

# **The Transcending Trauma Project**

## **Part I**

### **A SYSTEMIC PERSPECTIVE OF COPING AND ADAPTATION: THE INTEXTURAL CONNECTION BETWEEN INDIVIDUAL AND FAMILY**

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Through the 1990s the field of Trauma Studies focused almost exclusively on the negative sequelae of traumatic experiences. After extensive reading in the field of Trauma and Holocaust Studies, the Transcending Trauma study group found this to be untrue in our clinical practices and in our life experiences with survivors of the Holocaust. The team decided to address the absence of a fuller understanding of trauma's impact – especially extreme trauma – by conducting an expanded qualitative interview based research project with survivors of the Nazi Holocaust during World War II and their family members in the hope of gathering evidence for the development of a psychological conceptualization of how individuals and families cope differently with extreme trauma and how they rebuild their lives.

In 1993 the Transcending Trauma Project (TTP) was launched under the auspices of the Council for Relationships, affiliated with Jefferson University, and located in Philadelphia, Pennsylvania, USA. It was based on grounded theory methodology to gain an understanding of how Holocaust survivors coped with and managed to rebuild their lives after the devastating suffering, deprivation, and losses experienced during the Nazi Genocide designed to exterminate the Jewish population of Europe. To expand the focus beyond the individual survivor and to apply systemic analysis to the study of coping and adaptation after extreme trauma, TTP not only analyzed the individual survivor as a single unit but also analyzed the individual survivor within his or her family unit. Interviews gathered data not only about the war years but also about the respondent's life both before and after the war. Qualitative methodology based on grounded theory guided the exploration of survivors' thoughts, feelings, visceral experiences and memories, which promoted a high degree of introspection and contextualization when answering the interview questions. "To ignore such criteria is to risk trivializing the survivor's experiences

as well as to present only a superficial picture” (Suedfeld, 1996, p. 118). Including the study of children and grandchildren of survivors provided significant perspectives on how survivors coped, adapted and rebuilt their lives after the war described through the experience of their children. Our goal in the development of the Transcending Trauma Project was to acquire as full a psychosocial picture as possible of survivors and their significant relationships.

The sample included 307 subjects comprised of 97 Holocaust survivors, 109 children of these survivors, and 56 grandchildren of these survivors. Also interviewed were 45 spouses of survivors and their children. The impact of the Transcending Trauma Project interviewing process, that focused on the internal experience of the participants did, in fact, result in the exploration of self and life experience that had never been talked about before by many of the participants. This was especially true for the children of survivors who were asked for the first time in their lives to talk about their life histories – and were asked to explore the effect of their parents on their adult functioning and especially the effect of the Holocaust on their lives through the influence of their parents. The children of survivors were asked what they knew of their parents’ war experiences and inevitably the poignant stories were shared by the children. The interviewer asked about the impact of the stories on the child. For some children of survivors this was an evocative experience because the impact was never quite understood by the child and at the very least it was often never said out loud before.

Overall, in the TTP sample, the adult children reported that it was important to know what happened to their parents. For children there were the inevitable reactions that included questions about good and evil in the world and expressions of sadness for their parents’ suffering. The TTP interview process yielded a fascinating insight into the impact of these stories of trauma on the children. We observed that the adult children reported that not only were they hearing what a parent went through, but they were also hearing who the parent is. The adult children reported that when a particular attribute of a survivor parent was clear in the story and

emotionally compelling the child responded by wanting to make that attribute a part of himself or herself. It became an organizing value system that was expressed in the child's developing identity. These traits were aspects of the parents that the children wanted to emulate because of what they heard as their parent's strength and endurance when suffering.

We have described this process as the transmission of transformative narratives that in their way affected the development in the child for the good – as a form of emulation and identification. Sometimes this was a process of discovery for the adult child who had never been directly aware of this process but once perceived acknowledge that it was very meaningful and obvious to the child in retrospect. With this observation within Holocaust survivor families, it becomes very important to explore within the families and communities that have endured trauma to explore the importance of communication between the generations and how important it is for children to know and what the impact is of their knowing. Research that has begun to explore this question are finding that the telling of the trauma and the knowing across generations is very important and can contribute to a constructive process of coping with the trauma history.

### **Qualitative Analyses**

In order to enable a process of qualitative analysis that would provide information about coping and adaptation expressed differently in survivor families based on characteristics of the families, the research team developed a system for dividing all the family units into four groups labeled as positive families (n=22), mixed families (n=44), negative families (n=26) and mediating families (n=8) (where the healthier parent mediated the impact on the children of the more distressed parent).

The factors utilized to assign families into one of the four groups were: 1. Presence or absence of an emotionally distressed parent and description of how this parent functions in the family, 2. Description of the non-distressed parent, 3. Quality of parents' marital

relationship, 4. Description of parent-child dynamics and parenting behaviors, 5. Self-report of the impact on the adult child affecting basic functioning and quality of adult relationships, 6. Parental pattern of targeting the child, 8. Child engagement in caregiving behaviors with parents, and 9. Experience of empathy in child for parents' war experiences. These factors provide a comprehensive picture of family of origin relationships and enabled the triad of raters to place families clearly into one of the four family groups.

Once divided into groups of positive, negative, mixed and mediating families the research team was able to identify 5 characteristics of parent-child relationships that were noted in the original analyses of individuals and families which then differentiated among the four family groupings. The characteristics were not expressed as present or absent but existed on a continuum where positive families were rated on the more positive end of the continuum and negative families were rated on the more negative end of the continuum. We labeled these characteristics the Quality of Family Dynamics Paradigm (QFDP). When used to note differences across the families, these 5 factors emerged as descriptive of major differences among the families in the research sample. Presented below is the chart of the QFDP.

### **Quality of Family Dynamics Paradigm QFDP**

Closeness ↔ Distance  
Empathy ↔ Self Centeredness  
Validation ↔ Criticism  
Positive Emotions ↔ Negative Emotions  
Open Communication ↔ Closed Communication

These factors are discussed in the mental health literature and are factors in family

dynamics that contribute to the development of secure and insecure attachment, affect regulation and dysregulation, and positive self-esteem and negative self-esteem in children which are foundational to adult development. These qualitative family dynamics are the foundation for how adaptive and maladaptive family processes develop, as described by Walsh (2007) in her work on risk and resilience. Qualitative family dynamics were observed to be central to the development of positive and negative adaptation in families. The TTP research team advocates, from our analyses, that these qualities influence the development of resilience and maladaptation in the functioning of individuals by influencing the positive and negative development of belief systems, organization and communication within families.

In the positive families the parents were described by the children in positive words like *loving* and *caring*. Neither parent was labeled angry or depressed. When analyzing the description of the parent–child relationship according to the QFDP, the stories in the interview told by the child in the positive family category clustered on the positive end of the continuum. The relationships were characterized as close, empathic, and validating, expressed in positive emotional terms. Open communication patterns were reported in the parent–child relationship. The child described the parental marriage as good or mostly good. No signs of either parent targeting a child in the family were present. The adult child described his or her current situation in positive terms, often noting the influence of the parents as positive role models, as sources of support, and as having successfully transmitted their values or belief systems to the child. This would often include statements by the adult children that their survivor parents were inspirational in teaching them how to cope and succeed.

In the negative families, the negative parenting was described as the predominant influence on the children, resulting in significant problems coping in adulthood. The adult child’s description of the parents included a characterization of one or both parents as angry

or depressed. The distressed parent was described in such terms as “critical,” “angry,” “depressed,” “worried,” “controlling” or “anxious”, words that revealed a negative emotional base to the parent-child dynamics. The relationship between the child and parent, as analyzed through the QFDP, was described as one in which the parent was distant, critical, self-centered, and expressing negative emotions. Communication was closed between the parent and child. The parents’ marriage was characterized as distressed or conflicted, with moderate-to-severe problems. Targeting of a child was often present in the family. If targeting was present, efforts by either parent to mediate the targeting were insufficient and ineffective. The targets were often the oldest child. One possible interpretation of this kind of targeting is that oldest children were most vulnerable to their parents’ emotional difficulties after extreme trauma. Another possible explanation for this pattern is that the oldest child was born closest to the trauma and was for some time the only child in the family. As the only child, he or she was the sole repository for the parents’ trauma.

The mixed families fell in between these two extremes and were characterized by mixed positive and negative influences. Consequently, children in the mixed group reflected healthier functioning in adulthood and less significant problems in life than those in the negative families, but also evidenced more adverse influences than those in the positive families. In the mixed family category, each of the five QFDP factors consisted of both positive and negative characteristics. The parents were described in terms reflecting both ends of the paradigm continuum and often included an angry or depressed parent. The parents’ marriages ranged from good to mild or moderately distressed but were not described as severely distressed by the child. While some targeting of one or more children in the family by the more symptomatic parent may have occurred, there may have also been some attempts at mediation by the less symptomatic parent. These attempts to mitigate the effects of targeting were not totally successful, however, and the targeted child exhibited some signs of the damaging impact of the targeting. The child’s adult life showed negative

influences from the problems of the parents in their nuclear family relationships that were troubled or in the adult child's mental health status. Many of the children as adults in the mixed family category expressed empathy for their parents' suffering but also expressed the sense of emotional burden for their wellbeing.

In the mediating family category there was one parent who was either angry or depressed. The non-distressed survivor parent was described in exclusively positive terms. When compared to the negative and mixed family groups, the marriages in the mediating group were less severely distressed. This also may have been due to the efforts of the mediating parent. The healthier parent succeeded in mediating the negative impact of the emotionally distressed parent, reducing marital conflict, and at the same time preventing harmful targeting of the child by the distressed parent. This mitigation of the harmful consequences of targeting and the healthier relationship between the two parents led to children who were able to live normal adulthoods and reflected the positive relationship between the child and the mediating parent.

### **Beyond the Qualitative Family Dynamics Paradigm**

The Qualitative Family Dynamics Paradigm was found to be the prevalent mediating variable in the intergenerational transmission of trauma and resilience pointing to the quality of parenting that was directly affected by the severity of the traumatic impact experienced by survivor parents. Anecdotally there seemed to be a connection between the family of origin experience of the survivors and the parenting of their own children after the war. Since there was no corroborating evidence for this pattern and the reality of survivors tending not to be critical of their murdered parents and presenting incomplete memories, we determined that the evidence in the interviews could not consistently speak to the quality of family of origin relationships experienced by survivors and was therefore determined to be inconclusive about a generational pattern from before the war.

Many survivors, about 25% of the TTP sample, in spite of their specific post traumatic effects after the war, were able to engage in positive parenting for the “sake of the child” and many survivors, about 25% of the TTP sample, were not able to get beyond the devastating impact on their personal functioning, i.e. the impact on self, and they were therefore unable to be aware of the impact on their children. In the mixed family group, about 50% of the TTP sample, there was a mixture of self-oriented and child-oriented parenting behaviors. The descriptions of maladaptive and adaptive post trauma functioning in Holocaust survivors reveal clearly the “balance between self and other” described above and reveal the potential or lack of potential to engage in positive parenting – specifically to respond to their children’s needs vs. their own.

### **Ongoing Research**

Over the past two years the Transcending Trauma Project has embarked upon the examination of intergenerational transmission of trauma and resilience by doing a content analysis of the original interviews for 3 families. We chose an example of a positive family, a mixed family and a negative family in order to track within the original interviews quotes from each generation to exemplify the process of transmission from generation to generation. We have developed a template of content areas for this examination and the research plan involves a comparison of 1G, 2G and 3G quotes for each content area.

- I. Communication Style in the family
- II. Communication about war experiences
- III. Description of Parents’ Marriage (from synopsis)
- IV. Worldview – Belief Systems and related feelings
- V. Working through the reality of the Holocaust – struggling against reality or identifying with victimhood vs coming to terms with reality – accepting it happened and needing to move on with some meaning and purpose – Impacts on 2Gs and 3Gs
- VI. Self-esteem and identity
- VII. Emotional Functioning
- VIII. Interpersonal functioning

If we proceed with the understanding that the impact of attachment through the relational dynamics in the Qualitative Family Dynamics Paradigm contributes to the development of

communication style, worldview, acceptance of reality, self-esteem, identity, emotional functioning and interpersonal functioning then we acknowledge that our capacity to cope, comprehend our lives, make choices, problem solve, work towards goals and experience happiness, success and fulfillment is based on the thoughts, feelings, behaviors and internal experiences that are formed by our internal development influenced by the experiential realities of our family connections or disconnections.

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