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Transcending the “Black Raven”: An Autoethnographic and Intergenerational Exploration of Stalinist Oppression

Abstract Many of Canada’s aging immigrants were displaced persons in Europe post-WWII and have internalized psychological effects of their traumatic past within a society that tends to marginalize or pathologize them. While early *collective trauma* literature focuses on individualized, psychotherapeutic approaches, more recent literature demonstrates the importance of externalizing and contextualizing trauma and fostering validating dialogue within families and community systems to facilitate transformation on many levels. My research is an autoethnographic exploration of lifespan and intergenerational effects of trauma perceived by Russian Mennonite women who fled Stalinist Russia to Germany during WWII and migrated to Winnipeg, Canada, and adult sons or daughters of this generation of women. Sixteen individual life narratives, including my own, generated a collective narrative for each generation. Most participants lost male family members during Stalin’s *Great Terror*, *verschleppt*, or *disappeared* in a vehicle dubbed the *Black Raven*. Survivors tended to privilege stories of resilience – marginalizing emotions and *mental weakness*. The signature story of many adult children involved their mother’s resilience, suppressed psychological issues, and emotional unavailability. Results underline the importance of narrative exchange that validates marginalized storylines and promotes individual, intergenerational, and cultural story reconstruction within safe social and/or professional environments, thus supporting healthy attachments.

Keywords Autoethnography; Collective Trauma; Displaced Persons; Aging; Attachment; Narrative Approaches

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The *Black Raven* has long been a symbol of death in certain cultures and, during the period of collectivization and political terror in Stalinist Russia, was a colloquialism used at many levels of Soviet society to refer to the vehicles driven by Stalin’s state police – then known as the NKVD (Ziolkowski 1998). In the case of Russian Mennonites, it was never certain when the Black Raven (*Schwarzer*

Rabe) might appear, but, when it did, it was in the dead of night and all would awaken as it made its way through the village, fearing that dreadful knock on the door which meant the arrest of a loved one, never to be seen again. My mother told me about this dark period, known by historians as the *Great Terror* (Epp 2000). She would tremble in bed as she heard the Black Raven approach, terrified that my father would be taken. He was spared that fate, but my five uncles were not as fortunate.

The earliest narratives I recall from my childhood were incomplete storylines of my mother’s life, told with little coherent context or feeling. The beginning of my life coincided with the first decade of my mother’s fifty-year separation from her sisters, who had all been sent to labor camps in northern Russia and Siberia. Not all survived. Only decades later did I grasp more deeply her hidden pain and how it had unconsciously affected my own mental and emotional wellbeing. I also began to recognize this in other Mennonite families.

In my role as a geriatric mental health social worker, I witnessed evidence of unresolved effects of political trauma in some clients, and its effects on family members. As emotional or mental health issues had often been left hidden or suppressed until a triggering health crisis engaged these survivors with the health care system, standard biomedical and psychiatric treatment often dominated an overall plan of care. Additionally, the needs of adult children were addressed only as they pertained to the caregiving needs of their parents (Mental health practice experience, 1998-2007).

My worlds merged when I met my mother’s surviving family members for the first time in 2003

and journeyed to Russia, Siberia, and Ukraine in 2005. These experiences, juxtaposed with my mother’s death, stimulated deep reflection that led to my current research focus. I was curious how Russian Mennonite survivors, particularly women, and adult sons and daughters of survivors would reflect on their personal and intergenerational life experiences and possible emotional or mental health needs.

The following central research question emerged (Krahn 2011):

How do Russian Mennonite women who immigrated to Canada after the Second World War, and their adult children, perceive the effects of Soviet trauma on their quality of life and emotional or mental health today, and what do they identify as strengths and possible areas of emotional need that require greater understanding and support from the...[social, cultural, and/or professional communities with which they are linked]? (p. 3-4)

As both researcher and participant in this collective Russian Mennonite experience, I was drawn to an autoethnographic approach. But, first of all, let me take you through my process with the literature.

The Discourse on Collective Trauma

Research evidence from various disciplines, including psychology, sociology, social work, and neuroscience, was explored to gain an understanding of the evolving discourse on collective trauma and its lifespan and intergenerational effects.

The study of collective trauma has, to a large extent, focused on Holocaust survivors and war

veterans, although literature relating to other cultural groups has been emerging particularly within the last two decades (Danieli 1998). Much of the literature addresses lifespan effects of trauma, as well as intergenerational transmission, a very strong focus generated by the Holocaust literature as early as the 1960s (Danieli 1998). There is also a growing amount of literature on the effects of migration on mental health (e.g., Grinberg and Grinberg 1989; Berry 2001).

Cumulative Trauma: Political Oppression, War, Migration, and Displaced Persons

In her classic book, *Trauma and Recovery*, Judith Herman (1992) speaks to the experience of prolonged trauma due to political oppression, war, and/or captivity, which may contribute to a host of mental health issues. Related migration or displacement is an additional crisis that compounds the entire trauma experience (Grinberg and Grinberg 1989). Drachman (1992) provides a stage-of-migration framework to contextualize three primary stages of refugee migration – pre-migration, transit, and resettlement stages – all of which tend to involve traumatic experiences and the ultimate challenges of adaptation and acculturation.

Kuwert and colleagues (2012) found that displaced persons of the WWII era, who currently reside in Germany, are significantly more affected by post-traumatic stress disorder (PTSD) and somatoform symptoms than non-displaced participants, and that symptom intensity is related to the amount of trauma experienced during displacement. Although increasing attention is being given to the mental health of recent immigrants and refugees in Canada (Khanlou 2010; Kirmayer et al. 2011) and

internationally (Porter and Haslam 2005), there is little acknowledgement in the literature (corroborated by Durst 2005) of long-term mental health effects on the nearly 250,000 European displaced persons and/or refugees of the WWII era who immigrated to Canada between 1947 and 1962 (statistics from Kelley and Trebilcock 1998). There is a sense that WWII immigrants are a silent, invisible minority, assumed to have successfully assimilated into the dominant culture.

Historical, ethnographic, and/or oral history publications presenting culture specific displacement and refugee experiences of Poles, Lithuanians, Estonians, Latvians, Ukrainians, Mennonites, Ethnic Germans, and other groups (e.g., Aun 1985; Danys 1986; Plakans 1995; Werner 1996; Epp 2000; Isajiw, Boshyk, and Senkus 2002; Patalas 2003) may provide personal anecdotes but rarely refer to mental health effects. It is in presenting my research to social workers in geriatric settings that I have received professional confirmation of the potential for long-term effects of trauma and displacement on European immigrants of diverse ethnicities.

Lifespan Implications of Trauma

The literature related to lifespan implications of collective trauma suggests three main trajectories (that at times overlap): (1) *resilience* based on internal and external resources that promote the ability to go on with life despite adversity (e.g., Ayalon 2005); (2) *post-traumatic growth* which extends beyond resilience and involves reconstructing life meaning and value beyond being a victim (Janoff-Bulman 2004) and transcending pre-trauma levels of adaptation (Tedeschi and Calhoun 2004); and (3) *psychological effects* ranging from non-clinical lev-

els of stress to clinical diagnoses, including the re-triggering of unresolved trauma due to significant transitions or losses in old age (e.g., King et al. 2007; Kuwert et al. 2012).

Reynolds, in her exploration of psychological effects in a non-clinical sample of 67 Russian Mennonites who fled to Canada following the Bolshevik Revolution, found that anxiety, somatic complaints, and PTSD were exhibited at “significant levels above the norm” (1997:70) over seventy years post-trauma. This quantitative study was the only research found that specifically addressed the question of lifespan effects of trauma in relation to Mennonites, although Epp (2000), in her comprehensive ethnography of Russian Mennonite female refugees of WWII, provided a rich qualitative account of women’s experiences of oppression, war, and immigration.

Intergenerational Transmission

The literature affirms the experience of intergenerational transmission of collective trauma within the context of many oppressed cultural groups, though little research has been conducted with the families of displaced persons of post-WWII Europe besides Holocaust survivors. Psychological; familial; cultural and societal; and biological modes of transmission are presented (see Danieli 1998).

Psychological transmission was verified by Reynolds (1997) who reported that children and grandchildren of Russian Mennonites who immigrated to Canada in the 1920s demonstrated levels of anxiety and depression significantly higher than the national norm. She also found evidence of attachment issues. Attachment theory, which centers

around the significance of the earliest attachment bonds between parent and child (Bowlby 1979), accounts for difficulties in parent-child relationships due to traumatic experiences and losses of one or both parents (Weingarten 2004). A growing body of literature acknowledges the role of early attachment in the quality of attachments over the lifespan (Merz, Schuengel, and Schulze 2007). The attachment experience can also be considered within the concept of *familial transmission*, which relates to family patterns, rules, expectations, secrets, silences, and parenting styles that contribute to issues and concerns of children of survivors (Weingarten 2004).

Societal transmission has been linked to forced or unconscious silencing of groups who can bear witness to the past (Connerton 1989; Danieli 1998; Volkan 2001). As Volkan (2001) further suggested, cultural transmission may involve the silencing of certain cultural stories and privileging of others for the purpose of protecting and repairing group identity. Rousseau and Drapeau (1998) stated that anthropological and sociological research regards society as the bearer of social trauma, contributing to change in the web of human relations and collective representations, and influencing future generations.

In the case of Russian Mennonites, Taves suggests that it was the men who disappeared or were killed that gained the “sacred status” of martyrdom, while the suffering and degradation of their surviving wives and children merely “symbolized the decline of the Soviet Mennonite people” (1998:114) due to lack of male leadership. Epp (2000), in her ethnography of Russian Mennonite women who immigrated to Canada post-WWII, also challenges

cultural and religious narratives that marginalize women's experiences.

As Mennonite history is rooted in the Radical Reformation of the 16th century (in The Netherlands) when thousands were severely persecuted, tortured, and killed by Catholic and Protestant authorities over the course of a century (Loewen 2003), Russian Mennonite suffering has been likened by some Mennonites to that of 16th century "martyrs" (Smith 1981 as cited in Loewen 2003) and the escape from Russia portrayed as a modern equivalent of Moses' exodus (Kroeker 2000). Such powerful religious metaphors and a long tradition of piety, stoicism, and pacifism have marginalized narratives not befitting of Mennonites (Kroeker 2000). In the case of women, this included stories of rape or other forms of abuse, as well as unresolved emotional or psychological issues. Epp (1997) concludes that such experiences were often internalized as a personal rather than a collective tragedy and judged by others as personal frailty or even pathology.

Regarding *biological transmission*, empirical research reveals a relationship between maternal trauma and cortisol levels in children born post-trauma, resulting in lower stress thresholds and exaggerated stress responses to environmental stimuli (Yehuda et al. 2005). Empirical research also points to the underlying neurobiology of life experience, parenting behavior, and attachment – contributing to intergenerational transmission of either healthy or insecure attachment (Strathairn et al. 2009) and thus, impacting quality of life across the lifespan. Neuroscience also informs us that our neurobiological system is constantly adapting to its internal and external environment

and that genetic expression is dependent upon one's ever evolving lived experience (Lickliter 2008; Siegel 2012). Moreover, as it is a relational phenomenon (Siegel 2012), as well as a cultural one (Ivey, D'Andrea, and Ivey 2011), groups of people may be neurobiologically shaped by common lived experiences and narratives over time or generations. Thus, it is important to be cognizant of the relationship between post-traumatic growth and the quality of individual and collective experience, memory, and narratives.

Beyond Individualizing Trauma

Although various psychological perspectives regarding trauma assessment and treatment may have a place in human service, an overview of the literature demonstrates the importance of moving beyond individualizing trauma and, rather, contextualizing it, thus, working with community systems to facilitate dialogue, healing, and change on many levels (e.g., Walsh 2007; Denborough, Freedman, and White 2008). Earlier research focusing on individual traumatic memories does not account for broader social and cultural memories or the impact of social discourse on individual meaning-making, narrative, and sense of identity (Hunt and McHale 2008). This takes the process beyond the domain of individual or even group *therapy* and into that of social or community *dialogue* (e.g., Denborough et al. 2008). It has been demonstrated that adequate social support and validating witnesses to one's lived experience pre- and post-trauma on an interpersonal, family, and community level can support adaptation that transcends pre-trauma levels of functioning, and/or counter or ameliorate late-onset stress, loss of meaning, and psycho-

logical symptomatology that can arise in old age (Tedeschi and Calhoun 2004; Walsh 2007). Viewing this through the lens of neuroscience, we see that authentic and validating narrative dialogue with those who have experienced trauma and insecure attachment, on an individual and a collective level, facilitates neurobiological adaptations that, in turn, support more positive human development throughout the lifespan and intergenerationally (Jordan 2008; Lickliter 2008; Ivey et al. 2011; Siegel 2012). Thus, we have a scientific explanation for the tremendous importance of qualitative, interpersonal, and narrative processes in stimulating positive individual and social change.

Theoretical and Conceptual Framework

There appears to be a common societal perception, reflected in social policy, of homogeneity with regard to older adults – a perception that can be insensitive to differences in ethnic origin, history, lived experience, and needs, as well as the fact that our social construction of old age blurs multiple generations of individuals ranging in age from 65 to 100 or more years (MacCourt 2004). The subject of older adults seems most often linked with the rise of Alzheimer's disease and the decline of healthcare dollars.

When older adults experience physical, emotional, and/or mental health issues related to early life trauma, this tends to be viewed within the healthcare system as a personal pathology requiring individual treatment – which often privileges a primarily biomedical approach. This research recognizes the need for greater emphasis on a *social model of health and care* (MacCourt 2004), which sees the individual within his or her social con-

text and underlines the importance of respectful social relationships and supports, as well as structural community change to enhance wellbeing and quality of life.

I have used a *life course approach* to contextualize the multi-faceted experiences of survivors across the lifespan (Hooyman et al. 2002). Also, viewing these lived experiences through the lens of *critical gerontology* situates individual scenarios within socio-cultural and political conditions, both past and present, that point to a systemic problem rather than the sole problem and responsibility of the individual (Chambers 2004). Critical gerontology and *feminist perspectives* on aging within a life course framework suggest that early life events, such as traumatic experiences, cannot be understood merely in simple cause and effect terms. They are part of multiple, complex interacting factors across long periods of time linked to particular cultural, political, and historical contexts that often affect men and women differently (Hooyman et al. 2002).

Autoethnography provides the qualitative lens and framework for soliciting marginalized voices of women survivors and their adult children and constructing, from their individual narratives, rich collective narratives that shed light on personal, familial, socio-cultural, and political factors related to lifespan outcomes of collective trauma.

Autoethnographic Methodology

While classical ethnography interprets in-depth accounts of human social activity within particular cultural or social groups (Wolcott 2008), *native autoethnography* involves the study of one's own

culture, which integrates the researcher role with that of *insider* and, from this dual vantage point, highlights the voices of marginalized groups, often to challenge dominant oppressive discourse about their lived experience (Reed-Danahay 1997). It was Hayano (1979) who first advocated a shift from the detached *outsider* status of colonial anthropologists to a more subjective insider one. Thus, with the interpretive turn (Adler and Adler 2008) and concern about the representation of the *other* by outsiders, ethnography began to adopt a more post-modern constructivist view (O’Byrne 2007) and, in keeping with a transactional and subjectivist epistemology, findings are said to be constructed during the research process itself (Guba and Lincoln 1994), emphasizing that the other can only be understood in relation to the *self* and that meanings emerge through social interaction (Atkinson and Hammersley 1994).

Hammersley and Atkinson (2005), in *Ethnography: Principles in practice* (2nd ed.), suggested that traditional ethnography and autoethnography can exist within each of three paradigms – classical, critical, and postmodern (as cited in O’Byrne 2007). Attentiveness to research goals, personal biases and assumptions, and what is best for the cultural group under study is critical in the selection of compatible paradigms and approaches that maximize the research process. For the purposes of my research, I used the analytical autoethnographic approach proposed by Anderson (2006), which integrates classical ethnography and native autoethnography and emphasizes analytic reflexivity, narrative visibility of the researcher’s self, dialogue with informants beyond the self, and commitment to the use of empirical data to develop theoretical understandings of broader social

phenomena. Anderson has identified the capacity of autoethnography to facilitate self-understanding “that stands at the intersection of biography and society...self-knowledge that comes from understanding our personal lives, identities, and feelings as deeply connected to and...constituted by – and in turn helping to constitute – the sociocultural contexts in which we live” (2006:390). Having stood between two or more worlds of experience, I resonate strongly with this statement, and identify with native autoethnographers who highlight issues concerning exile, memory, and/or shifting multiple identities, which lead to ambiguous insider/outsider status (Reed-Danahay 1997). This autoethnographic process has facilitated in me a personal shift from being an island between the worlds of others to being a bridge.

Applied Methodology

This research project was endorsed by Mennonite community leaders in the city of Winnipeg. Recruitment information was provided to pastors of ten Mennonite churches, which had become home to post-WWII Russian Mennonite immigrants. Personal announcements, in both English and German, were welcomed at three churches and provided the familiarity necessary for women and adult children to approach me and feel safe to participate. Nine respondents participated as a result of my church presence – five older women and four adult children. Two additional churches were the source of three more respondents, and remaining participants learned about the research project from others who had informed them. Survivors were between the ages of 78 and 96 years old, while adult children were between 51 and 67.

Data collection involved *participant observation*, *interviewing*, and *archival research* (Wolcott 2008). Participant observation occurred within the context of scheduled interviews, and insider status provided an understanding and sense of Mennonite culture and experience. One-on-one taped interviews were conducted with six survivors and seven adult children. One survivor was apprehensive about the use of a tape recorder, while an out-of-province participant provided me with a previously taped interview (the latter approved by the Chair of the Psychology/Sociology Research Ethics Board). Eight participants were members of mother-child dyads, and remaining participants were unrelated. Though two older women demonstrated early signs of dementia, consultation with family members provided full support of their participation.

Two one-on-one interviews (approximately two hours each) were conducted with most respondents who were invited to share their life stories in relation to the research question outlined above. Specifically, participants were asked to reflect on how their (or their mother’s) Soviet experience had affected them across the lifespan physically, mentally, emotionally, and spiritually. All participants were asked to reflect on their own and/or their mother’s personal needs and how these might best be served at this time. Additional questions were asked as required for further clarification. I was interested not only in narrative content but in the subjectivity of the narrative exchange. Just as I witnessed participants’ stories and their meaning-making process, they also witnessed elements of my own family story, though to a limited extent, and, particularly, early in the interview process, to establish connection

and trust. Thus, data not only emerged from past experiences of participants but also from this mutual sharing (Coffey 1999).

The examination of archived documents, historical writings, and biographical literature sensitized me to the magnitude and weight of the story carried by Russian Mennonite women, but discussion of this material is beyond the scope of this paper.

Data analysis involved description, analysis, and interpretation (Wolcott 1994; 2008). *Description* involved the writing of a collective narrative account for each generation of participants, allowing their voices to stand on their own with as little interpretation as possible. In accordance with conditions specified in the *Consent to Participate*, I have used pseudonyms in the current paper in order to protect the identity of participants. Participants of each generational cohort were given the opportunity to read their collective narrative to ensure that they felt adequately represented and to provide overall feedback. *Data analysis* occurred throughout the research process and involved organizing the descriptive narrative account, as well as coding and identifying prominent themes. Although preconceived ideas and theories that emerged from the literature, to some extent, guided data gathering and description, the latter tended to be an inductive process, with themes emerging or becoming clear during the course of the research through careful observation and the privileging of participants’ voices (Anderson 2006; Wolcott 2008). Dominant themes highlighted in this paper were related to matters of identity, emotional or mental health and agency, culture, religion, gender, and power (Reed-Danahay 1997; Fraser 2004). I was particularly interested in patterns and themes that

emerged within and between each generation. Although I integrate certain guiding concepts into the discussion and *interpretations* of the results, I do so only when these concepts are in resonance with what I have heard from participants. This emphasis on participants' voices counters the risks of researcher bias or the privileging of my own personal experience (Anderson 2006).

Findings

A presentation of the findings includes (1) highlights of the collective narrative account of each generation and (2) an interpretive discussion of these narratives, with a focus on the lived experience of participants. Their reflections on helpful social and/or professional supports are beyond the scope of this paper. The collective narrative of survivors includes a chronology of historical events seen through their eyes. Intra- and intergenerational themes are discussed and viewed in relation to relevant literature.

Russian Mennonite Women: The Collective Narrative

For each participant, life on Russian soil, from the moment of birth, was steeped in war, political unrest, and/or oppression. The year 1914 and WWI marked the dramatic beginning of one participant's life, a woman I will call Anna. During the Bolshevik Revolution, all males in her father's and grandfather's generations were violently killed and their families dispossessed of their land. A widespread typhus epidemic and famine followed, bringing us to 1922 and the birth of Ella. By this time, a tremendous climate of insecurity and terror had set in, stimulating a massive migration

of Mennonites to Canada; no further migration was permitted after 1930, when Stalin began the exile of community leaders, collectivization, and Sovietization of the school system. The remaining six participants – Frieda, Helga, Liese, Martha, Neta, and Sara – were born between 1926 and 1932. The year 1933 brought a widespread *man-made famine* due to the forced export of all grain grown on collectives. All women experienced and spoke of the chaos of this period.

By the mid-1930s, Stalin called for mass arrests by the NKVD. Seven of the eight women interviewed had lost fathers tragically, primarily through these NKVD arrests. Anna, who had lost her father during the revolution, now lost her husband, step-father, and other extended family members. In the case of Frieda and Helga, both parents were arrested. Ella stated, "Das war so eine *unheimliche* Zeit, so *unheimlich*. Dann wurde bloß so geflüstert: 'Dem haben sie geholt, dem haben sie geholt, dem haben sie geholt,' und nie mehr gesehen." [Trans.: "That was *such* a *sinister* time, so *sinister*. You constantly heard whispers: 'So-and-so was taken, so-and-so was taken, and so-and-so was taken,' and never seen again."] This was one of the darkest periods experienced by these women and, for most, the fate of their fathers, and husband, has remained a mystery.

Mothers had to be very resourceful in order to survive with their children. The loss of the male head was accompanied in three instances by the family's eviction from their home or even the village – in Anna's case having resulted in a move to a large urban center post-revolution and, in the cases of Liese and Martha, finding shelter in makeshift accommodations with the help of ex-

tended family members. Ella, Liese, Martha, and Neta spoke of the intensity of the work on the collective. Liese commented: "...we were alone for days that we didn't see mom. We were in bed already when she came home from work... In the morning when we got up she was gone already." Both Liese and Martha had been given responsibility at a very tender age (seven and eight years old) to care for siblings younger than themselves. Liese further commented, "I would...pick mushrooms and fry [them], and if we had other stuff. I built me a stove outside...and so I would cook then for our brother, my two sisters, the baby, too, you know, and that's how we existed." Martha's comment appeared to cloak an underlying childhood fear about her mother's state of mind: "...the cream of wheat wasn't sweet...and we...told everybody mom wanted to poison us... *We didn't eat anything that day.*"

Frieda and Helga, who had each at 11 years of age lost both parents and been taken to a Soviet orphanage, were shown images of people being killed and pushed into mass graves and informed that this was the fate of their parents. "We had to denounce our parents...say they were traitors," said Helga. Frieda recalled, "They told us...forget about your parents, [they] are enemies of the state and... Father Stalin is going to take care of you."

With the German invasion in 1941, participants came under German occupation and thus, protection from Soviet forces. However, several were separated from family members who had been relocated to eastern parts of the Soviet Union prior to the German invasion – losses still deeply mourned today. Young men, including Neta's uncle, were "herded like cattle" and sent to work

camps. Anna's sister and niece also disappeared, never to be seen or heard from again. Liese and Martha were also being evacuated, but were saved from this fate because the areas they were in were already under heavy German military fire. Martha painted a heroic picture of her very anxious but resilient mother fleeing a bombed out train with four young children, no home to return to and nowhere to go; armed only with faith, she had found a home in an empty village that had already been evacuated. Frieda reported how close she had come to being shot as a Jew by German troops and expressed her empathy for the Jewish population in Ukraine during that dark period.

Women's narratives moved fairly quickly to the drama of the flight to Germany with the retreating German army, with the majority en route during the fall and early winter of 1943. Two modes of transit were used, with half of the women traveling in horse-drawn wagons and half in freight trains. Most were women, children, and elderly as many men had already been lost. The pursuing Soviet army was a constant threat. Neta's aunt, whose husband had been taken in 1941, was so emotionally distraught that she expressed the following: "Waut soll etch met [miene Tchinga]? Soll etch dei dautschlone?! [Trans.: "What should I do with [my children]? Beat them to death?!"] Great pain also resulted from the loss of loved ones to so-called natural causes exacerbated by conditions of war, and the inability to ever revisit their graves. Ella lost her 18-year-old brother to tuberculosis and Anna's mother died due to a poorly treated bowel obstruction.

In addition to the terror of bombings and survival in a war zone, several women also spoke of the

ongoing risk of remaining in East Germany or Poland during the Russian invasion, which included not only the threat of repatriation but also a high incidence of rape by Russian troops. Martha's words reflected the constant fear they lived in: "...group rape...it was traumatic, and my mother... was so afraid...that that would happen to us. That's why she was *very, very anxious* to get us out of, and when we were in Germany it was just touch and go, whether it would go to the Americans or the Russians." Helga described the *Angst* of these times as follows: "...displaced persons didn't want to go back to Russia; there were suicides, they just slashed their wrists...hung themselves, whatever, because the liberators weren't really sending them to their homelands, they were sending them to Siberia." Sara had suffered the fate of repatriation and, at the age of 16, had been forced to work as a logger. In 1967, she, her husband, and their children were sponsored to Canada by her mother-in-law who had lost contact with her son during the chaos of war and immigrated to Canada with her other children soon thereafter. Ella had initially immigrated to Paraguay with her family as Canadian immigration policy had rejected all applicants with health issues. As her brother was terminally ill, it fell on Ella to help her father clear twelve hectares of land, as well as produce the bricks to construct their new home!

Physical Themes

Older women tended to project an image of lifelong physical strength and resilience and provided few examples of physical repercussions of their Soviet experience. Some did acknowledge the issue of food shortages and nutritional deficiency coupled with physical over-exertion during those

early years, and long-term effects involved spinal stenosis for Neta, and osteoporosis, as well as arthritis, for Sara.

Emotional Themes

Although the emotional element could be felt and was, to some extent, articulated in women's narratives, it was not given much emphasis. Several women attributed most of the emotional burden to their mothers who had lost, or had been at risk of losing, their men, and whose biggest concern had been the survival and cohesiveness of the family unit during the war that followed. Both Liese and Martha expressed that their mothers had provided little affection and emotional validation, being focused on survival. Liese's mother had minimized the loss of her husband, constantly reminding her children that "*every[one]* had experienced the same thing," as he had been one of seventeen men "taken" that night. Liese was still deeply hurt by her mother's unsympathetic parenting, and feels a degree of shame and guilt for feeling this way about her mother, now deceased.

Frieda had adapted to her circumstances and managed her emotional *Angst* by focusing on the education that was available to her in the orphanage and, later, on every opportunity that facilitated her escape to Germany. Even when she learned of her mother's survival in a labor camp, and it became possible to write letters, she remained emotionally detached; it was only after the birth of her own children in Canada that she realized how "my mother's heart must have been absolutely broken.... [I] feel more what my mother must have gone through."

Only two women – Helga and Sara – disclosed having had severe emotional distress during the post-migration period; in both cases, the absence of family of origin and an adequate support network were primary factors. Remaining women reported few emotional concerns during their period of acculturation into Canada, but, in several cases, referred to friends or family members who had unresolved emotional issues such as "bad nerves," unresolved grief and loss issues, and bitterness or resentment about the past.

Mental Themes

The majority of participants placed a high value on *mental strength* to cope with the challenges they faced. Their stories reflected incredible resourcefulness and agency – they were "doers." Liese stated matter-of-factly, "If you keep working, you eat!" The corollary of this was that women could not afford to be "*mentally weak*," too engaged with their emotions. Such women were regarded as lacking in character, will, or even faith. Liese initially described her grandmother as having been "weak," but later decided that she "*might* have been a *little bit depressed*" as "several" of her sons had been "taken." Martha referred to an extended family member – who had been sexually abused post-immigration, kept the abuse largely hidden for the duration of her life, and been diagnosed with schizophrenia – as having been mentally weak.

Some participants spoke of mothers or extended family members who had demonstrated tremendous faith and strength throughout their lives, yet, had suffered emotionally as they got older. Martha's mother had required "nerve pills" dur-

ing her middle age and onward. Anna's sister and the mothers of Liese and Martha developed dementia in older age, and each of these experiences reportedly unleashed unresolved emotions, delusions linked to the past, and/or agitated behavior. As Martha said about her mother: "She would hit...kick...and bite...people – she was fighting, fighting against what had happened in her life..." Her mother would frequently pile all of her possessions onto her walker and announce it was time to leave, as if preparing to "flee."

Spiritual Themes

A universal theme among all participants was that of gratitude for having escaped the Communist regime and survived in the midst of bombing and warfare – having been "protected." As Neta put it, "[The Russians] were always behind us [during the flight]...we had no passports, nothing, we just had faith." Their faith enabled them to draw "strength and...courage to face whatever [was] coming [their] way." Neta likened the escape to the biblical Exodus and Hitler's army was accepted for its role in this great escape, though Frieda and Helga had experienced conflicting feelings about the German army because of its actions against Ukrainian Jews. In general, all women accepted their powerlessness in relation to political forces and relied on their faith in a higher power to keep them resilient.

Women also expressed gratitude for the freedom which they enjoyed in Canada – to raise and provide for their families in a safe political environment. They were grateful for the simple things in life. Ella put it this way: "Ich bin so reich wie eine Königen! Ich kann jetzt essen was ich will,

ich hab anzuziehen, ich hab ein Haus, ich brauch kein Wasser raustragen und keins rein tragen....” [Trans.: “I’m as rich as a queen! I can eat what I want, have clothes to wear, a house, I don’t need to haul water...”]

In Canada, women adapted to the norms of the existing Mennonite community, which, according to some participants, had not fully grasped the depth of the traumas they had experienced, though this was not stated as a criticism. Of significance is the fact, mentioned by Ella, Liese, and Martha, that women who had lost their husbands were initially not allowed to remarry because it was not certain that their husbands had, in fact, died. Indeed, participants recounted bittersweet stories of women who had remained true to their husbands only to learn decades later that they had survived in Siberia and remarried.

The majority of participants relied almost exclusively on family and church networks to meet social needs and appeared to be secure in their religious life. However, a few comments suggested that some Mennonite women may experience guilt in later life related to childhood choices influenced by Communist propaganda. In Liese’s case, this had involved the refusal to pray with her parents or to believe in God.

Adult Children: The Collective Narrative

Two sons and six daughters contributed to this narrative. Four of us were born in Canada (Lydia; Martin; Diane; Dorothy); two in South America (Edna; Darlene); one had been an infant during the escape from Ukraine in 1943 (David); and one had been born in the Soviet Union after her moth-

er’s repatriation (Susanna). Edna, Lydia, Marten, and Susanna are the children of Ella, Lena, Martha, and Sara respectively. Diane, Dorothy, Darlene, and David make reference to mothers who were not participants in this study. Adult children tended to be more introspective, actively reflecting on physical, mental, emotional, and/or spiritual effects of their mothers’ experiences on their lives.

Traumatic Events Experienced by our Mothers

Adult children provided brief accounts of the family story in abbreviated snippets as the story had been imparted to us. For Lydia, Martin, Darlene, and Dorothy, this involved the arrest and permanent disappearance of grandfathers and the impact on the family. In other cases, the terror of the Black Raven had been no less palpable as women had lost extended family members. Diane lost five uncles and, in another dramatic case, Darlene’s uncle had been informing on male relatives in order to protect himself; ultimately, he was also arrested, never to be seen again.

In addition to anecdotes about the loss of loved ones during the Revolution, famine, collectivization, exiles, arrests, and flight, Edna, David, and Darlene reported that their fathers had been conscripted into the German army – two having spent several years in prisoner-of-war camps. Without the protection of her husband, David’s mother had been the victim of multiple rapes while on the eastern front, protecting herself from group rape by submitting herself to one Russian soldier. Efforts to avoid his advances put her children at risk; indeed, he had thrown a grenade into the children’s bedroom one night when she had hid-

den from him. Fortunately, though injured, the children survived. Adult children also reported painful family separations due to dispersal to two or three different continents.

Intergenerational Physical Themes

Darlene, Diane, and Dorothy reported traumatic pregnancies and childrearing experiences of their mothers, in part due to malnutrition, including miscarriages, medical abortion, and physical fragility in surviving children. These physical themes are closely linked to emotional outcomes, which will be discussed further in later sections.

Intergenerational Emotional Themes

Most adult children were impacted by the emotional residue of their mothers’ past traumatic experiences, reporting a range of underlying emotions mothers masked from the community around them, including fear, grief, anger, resentment, anxiety, paranoia, depression, loneliness, and/or homesickness. Edna, Diane, and Dorothy identified maternal trust issues; two mothers were quoted as saying: “You can’t trust anyone outside the family.” Daughters felt this may be related to the history of fear and betrayal on the collective, but that it was also likely a way of ensuring emotional safety in a religious community where they did not feel totally accepted. Edna, Lydia, David, Darlene, and Diane stressed their mothers’ focus on “fitting in,” “keeping up appearances,” “saving face,” and “avoiding gossip” within the context of the Canadian Mennonite community, which meant not disclosing innermost thoughts and emotions to their peers.

Emotional undercurrents were picked up vicariously by adult children within a context that did not provide a means of appropriately processing them. Edna recalled a family scene around the dinner table, “mother’s tears coursing down her cheeks,” father looking grim, and children seated around the table – invisible. “We were all in our frozen little places, nobody said a word. It was complete silence.” David, who had been an infant and toddler during his mother’s encounters with rape, would often tear up during the interview process – his emotions easily triggered when speaking of his mother.

Particularly traumatic for our mothers had been the loss of loved ones through exile, disappearance, death, and relocation. For the mothers of Edna, Susanna, and Diane, immigration had resulted in permanent separation from family of origin, resulting in lifelong grief, emotional isolation within the Mennonite community, and primary reliance on immediate family, particularly eldest or only daughters. Each of these three daughters described having been her mother’s “confidante” since childhood, and Edna and Diane specifically used this term. Edna expressed that “emotionally, I’ve always felt like I’ve carried my mom,” while Susanna felt that she had “mothered” her own mother since childhood. “The focus was more on my mother’s grief and my mother’s experience than it was really on my experience,” Edna reflected. Although most children reported that they knew their mothers loved them, and that mothers emphasized maintenance of strong family bonds, Edna, Lydia, Susanna, and Diane found that their family experience provided little emotional support. Edna expressed it this way:

Try to have a real conversation with her. It's really difficult to talk about real issues, to talk about what's really going on... I wanted her to be supportive of *my* feelings and...emotions [and] it was an impossible task for her... I think there's a huge disconnect in the family...and that causes me anxiety.

Lydia linked this emotional unavailability to her grandmother's stoic survival since the Revolution. The maternal lineage of strength and control was marked by the admonition: "Get over it!" "There's a hardness there... Somewhere in her experience, [my mother] developed a hardness which makes it hard for her to show compassion." Edna and Diane also perceived this lack of compassion in their mothers, but "[b]eing stoic doesn't mean they don't feel; they just can't show it easily."

Often the emotionality of the family story was grasped more deeply over time, in the case of Lydia, once she began to have her own children, but, in other cases, even more recently. "It's only become more and more clear to me within the last five [or] ten years," said Edna, "...I'm really experiencing those kind of emotions now, some kind of backlash of my [childhood] experience," which had been "a very traumatic upbringing."

Intergenerational Mental Themes

Adult children interpreted the term "mental" broadly, ranging from viewing "mental strength" as a means of managing one's life and one's emotions, to various forms of "mental illness," such as symptoms of depression, anxiety, and PTSD. Also included in this continuum was the notion of "mental constructs," such as thoughts and beliefs of mothers that may have shaped those of adult children.

The majority of adult children reported their mothers had relied upon "mental strength" to cope with almost insurmountable circumstances. They were described as "mentally tough" and having "strength of mind." David stated: "When they got raped, they pulled themselves together." Another adult child indicated that "they *couldn't* give up" and would always "make the best of it." Lydia said this about women in her extended family: "Not one of them ended [up] in a mental institute, *none of them*, they all functioned."

Mental strength, faith, resilience, and resourcefulness were interrelated themes in the narratives of adult children. Edna, Lydia, Diane, and Dorothy felt that their mother's mental strength came at the expense of "the softer side." They confirmed that emotional needs and mental health issues were often perceived by their mothers as "lack of faith" and/or "weakness of character." This belief was thought to encourage women to internalize emotions and deal with them independently as best they could. Several adult children stated that, although their mothers had demonstrated resilience, this had often masked underlying emotional issues. These adult children described emotional states that one could associate with depression, anxiety, and/or PTSD, though they had no knowledge of any clinical diagnoses ever having been made. Indeed, David clearly described a phenomenon known as *night terrors*, one of many possible symptoms of PTSD, in the case of his mother after immigrating to Canada. In the case of Lydia's grandmother and the mothers of Edna, Susanna, David, and Dorothy, lifelong resilience was said to have masked emotional distress for which at least one (Lydia's grandmother) had reportedly taken "nerve pills" and another Valium

(Edna's mother Ella). The former later developed dementia, during which underlying suppressed emotions had surfaced. Only Martin described both his mother and grandmother as fully resilient, applauding their strength of character and making no mention of underlying emotional or mental health issues.

Several adult children admitted to undiagnosed mental health concerns of their own over the lifespan. Darlene, Diane, and Dorothy reported having experienced what they identified as symptoms of anxiety, beginning in early childhood, which they attributed specifically to their mothers' traumatic experiences prior to and throughout their pregnancies. Symptoms and related issues included depressed mood, heightened sensitivity to light and sound, nightmares, obsessive and/or paranoid behavior (e.g., being triggered by legal documents and authority figures, particularly those in uniform; sleeping with weapons under the bed), and anorexia with extreme weight loss. Other adult children had less extreme concerns relating to self-worth, self-confidence, and questions of cultural and religious identity. Many of the above-mentioned concerns were linked by participants to the lack of emotional availability and validation experienced within their family of origin.

Intergenerational Spiritual Themes

All adult children felt that faith had been a core factor in their mother's survival. David made the following comment: "...faith was their whole way of life...and gave them the strength of mind to carry on." Martin echoed this statement, and viewed his family history entirely through the

lens of faith and resilience. A foundational story for him revolved around the experience of his maternal grandmother who, during the German invasion of Ukraine, stranded with her four children "in the middle of the steppes of Russia with absolutely nothing...prayed and asked God: 'Will you really abandon us?!' and experienced that he did not." Martin provided no further storylines beyond that of faith.

However, most children also held a common belief that our mothers had struggled within the context of the Canadian Mennonite church, which had silenced subjectivity and controversial personal experiences, providing black and white options that usually involved burying one's emotional pain and submitting to a high moral code which required stoic acceptance of one's circumstances or fate. For example, Edna's mother, Ella, suffered from depression due to her husband's refusal to sponsor her parents from Paraguay. When she sought support from her pastor, he admonished her "to go home and do what your husband tells you." With no safe place to turn, she had become socially isolated, relying for many years on Valium and upon her young daughter for emotional support.

The case of fathers being conscripted into the German army was also controversial, first of all because Mennonites were traditionally pacifist and, secondly, because at least one father had served in the SS. David reported that his father claimed never to have killed anyone – always shooting either "up into the air or down into the ground." For Darlene's mother, her husband's choice to voluntarily join the SS had stirred in her tremendous moral and emotional conflict because she had

witnessed the loss of good Jewish friends at the hands of German troops during the occupation of Ukraine. Moreover, the German authorities had ordered her to have their 2-year-old son with Down syndrome euthanized, though he died of natural causes first. These inner conflicts could not be easily resolved.

It was considered “a huge shame to have mental illness.” Several adult children reported that mothers internalized the rigidity of the Mennonite church doctrine along with their emotional pain, seeking to gain favor within the church community and in the eyes of God. Diane described this as the “spiritualization of suffering,” while Susanna stated, “they didn’t focus on the love of God, they focused on the rules.” Darlene and Diane felt that this focus on following the rules sometimes resulted in women having a crisis of faith at the end of their life. At the end of her life, Darlene’s mother feared that “I’m not good enough...I’ve done too many bad things, the Lord won’t take me in!” In addition to the loss of her 2-year-old son, Darlene’s mother had required a medical abortion of twins for which she felt tremendous guilt. This tragic loss of her siblings coupled with her mother’s deep spiritual conflict prior to her death is deeply felt by Darlene – the replacement child.

Concern about the rules also meant that several mothers imposed high religious standards and expectations on their children to counter secular influences from the larger community as, under the scrutiny of the Mennonite community, the quality of their children’s lives would reflect back on them. This included marrying within the Mennonite community, avoiding the stigma of divorce

or children out of wedlock, and not adopting lifestyles or ideologies in conflict with Mennonite dogma. David’s mother had resisted psychiatric care for her schizophrenic son as she felt he simply needed more faith. These stances created significant inner conflict for adult children who felt emotional distance from their mothers and/or were struggling to find their own identity in a bicultural world.

Analysis and Discussion

In-depth individual interviews have provided rich data for collective narratives, as well as a means of exploring intra- and intergenerational patterns and themes. This has revealed a multi-layered story involving the interplay of physical, emotional, mental, cultural, and religious factors that bear on individual, intergenerational, and collective experiences and narrative meaning-making. Of interest is the fact that both individual and collective marginalization of certain life experiences confined women and their offspring to rigid, and sometimes unconscious, relational patterns and emotional or psychological states that were difficult to transcend. What follows is a review of key themes, patterns, and needs (1) related to lifespan effects on older women and (2) intergenerational effects on adult children, discussed in relation to relevant literature.

Russian Mennonite Women: Narrative Analysis in Relation to Lifespan Impacts

Women tended to provide chronological accounts of their lives in which prominent themes related to *what happened* and *how they put the past behind them*. They did not actively reflect on the guiding

questions concerning physical, emotional, mental, and spiritual aspects of life, though this information was embedded in their narratives and I had to sift it out.

A model of narrative analysis outlined by Spector-Mersel (2010) provides one means of exploring *how* women told their narratives. This model outlines six mechanisms of selection by which biographical information is chosen by an individual for the purpose of supporting a particular *claimed identity*. The six mechanisms are (1) *inclusion*, involving parts of the life story preferred in the narrative because they support the identity claim of the story teller; (2) *sharpening*, the act of emphasizing or exaggerating preferred aspects of the story; (3) *omission* of certain parts of the story deemed irrelevant to the claimed identity and preferred story line; (4) *silencing* parts of the story that contradict preferred story lines; (5) *flattening*, minimizing, or condensing certain facts, events, and periods of the life history to assert their insignificance; and (6) *appropriate meaning attribution*, which refers to the act of ascribing a particular meaning to a past event in order to support a claimed identity. The analysis of women’s narratives was aided by the additional knowledge gained from the narratives of adult children.

In terms of inclusion, the majority of women focused on the challenges they had endured; personal losses experienced; reliance upon mental strength and faith; resilience; and their ability to reconstruct new lives in Canada. In some cases, the flattening or total omission of emotional and/or psychological storylines was only clearly recognized upon hearing the narratives of adult children. For example, Ella and Liese emphasized

or sharpened life experiences that presented positive and proactive qualities and flattened and, in some instances, silenced, those reflecting personal characteristics that were inconsistent with this image. Ella was completely silent about her depression, marital discord, poor pastoral care, and twenty years of Valium, while Liese flattened the anger and resentment she continues to feel towards her mother, who had never been able to provide emotional validation. In both cases, their daughters, Edna and Lydia respectively, had suffered from their emotional unavailability and lack of compassion.

The flattening or silencing of highly emotional experiences of early childhood by several participants, particularly in relation to the emotional distance or total absence of their own mothers (for example, Frieda, one of the orphans, and several participating and non-participating mothers who had carried tremendous responsibility on the collective), resonates strongly with the literature describing insecure attachment. Lack of emotional validation from our earliest attachment figure shapes quality of attachments across the lifespan, including with our future children (Merz et al. 2007).

The literature on post-traumatic growth recommends that trauma survivors develop coherent and congruent life narratives which integrate past, present, and future, including underlying trauma-related emotional or psychological issues (Janoff-Bulman 2004; Tedeschi and Calhoun 2004). Although Frieda and Helga demonstrated integration of emotional story-lines into their life narratives, it appears that several research participants may have experienced mere resilience in

the absence of safe, validating attachments and/or environments where they could integrate and voice a more coherent life narrative.

The collective narrative of each generation points to a *claimed identity* of mental strength, faith, and resilience with regard to women survivors. In the case of Martin and his mother, Martha, each gave dramatic accounts of a terrifying incident experienced by the grandmother, where the latter had felt the protection of God in the middle of the steppes of Russia when the train she and her children were to be on was bombed during the German invasion. In each account, the *dominant meaning attributed* to this experience was that of mental strength and faith. While Martin's version completely *omitted* his grandmother's experience of emotional pain, Martha's did acknowledge her mother's anxiety though emphasized resilience. She later also admitted that unresolved anger and terror had surfaced during her mother's dementia process once mental strength and resilience were no longer available to her. Martin, on the other hand, appeared totally oblivious to the lifelong emotional suffering of his grandmother and, when describing her final years, did not identify any of the delusional behaviors or emotional outbursts mentioned by his mother. This example, as well as stories such as Neta's likening of the escape from Russia to the biblical "Exodus", demonstrate the power of preferred but incomplete meanings often attributed to life experiences, and the potential for these meanings to restrict coherence and post-traumatic growth across the lifespan and intergenerationally (Tedeschi and Calhoun 2004). Moreover, we can see, by extension, the power of dominant meaning attribution of the Mennonite church to restrict coherence in

cultural narratives, thus, limiting lifespan and intergenerational collective experience and memory (Volkan 2001).

It is important to note that most women appear to have internalized the claimed identity of the Mennonite church. Although many adult children noted that their mothers had struggled emotionally within the Mennonite church context, such critique was missing – *omitted* or *silenced* – in the narratives of older women.

Older women tended to minimize or flatten their suffering. One woman even felt that I may not be interested in her story because she believed she had not suffered as much as women who had grown up on a collective. This was the woman who had lost all male members of her family during the Revolution and later lost her husband during Stalin's purges. Women tended to normalize and internalize the spirituality of suffering and, in some cases, rigid, and rule-based religious practice – a perception which was held by several adult children. Moreover, women's expression of faith, strength, and resilience tended to be linked to a more silent, meek, and submissive role than that of men; they had been conditioned both under Communism and by their Mennonite upbringing to work hard and carry on without overt complaint, to successfully cope within the parameters of outside forces. Thus, silence applied not only to emotional pain but to other forms of expression, and often meant bowing to external authority, including that of husband and church.

The silencing of the *other* is sometimes an unconscious act, and may involve emotionally distancing oneself from the world of the other – the in-

ability to relate to the deep suffering carried by women and to integrate that experience into our own (Bragin 2010). In my mind, to silence the other is to deny an experience of the whole of which we are a part. "I see a strong parallel between the experience of separation and exile, which was so common during the Stalinist era, emotional exile within the Mennonite community and family, and exile from one's deepest self" (Krahn 2011:175-176).

Tedeschi and Calhoun (2004) stress the importance of crafting complete, coherent narratives that incorporate new perspectives; mutual support and narrative exchange so that stories transcend individuals; and self-disclosure in supportive social environments – all of which lead to the further revision and transformation of one's life story, as well as *post-traumatic growth* as opposed to mere *resilience*. They also apply the concept of post-traumatic growth to social change in the aftermath of trauma in order to challenge socially and/or culturally shared schemas that restrict such growth. We would do well to engage in validating narrative and relational practices in all social and professional environments that touch the oft marginalized lives of older adults.

Adult Children: Narrative Analysis in Relation to Intergenerational Legacies

Adult children tended to be quite reflective and articulate about the influence of their mother's lives on their mental-emotional development and wellbeing. However, they had not necessarily made a connection between the traumatic experiences of the past and the emotional outcomes. Indeed, some participants wondered how

one can distinguish between: (1) personal characteristics that stem from past trauma; (2) inherent personality traits; and (3) familial, cultural, and religious influences on personal development. Intergenerational patterns and themes that have emerged suggest interplay between all of these factors over time in relation to past trauma. These are presented within the categories of familial, cultural, and biological modes of trauma transmission.

Familial Transmission

The concept of familial transmission has been applied to comments related to family patterns, rules, secrets, silences, parenting style, and attachment experiences that many adult children identified as contributing to intergenerational issues or concerns (Danieli 1998; Weingarten 2004). Several adult children internalized emotional undercurrents that permeated the household, such as heightened anxiety, fear, mistrust, difficulty expressing emotions, underlying anger, resentment, guilt, or grief. These undercurrents were often felt within the context of silence, including unexpressed emotions and/or storylines. At least three daughters had also become part of an unconscious pact of silence, as each had been her mother's confidante at a young age, and had been entrusted with certain family secrets. This emotional dependency upon the daughters represented unhealthy attachment relationships, which denied daughters the emotional validation that they themselves required. The fact that all mothers had experienced painful losses and separations had contributed to a strong emphasis on family cohesiveness, though family connection on a deeper level was, in several cases,

felt by adult children to be inadequate or absent. These examples clearly demonstrate the kind of family dynamics that contribute to the intergenerational transmission of insecure attachment (DeOliveira, Moran, and Pederson 2005). Many adult children also had difficulty breaking away from designated family roles, identities, and expectations, and moving into adulthood more independently.

Cultural Transmission

To be Mennonite has historically been a very insular cultural *and* religious experience – sustained over a 500-year period. As a diasporic community that has settled in many parts of the world, Mennonites have traditionally maintained a strong collective identity centered around core principles of Christian faith, pacifism, and relatively closed communities, as well as rigid cultural and religious norms strengthened by the establishment of their own schools, hospitals, professions, agriculture, and other community structures within the parameters of the dominant societies in which they live. In the case of Russian Mennonites, their communities were totally disempowered during the Stalinist era (Epp 2000). Moreover, post-WWII immigration to Canada coincided with a period of increased urbanization, in contrast to their past agrarian lifestyle, resulting in greater exposure to the modern, secular world. This also brought less control over the education of their children, though previous Russian Mennonite migrations to Manitoba had produced a strong network of churches, private schools, and other Mennonite institutions. Winnipeg currently has one of the largest urban Mennonite populations in the world (Driedger 2010).

Half of adult child participants in this study felt that their individual identities had, in their youth, been overshadowed by the family and collective history of trauma, as well as the collective theology and values of the Mennonite church. Most adult children spoke of the experience of living in two or three worlds – the old world of their parents that was left behind, but ever present; the Canadian Mennonite church community; and the world that existed beyond those parameters. Adult children had, to varying degrees, experienced difficulty understanding their identity and navigating these worlds. Indeed, Reynolds (1997) found that 62 percent of children, born to Russian Mennonite survivors who had migrated to Canada during the 1920s, perceived that conforming to Mennonite norms was more important to their parents than their individuality.

In a Manitoba study, Thiessen, Wright, and Sisler (1969) compared 204 Mennonite youth with an equal number of non-Mennonite youth and found that the Mennonite cohort was more highly motivated to interpret behavior in religious terms, more concerned about moral issues and orienting life around religious values, and more inclined to experience deep inner conflict and feelings of guilt when lines were crossed. The researchers also commented on an observation made by the psychiatric community in Winnipeg, Manitoba at that time – that Mennonite patients tended to display a unique disturbance characterized by “depressed affect, strong feelings of guilt, delusions of persecution, and emotional detachment,” a cluster of symptoms dubbed “Mennonite psychosis” (Thiessen, Wright, and Sisler 1969:129-130). Jilek-Aall, Jilek, and Flynn (1978) found similar symptom formations among Mennonites

in the Fraser Valley of British Columbia, namely, general anxiety and depressive mood, with underlying guilt and fear of rejection or punishment by God, low self-esteem, self-deprecation, and a host of somatic symptomatology. Although it is not my intention to essentialize or pathologize the Mennonite community, I wonder if a combination of intense historical, religious, and cultural factors, as well as incoherent meaning-making, claimed identity, and cognitive schemas, predisposed some Mennonites to the unique states described above, not the least of which is its foundational history of persecution and self-defined martyrdom at the hands of the Catholic church (Loewen 2003).

Adult children who participated in my research were youth in Winnipeg at the time of the Thiesen, Wright, and Sisler (1969) study, and our personal experiences resonate, in general, with the findings of that study. Most adult child participants voiced the challenge of breaking through limiting culturally and family imposed belief structures, as well as resolving intergenerational emotional and behavioral patterns.

In light of Volkan’s (2001) comments regarding the privileging and silencing of particular cultural narratives in order to protect and repair group identity in the aftermath of trauma, we can see the power of Mennonite institutions and the collective Mennonite psyche to reinforce a claimed identity of faith and resilience and contribute to the repression of emotions and exacerbation of mental health issues across the lifespan and generations (Reynolds 1997). Narratives that were silenced or minimized within the family and/or community context included two cases of schizo-

phrenia within the extended family; war rape; SS involvement; marital conflict due to husband’s refusal to sponsor wife’s family to Canada; lack of pastoral support to resolve marital conflict; mental health issues of anxiety, depression, and/or PTSD; inner spiritual conflict regarding a medical abortion; and life resolution issues of family members who were palliative or experiencing dementia.

Biological Transmission

The transmission of physical and psychological symptoms, including anxiety, attributed by Darlene, Diane, and Dorothy to the impact of maternal trauma on pregnancy, is verified by empirical literature demonstrating a relationship between maternal trauma and cortisol levels in children born post-trauma (Yehuda et al. 2005). Diane and Dorothy described the emotional unavailability of their mothers, while Darlene had felt *over-validated* and *over-protected* as her mother had previously lost four babies. Moreover, adult children who had experienced vicarious trauma also described the emotional unavailability of their mothers. Empirical research now also demonstrates the underlying neurobiology of insecure attachment and parenting behavior (Strathearn et al. 2009), which supports the perspective that brain and body development, and genetic expression, is primarily mediated by one’s experience, particularly in utero and during early childhood, and the quality of one’s attachment bonds.

In considering the Russian Mennonite history, we can also imagine the collective neurobiological imprint made over the course of almost five centuries of relatively closed community, reinforced

by stoic and pious collective theology, memory, and narrative. Thus, it makes sense that Russian Mennonites may have experienced and processed Stalinist oppression and the aftermath of war and migration in unique ways as compared to other ethnic groups who also suffered persecution during this era. This complex legacy was vicariously absorbed by adult children and contributed to attachment insecurities.

Importantly, the effects of insecure attachment are open to further change as individuals continue to interact with and adapt to their social environment over the lifespan. Dallos (2004) suggests it is possible to transcend insecure attachment histories by developing *coherent narratives* and relating to one another emotionally. It is emphasized that a coherent narrative must provide a clear structure, reflect affect, and integrate events, feelings, and meanings (Baerger and McAdams 1999 as cited in Dallos 2004). Jordan describes this as follows: “[t]hrough mutual empathy we can heal...places of fear and disconnection. Mutual empathy arises in a context of profound respect, authentic responsiveness, humility, non-defensiveness, an attitude of curiosity, mindfulness...and an appreciation of the power of learning” (2008:235). She further states that this relational transformation is then inputted into and reworks the neurobiological circuits. Thus, our biology is affected by our perceptions, thoughts, and beliefs, and the quality of our relationships with family and the larger community; and neurobiological imbalances can be effectively addressed narratively and relationally (Siegel 2012). In this way, outworn individual, family, and cultural narratives can be transformed.

Conclusion

This study provides a rich description of lifespan and intergenerational effects of trauma on aging members of a cultural group that experienced Stalinist oppression over sixty-five years ago. Multiple layers of this subjective story have emerged. There is no doubt that all women had experienced highly traumatic circumstances, often compounded by the physical or emotional absence of their mothers. Their emphasis on mental strength, faith, and resilience was reinforced by the church community and, in many cases, contributed to ongoing minimizing of emotions and potential exacerbation of psychological symptoms, including insecure attachment, across the lifespan. Narratives of adult children demonstrated the phenomena of biological, familial, and cultural modes of trauma transmission, which involved the transmission of insecure attachment and vicarious trauma.

This was striking for several adult children, as we had not clearly recognized that we *had* a story. The interview process and emergence of a coherent collective narrative, which all participants read, was cathartic for many as it became even more evident that lifelong issues were not the outcome of mere character flaws of either our mothers or ourselves. Indeed, one mother expressed her delight that her daughter now understands her better, after reading her collective story. This underlines the potential for narratives to be rewritten individually and collectively to facilitate transformation.

The voices represented in this paper carry a message for a number of audiences, and encourage

us all to be more cognizant of our own cultural location and the importance of cultural sensitivity in our interactions with others. My insider/outsider status has allowed me to act as both an intergenerational and intercultural bridge, and this autoethnographic approach can be of value to professional and academic audiences who represent a variety of disciplines and cultures that touch the lives of older adults – be they long-term or recent immigrants, refugees, or visible minorities, including indigenous peoples. Trauma effects must be recognized as problems to be externalized and addressed collectively rather than individualized and treated as a pathology. Moreover, there is a need for social, professional, and spiritual structures that support inclusion, intergenerational exchange, and safe, validating places for people of all cultures and social locations to share their stories of vulnerability, strength, and resilience. Conscious attention to the narratives we internalize and construct is necessary so we are not confined by limiting storylines. It is a paradox that we are impacted by history and yet, are also its transformers and co-creators. The narratives we construct and tell are critical to our future social evolution (Freire 1973).

This research project was not without its limitations. Although I had hoped that the majority of participants would be part of mother-child dyads in order to achieve a more in-depth exploration of parent-child patterns and themes, I was pleased to have four dyads and greatly valued the contributions of non-related participants. Participant observation was limited to what I was able to see during the interview process, with regard to personal affect and participants’ personal living spaces, as it was not possible to

observe participants in one specific Mennonite setting. In-depth follow-up interviewing of participants after the reading of their collective narrative would have provided valuable additional data, but was not possible. My position as a child of survivors was potentially the most significant limitation as it posed the risk of projecting my own experiences onto the narratives of participants or privileging narratives that most resonated with my own experience. It was my hope that the depth and breadth of the interviews would balance that risk, as a larger sample size, which would have broadened and perhaps added more diverse storylines to the collective narrative, was not possible.

Limited Canadian research exploring the relationship between immigration, ethnicity, aging, and quality of life provides a direction for future research. Moreover, the tendency for the voices of older adults to be marginalized underlines the significance of qualitative methodologies that bring these to light. Engaging research participants in both individual and focus group interviews to witness a collective dialogical process of meaning-making within and between different cultural, generational, and gender cohorts would bring added dimensions to collective cultural narratives. In relation to the current study under discussion, it would be valuable to add the subjective narratives of Mennonite men to the collective Russian Mennonite narrative.

With increased immigration, large numbers of visible minority populations will become Canada’s future seniors; thus, further qualitative research to explore the lived experiences, strengths, and needs of aging recent and long-term immigrants

and refugees would be of value. Also of interest would be research that, for instance, highlights community-based, narrative, and/or intergenerational approaches to facilitating post-traumatic growth, development of secure attachments, and end-of-life resolution.

It has been profoundly moving for me to witness the narrative accounts of survivors and adult

children, which resonate so strongly with my own experience. I am equally struck by our capacity to collectively rewrite the historical narratives that have shaped our lives. I like to ask myself: "Is the story writing me or am I writing the story?" This narrative process has dispelled the power of darkness that had been vested in the Black Raven and has rewritten the outcome of that dark period of Mennonite history.

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