratives and Their Impact on Adult Children of Survivors," Hannah Kliger and Bea Hollander-Goldfein provide an essay on the experience of listening to survivor parents in which they describe how the listening has multiple consequences. In their reading of the interviews, they observed that the children heard not only what the parent went through but also who the parent was. When a particular attribute of a survivor parent was clear and emotionally compelling, this attribute became an organizing value system in the developing identity of the child. The authors label this "the transformative narrative." In this narrative, certain events that the survivor tells become integrated within the child of survivor as core values that involve highly personal, moral choices. The story therefore assumed its place as a guiding principle for the child of the survivor's own standard of behavior. Thus, these transformative or pivotal narratives, verbally communicated or nonverbally conveyed, played a role in identity formation of the child of the survivor.

In Chapter 12, the last chapter, "A Systemic Perspective of Coping and Adaptation: The Inextricable Connection Between Individual and Family," Bea Hollander-Goldfein presents an integrated model of coping and adaptation after trauma incorporating current knowledge in the field with expanded insights informed by the TTP research. The survivor model in Table 12.1, "Survivors' Foundation of Psychosocial Development Before the Trauma," is a developmental view of the individual survivor that tracks development from birth to adulthood and pays special attention to coping, adaptation, and recovery from adversity and extreme trauma. Important components of the model include an understanding of how survivors differ from each other—how relative strengths and weaknesses coexist, how prewar upbringing has differentially affected postwar adaptation, how resilience takes various forms, and how survivors influenced the psychological development of their children. In future research, the model may serve as a template to analyze the processes that enable certain individuals to be psychologically healthy and achieve successful lives, while other individuals are not.

In this book, the names of the survivors and their children have been changed, with the exception of the respondents whose interviews are included in the CD which can be found at www.routledge.com/9780415882866. The CD contains seven interviews from the project, consisting of one three-generation family, one mother-daughter pair, and one survivor. All are mentioned in this book using their real first names with their written permission. They were chosen as good examples of the 275 interviews that comprise the TTP dataset.

In summary, the conceptually rich descriptions provided by the TTP interviews with survivors and their family members have revealed patterns of coping and dimensions of resilience that help us understand the process of coping after trauma and the ways in which both trauma and resilience are transmitted to the next generation. The findings illuminate stories of how individuals and families cope with devastation and reflect a continuum of variability among survivors and their families in terms of how well they coped. The TTP has gleaned many lessons from these narratives that can offer hope and help for those who have suffered life's adversities, for those seeking the tools to handle life's challenges, and for mental health professionals themselves.

Indeed, the clinical implications of the research of the TTP are, we believe, the heart and soul of this book. If we have learned anything from our collective years of working on this project, it is that resilience can be found within everyone, that it is neither a trait nor an outcome, but rather a process of healing—sometimes over many years.

We are grateful beyond words for the opportunity to have sat with the survivors and their families and, for those of us who are mental health professionals, to be entrusted with our clients' stories of trauma and loss and to hear their words of struggle, strength, and resilience. As one survivor adamantly stated, "No matter what you tell, and no matter how much you tell, you're not telling everything. And there is not one person in the whole world that can put himself in the situation ... we were in." No, surely not.

We give our deeply felt thanks to the survivors and their families who told us what they could. This book is our humble attempt to understand.

Note

1. The TTP study defines Holocaust survivors as Jewish individuals who lived in Europe and were in danger after 1933 with the rise of Hitler because they resided in countries controlled by Nazi Germany. Even those individuals who emigrated from Europe prior to the start of World War II were considered survivors by this definition. This definition is widely accepted in academic circles, especially in European countries.

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