

An Autoethnographic Study of the Legacies of Collective Trauma experienced by
Russian Mennonite Women who immigrated to Canada after WWII:
Implications on Aging and the next Generation

by

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This thesis is dedicated to my *family* and *culture of origin* and to the memory of my mother,

Katharina Krahn (1914-2004), who is my bridge to the past.

Through her, I have developed a deep respect for the women who lived through this era and the life tasks they have had to embrace, and have come into a deeper knowing of who I am as part of a generation of adult children who have inherited their subjective legacy.

I have also come to a deeper understanding of the power vested in how we tell our story.



A-1 The Great Trek, flight from Russia, fall 1943

Photo # NP128-01-20: Helen Dueck Collection

Courtesy: Centre for Mennonite Brethren Studies, Winnipeg MB

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ABSTRACT

This thesis explores lifespan and intergenerational trauma effects experienced by Russian Mennonite women who fled from Stalinist Russia during WWII and migrated to Canada, and adult sons or daughters of this generation of women. As an adult child of survivors, I employed an autoethnographic methodology, conducting 1-on-1 interviews with eight women aged 78 to 96, and seven adult children aged 50 to 68. Older women demonstrated a lifelong emphasis on mental strength, faith, and resilience; the marginalization of emotions; evidence of insecure attachment styles; and potential for unresolved trauma to resurface in later life. The majority of adult children experienced attachment and identity issues; their life experiences are viewed through the lens of biological, psychological, familial, cultural (religious) transmission of trauma effects. Results highlight the importance of structural and narrative social work approaches that externalize and contextualize trauma and transform service environments that individualize and/or pathologize lifespan outcomes of trauma.

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CHAPTER I

INTRODUCTION

During the Second World War, the global Mennonite community, a largely diasporic Christian community that originated in Holland in the 1500s, experienced a dramatic period of migration when approximately 35,000 men, women, and children fled from Stalinist Russia with the retreating German army. While the majority was repatriated to the former Soviet Union, 12,000 managed to immigrate to the West, with most making their way to Canada and the remainder to Paraguay (Loewen, 2003; Regehr, 1996). During the 1950s, many who had first settled in Paraguay chose to pull up their roots again and build a new life in Canada (Epp, 1962). Approximately 3,000 Russian Mennonites settled in Manitoba during the post-war era, primarily in Winnipeg, where the Mennonite population during the 1950s rose to 7,000 (Krahn & Ens, 1989); this number included Russian Mennonites who had immigrated during the 1870s and the 1920s. My parents and older siblings were part of this third migration. Russian Mennonite immigrants who were adolescents or young adults at that time are now in their old age. With even more Mennonites shifting from traditional rural settings to urban ones since that period, Winnipeg has acquired one of the largest urban Mennonite populations in the world (Driedger, 2010). According to the 2001 census, there were just over 18,000 Mennonites in Winnipeg (Driedger, 2010) and 191,000 Mennonites in Canada (Driedger & Epp, 2011).

Many anecdotal accounts regarding older adults of Russian Mennonite origin who have struggled with the resurfacing of past trauma after a life of stoic resilience have come to my attention through personal communication with Mennonite pastors, chaplains, professional care providers, and adult children. These experiences take the form of unresolved grief, depression, night terrors, anxiety, and/or paranoia, sometimes coinciding with a dementia or palliative process.

The task of *resolution* at the end of life can also evoke guilt, depression, anxiety, and fear regarding *sins* of the past associated with self-preservation during the years of oppression.

Having also been impacted by my mother's traumatic past and complex grief due to separation from immediate family members who had been sent into exile, I have long been drawn to a deeper exploration of lifespan and intergenerational effects of trauma in Russian Mennonites of this period, as well as the potential to facilitate healing and transformation. It was not until my mother heard her sister's voice on the telephone for the first time after fifty years, and I felt not only her elation, but also a weight lifted from within me, that I realized how much I had unconsciously internalized her grief since my early childhood. It seems that the past secretly embeds itself in the bodies, hearts, and minds of those who live it, whether directly or vicariously, and this subjective experience is a story that needs to be brought to light.

I have also witnessed the lifespan and intergenerational legacies of early life trauma in my role as a community mental health social worker. Thus, in researching this topic, I am merging my personal and professional worlds. My work brought me face to face with older adults (65 years and over), both Canadian-born and long-term immigrants, who were diagnosed and treated for anxiety, depression, and/or dementia. In several cases, a psychosocial assessment uncovered a history of unresolved early life trauma triggered by current losses and health issues, not only trauma related to abuse or neglect, but also to atrocities of war, political oppression, and/or migration. However, in my work experience (1998-2007), limited mental health program resources and psychosocial supports often resulted in the unique needs of these individuals being inadequately met.

Intergenerational effects were often evident in adult children of clients, and these were sometimes reflected in mental health issues and/or strained family relationships and care-giving styles.

Statement of Purpose

The personal and professional experiences described above have compelled me to pursue a deeper exploration of collective trauma, its influence on the aging process, as well as inter-generational legacies. My personal connection with the Russian Mennonite experience provides a point of entry into this exploratory process. As my personal and professional experiences related to early life trauma have been primarily with women whose stories have remained hidden or marginalized, my focus will be on women survivors and their adult children.

The purpose of this research, therefore, is to understand and describe:

- how Soviet oppression and trauma has affected the individual and collective lives of older Russian Mennonite women who migrated to Canada over sixty years ago, and how it is being experienced in old age physically, emotionally, mentally, and/or spiritually;
- how this has, in turn, influenced the lives of sons or daughters physically, emotionally, mentally, and/or spiritually; and
- what surviving women and adult children regard as strengths as well as unmet needs of either generation that may require increased understanding, recognition, dialogue, and practical supports, both from within the Mennonite community as well as the health care system.

My central research question is as follows:

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 Mennonite and the health care communities?

My personal location as both researcher and participant in this collective Russian Mennonite experience is taken into account in my choice of methodology, autoethnography, which permits an integration of my own personal experience with that of other respondents. It is hoped that this study will contribute to increased cultural awareness and sensitivity of health care professionals with regard to not only the needs of aging Russian Mennonite women and their adult children, but all aging immigrants who have suffered political oppression and/or trauma, a global condition that is unfortunately increasing in prevalence.

Merits of the Study

In this period of *population aging*, we see an increasing number of individuals living well into their eighties and nineties. This age cohort includes a large number of individuals who migrated to Canada as displaced people from war-torn Europe, Poland, and the former Soviet Union during the late 1940s and the 1950s, as well as a significant number of individuals from China and India who were accepted as immigrants at that time (Green, 1976). It is important to note that a recent demographic profile of seniors indicates that, in 2001, immigrants comprised more than 25 percent of Canadian seniors, with 55 percent of the total senior immigrant population having arrived prior to 1961, and the majority from Europe. In Manitoba, 63.5 percent of all senior immigrants were *long-term* immigrants, who had immigrated prior to 1961 (Statistics Canada, 2006).

Despite the heterogeneous profile of today's seniors, many Canadian policies, institutions, and services geared to older adults have been designed for members of the dominant culture and are insensitive to differences in histories, lived experience, needs, and concerns of people from unique cultural backgrounds. They tend to reflect a notion of homogeneity within a population of

diverse ethnic origins, comprised of multiple generations of individuals ranging in age from 65 to 100 or more years (Driedger & Chappell, 1987; MacCourt, 2004).

Though a substantial amount of literature has addressed the effects of collective trauma on the aging process and intergenerational transmission, it has largely focused on Holocaust survivors and war veterans, and has slowly begun to acknowledge these issues in other cultural groups around the globe in the past ten to twenty years (Danieli, 1998). The literature also addresses approaches to the treatment of collective trauma that range from modernist, individualized, pathology-based approaches to post-modern, community, psychosocial, and narrative approaches (Walsh, 2007). However, a search of the literature has produced few results concerning post-WWII immigrants to Canada who are aging with trauma (corroborated by Durst, 2005) and/or adult children who experience transgenerational trauma effects (with the exception of Holocaust literature). One study was found related to the lifespan and transgenerational effects of trauma in long-term Mennonite immigrants, who fled from post-revolution Russia during the 1920s, and their descendants (Reynolds, 1997). There is a dearth of Canadian literature regarding mental health concerns of immigrant seniors. What little can be found focuses on mental health concerns of recent immigrants belonging to visible minority groups (e.g., Basavarajappa, 1998; Choudhry, 2001; Lai & Chau, 2007a; Lai & Chau, 2007b; Lai & Leonenko, 2007). There is a sense that post-WWII immigrants are an invisible and silent minority who are assumed to have successfully assimilated into the dominant culture. It is important to note that four percent of long-term immigrant seniors, who immigrated to Canada prior to 1961, did not speak either of Canada's official languages as of 2001 (Statistics Canada, 2006).

Current policy related to the mental health of seniors is located within the biomedical model, which focuses primarily on *individual* pathology and, thus, the diagnosis and treatment of mental

illness rather than addressing systemic, societal issues. This, in turn has led to the privileging of biomedical research and interventions as opposed to psychosocial models of care that address the social determinants of health (Berkman, Gardner, Zodikoff, & Harootyan, 2006; MacCourt, n.d.).

Thus, despite evidence of late onset of mental health issues in some immigrants during old age as a result of unresolved early life trauma, mental health program resources and psychosocial supports are generally insufficient to adequately address the unique needs of these individuals. Also, as mental health issues are often hidden until a health crisis engages the individual with the health care system, standard biomedical and psychiatric treatment often dominate an overall plan of care (based on my mental health practice experience, 1998-2007).

Theoretical and Conceptual Framework

Population aging brings with it a tremendous increase in social and health care needs within diverse lived experiences of older adults (Statistics Canada, 2006) and, consequently, a growing need for gerontological social work practitioners in health care and community-based settings. Ideally, social work practice is grounded in a social model of health and aging (Bywaters, 1986), which recognizes a relationship between social conditions and health outcomes (Commission on Social Determinants of Health [CSDH], 2008; Galabuzi & Labonte, 2002), and such an orientation is a critical complement to the biomedical model of care (Austin, Des Camp, Flux, McClelland, & Sieppert, J., 2005; Berkman et al., 2006; MacCourt, 2004). A social model of health (Bywaters, 1986) takes into consideration lived experiences of older adults that may contribute to marginalization or exclusion related to ethnicity, race, gender, socio-economic status, physical and mental health, and/or disability, which require a stronger emphasis on psychosocial community supports that enhance health outcomes and quality of life (MacCourt, 2004).

Thus, the current study supports a structural approach to practice, which moves away from a dualistic focus on either individual or social change in favour of a dialectical position, which acknowledges the necessity for both (Lundy, 2004; Mullaly, 2002, 2007). A structural approach situates seemingly individual problems within social conditions while also emphasizing the importance of human agency in the process of social work practice with individuals, families, and groups (Lundy, 2004; Mullaly, 2002, 2007). It employs *critical social theory* in order to understand oppressive social structures, processes, and practices that affect the lives of individuals (Mullaly, 2002, 2007).

This study also draws from a theoretical base which brings together *critical gerontology* (Chambers, 2004) and *feminist perspectives* on aging within a *life course framework* (Hooyman, Browne, Ray, & Richardson, 2002), thus contextualizing the lifespan experiences of older women who were refugees over sixty years ago and their aging adult children. Using a life course approach, one can explore and contextualize multiple interacting factors that come into play over the lifespan of an individual and influence life trajectories, thus shaping the experience of old age—factors which may also include determinants of health. This takes into account historical events, experiences, and transitions across the lifespan; cultures and institutions that shape people’s lives; and the resilience and agency with which individuals and cultural groups have managed these experiences (Hutchison, 2005). The life course approach moves beyond life stage theories that, generally, do not consider the unique experiences of women, the impact of ethnicity and social class, or historical contexts (Devore & Schlesinger, 1996). This approach also facilitates exploration into the relationship between, for example, early life trauma and mental health in later life by exploring various determinants of mental health and how they have interacted across the lifespan (Colman & Ataullahjan, 2010). Specific factors that come into play for Russian

Mennonite women and their children are matters relating to gender; ethnicity; cultural and religious conditioning; historical events including political oppression and war; migration and acculturation; unique personal trauma experiences; biological, emotional, mental, and spiritual impacts of trauma and other life experiences; and intergenerational differences (Devore & Schlesinger, 1996).

Within this overall life course framework, critical gerontology focuses on how political and socioeconomic factors interact and shape the aging experience, while feminist perspectives explore more deeply the intersection of gender and age with these socio-political factors, with gender regarded as a relational construct which provides men and women with different advantages and disadvantages throughout the life course (Hooyman et. al, 2002). Both theoretical frameworks highlight the role of power in relationships between (micro) vulnerable, aging populations and (macro) systems that play dominant roles within society (Hooyman et al., 2002). Thus, critical gerontology and feminist perspectives on aging within a life course framework suggest that outcomes of early life events, such as traumatic experiences, cannot be understood merely in simple and/or standardized cause and effect terms. Rather, they are the result of multiple, complex interacting factors across long periods of time that are linked to particular cultural, political, and historical contexts and power imbalances; often affect men and women differently; and manifest in diverse ways from individual to individual.

On the basis of this underlying theoretical stance, the social work profession promotes *ethnic-sensitive practice* that does not essentialize older adults (Devore & Schlesinger, 1996) as well as an *anti-oppressive practice* approach to counter social inequities and/or dominant discourses that contribute to mental health issues and locate social issues within individuals (Mullaly, 2002). Unfortunately, social work practice, particularly in health care contexts, often

remains limited in scope, adopting the medical paradigm which seeks to facilitate standardized treatment and individual client change as opposed to empowerment, and supporting the status quo rather than addressing systemic structural issues (Bywaters, 1986; Freeman & O'Connor, 2002). Part of the issue is that social workers have traditionally held less authority and recognition relative to medical staff in terms of asserting their own principles and models of care (Bywaters, 1986). Thus, social workers are, in some respects, victims of an oppressive system as well but, if we truly seek the empowerment of our clients, it is critical that we also seek ways of transcending our own professional limitations and barriers.

Summary

The current research focuses on a representative group of immigrant seniors. It investigates the legacies of trauma carried by Russian Mennonite women and their adult children, with the objective of filling some of the knowledge gaps in the service sector and encouraging a greater sensitivity to the unique needs of long-term immigrant seniors from diverse ethno-cultural backgrounds.

Autoethnography provides a framework for soliciting the collective voices and marginalized subjective experiences of women survivors and their adult children, and allows me to participate in this dialogue and become a bridge between this intergenerational Russian Mennonite experience and the professional service community. It provides an opportunity for a collective story to be told, to generate marginalized information and knowledge for analysis, and to raise consciousness within gerontological and health care domains with a view to stimulating innovative policies and programs that better serve the needs of immigrant seniors. An ethnographic approach captures a collective lived experience which also reflects intergenerational dynamics between female survivors and their adult children, and sheds light on lifelong challenges that may have existed in

the lives of adult children as a result of their mothers' traumatic experiences as well as what supports may be helpful to adult children at this time, if any. A particular strength of this approach is its ability to generate this knowledge without having to individualize or pathologize the experiences shared by respondents, rather, to locate them within this collective intergenerational and cultural experience.

Definition of Terms

Anti-oppressive social work practice recognizes oppressive conditions, processes, and practices at personal, cultural, and structural levels and employs dialectical approaches that resist regarding oppression occurring at any of these levels in isolation of the whole, such that personal problems, for example, may be linked with their structural causes (Mullaly, 2002).

Critical social gerontology explores the experience of growing old with respect to physiological, psychological, sociological, and political factors that shape the aging process (Chambers, 2004), as well as how these factors shape the field of gerontology itself (Hooyman et al., 2002). Chambers (2004) adds that a critical social gerontological perspective regards old age as an integral part of the life course and the culmination of a lifetime of experiences.

Feminist gerontology explores the intersection of gender and aging in relation to historical, political, and economic forces that may affect men and women differently and may involve power differentials that call for social justice. Gender is regarded as a relational construct which provides men and women with certain advantages and disadvantages throughout the life course (Hooyman et al., 2002).

Life course approach regards old age as the outcome of life influences experienced throughout the course of life and, thus, shaped by "time, period, and cohort" (Hooyman & Kiyak, 1999, cited in Hooyman et al., 2002, p. 6). A life course approach considers multiple interacting factors that

come into play over the lifespan of an individual and influence life trajectories, thus shaping the experience of old age. This takes into account historical events, experiences, and transitions across the lifespan; cultures and institutions that shape people's lives; and the resilience and agency with which individuals and cultural groups have managed these experiences (Hutchison, 2005).

Long-term immigrants are those who arrived prior to 1961. Statistics Canada (2006) divides seniors into three sub-groups: Canadian-born, long-term immigrants, and more recent immigrants.

Mental health is defined as the capacity of individuals to interact with one another within the context of their social environment in ways that enhance or promote:

- their sense of well-being;
- their sense of control and choice with their life;
- optimal use of their mental abilities;
- achievement of their own goals (both personal and collective); and
- their quality of life” (Anderson & Parent, 2002, adapted from Health and Welfare Canada, 1988, cited in MacCourt, 2004, p. 38).

Population aging refers to the fact that the population of Canada is aging because individuals are, in general, living longer; *baby boomers* are entering into old age; and the percentage of children under 15 years of age is decreasing (Statistics Canada, 2006).

The following terms are defined in relation to mental health:

The *biomedical model* focuses on individual pathology, leading to the organization of services and programs that deal mainly with diagnosis and treatment of mental illness (MacCourt, 2004, p. 4).

Psychosocial refers to the non-biomedical component of the biopsychosocial model and includes a focus on individual, group, and community factors that impact on mental health (MacCourt, 2004, p. 4).

Social model of care refers to a holistic focus on the individual within his or her social context, incorporates the biopsychosocial model, and leads to programs and services that support mental health, and prevent and treat mental illness through individual, group and community interventions (MacCourt, 2004, p. 5).

CHAPTER II

LITERATURE REVIEW

My exploration of the literature begins with a clinical description of the effects of trauma, particularly cumulative trauma arising from political oppression, war, and migration. I then move on to an analysis of literature that addresses collective trauma, which has to a large extent focused on Holocaust survivors and war veterans, although literature relating to other cultural groups is emerging. Much of the literature addresses lifespan effects of trauma as well as intergenerational transmission, a very strong focus generated by the Holocaust literature. Finally, based on an analysis of literature relating to the treatment of trauma, I build a case for moving beyond the individualization and pathologizing of trauma, and discuss more preferred approaches to collective healing and transformation. In order to move through this process, I have sought research evidence from many disciplines, including psychology, sociology, social work, and science.

Cumulative Trauma: Political Oppression, War, and Migration

“Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities” (Herman, 1992, p. 33). Judith Herman (1992), in her classic book, *Trauma and Recovery*, further states that people who are subjected to prolonged trauma such as political oppression, war, and/or captivity can develop a progressive form of post traumatic distress “that invades and erodes the personality” and may challenge sense of self (p. 86). Such victims may be constantly hypervigilant and anxious; experience chronic insomnia, flashbacks, and recurring nightmares; and/or have numerous somatic symptoms that persist for years even after the experience of trauma. Avoidance and psychological constriction may be primary strategies of adaptation after the experience of long-term trauma, and

this constriction may apply to relationships, activities, thoughts, memories, and emotions. This may involve the use of dissociation, suppression and minimization of thoughts, and even denial in order to counter an unbearable reality and resulting painful memories. It may become difficult to integrate the story of trauma into one's life story. Victims of abuse may even have the sense that the perpetrator is still present, even after release from their ordeal (Herman, 1992).

Janoff-Bulman (1992) states that “[t]raumatic life events shatter our fundamental assumptions about ourselves and our world” (p. 169, cited in Janoff-Bulman, 2004, p. 30).

Survivors of trauma must come to terms with their own vulnerability and fragility as well as a world that appears meaningless and malevolent (Janoff-Bulman, 2004). Herman (1992) adds that traumatic events, such as the dehumanizing process experienced in totalitarian states, can greatly interfere with a survivor's sense of control, connection, and meaning, breaking down values and ideals that provide a sense of coherence and purpose. Thus, survivors struggle with matters of identity, as they will never return to who they were before the traumatic experience. Their current identity includes that of the trauma victim, which may bring shame, self-condemnation, spiritual crisis, and/or a host of mental health issues.

Migration, especially when fleeing from political oppression, can be regarded as an additional crisis and compound the entire trauma experience. Grinberg and Grinberg (1989) state “[m]igration is one of life's emergencies that exposes the individual...to a state of disorganization and requires a subsequent reorganization...not always achieved” (p. 14). They add that migration can have significant emotional or psychological repercussions and dramatically change a person's life, posing threats to sense of identity. This is particularly salient in the case of refugees, who are unable to return to their homelands and may be permanently separated from loved ones. Migration is said to impact not only immigrants themselves but, also, their children born and raised in the

adopted country; children of immigrants and refugees may suffer the consequences of their parents' postponed mourning or its pathological development (Grinberg & Grinberg, 1989).

In addition to living with the consequences of their parents' traumatic experiences, additional intergenerational strain and conflict may arise because of the differential acculturation experienced by parents and children (Berry, 2001, 2005; Drachman, Kwon-Ahn, & Paulino, 1996; Potocky-Tripodi, 2002). Whereas children may seek greater *assimilation* into the host culture, or may choose a process of *integration*, which involves contact with other cultures as well as the maintenance of their own culture, parents who have immigrated may be more inclined to cling to their own cultural tradition (Berry 2001, 2005). Berry (2001) notes that, with regard to adaptation, bicultural identities resulting from integration predict better psychological adaptation and school adjustment, while a more separatist or marginalized experience is associated with the least favourable outcomes. Intergenerational tension regarding parents' culturally based expectations of their children was associated with poorer psychological and sociocultural adaptation of adolescents (Berry, Phinney, Sam, & Vedder, 2006, cited in Berry, 2005). In the case of refugees, parents may experience their children's choices and bicultural identity strategies as a betrayal, and one more traumatic loss. Not only have they lost their homeland and certain loved ones, but they may perceive the risk of losing their children as well.

Long-Range Effects of Collective Trauma

The impact of trauma on the aging process and on subsequent generations has received considerable attention in the literature over the past forty years. In order to develop a better understanding of the various discourses in academic, psychological, and other service communities with regard to these phenomena, and the place of Russian Mennonites within this discourse, I explore a broad range of literature precipitated largely by the occurrence of the Holocaust and the

Vietnam War. Both events generated trauma and suffering of collective magnitude with long-range effects and elicited acknowledgement by the scientific community, influencing the development of new constructs as a way of understanding and working with these phenomena.

Literature related to aging with trauma and multigenerational transmission will highlight divergent themes, including varying perspectives, units of analysis, and approaches to trauma assessment and recovery, ranging from a focus on pathologizing the individual to politicizing the trauma experience. This includes a psychological study by Reynolds (1997) which focuses on long-range and multigenerational effects of trauma of Russian Mennonites who migrated to Canada during the 1920s, the only reference to these phenomena in the Mennonite literature. Some commentary regarding the absence of this research focus will be offered.

I conclude with a discussion of the literature on approaches that go beyond the individualization of trauma, including narrative approaches to understanding and working with collective trauma, and offer a rationale for applying elements of these approaches in my research with Russian Mennonite elders and their adult children.

Early Trauma Literature

Early literature on the mental health of Holocaust survivors began to appear in the 1960s following a period known as “the conspiracy of silence,” during which even mental health clinicians did not always believe the full extent of the trauma reported by their clients (Danieli, 1998; Solomon, 1998). Felsen (1998) and Solomon (1998) report that clinicians and researchers began to identify chronic depressive and anxiety reactions, guilt, anhedonia, emptiness, unresolved mourning, despair, agitation, insomnia, nightmares, somatization, and obsessive preoccupation with traumatic Holocaust memories. The term “survivor syndrome” was adopted in relation to the

above symptoms and was introduced to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (American Psychiatric Association, 1980, pp. 236-238).

Intergenerational transmission of trauma, the vicarious exposure of offspring to residue of trauma directly experienced by previous generations, was first observed in 1966 by clinicians concerned about the number of children of Holocaust survivors seeking clinical treatment. Danieli (1998) states hundreds of studies were conducted within the Jewish community to explore these phenomena.

Parallel to this intensive focus on Holocaust survivors was a growing research interest in the psychological distress of Vietnam War veterans; this contributed to the development of the concept of Post Traumatic Stress Disorder (PTSD), which made its way into the DSM-III as a psychiatric diagnosis (American Psychiatric Association, 1980). Despite a conspicuous absence of the concept of PTSD in early Holocaust literature, due in part to a strong internal backlash against pathologizing the effects of genocide, one sees increasing references to PTSD in the Holocaust literature during the 1990s (Yehuda et al., 1998) and this has continued into the new millennium. There is currently a considerable amount of research related to PTSD that focuses on the relationship between trauma in early life and its impacts on the aging process, largely with respect to Holocaust survivors and war veterans. Before turning to this topic, consideration will be given to intergenerational transmission.

Intergenerational Transmission

Based on their work with Holocaust survivors, Laub and Auerhahn (1984) find that “massive trauma has an amorphous presence not defined by place or time and lacking a beginning, middle, or end, and that it shapes the internal representation of reality of several generations, becoming an unconscious organizing principle passed on by parents and internalized by their children” (as cited

in Auerhahn & Laub, 1998). This can manifest in the form of recurring patterns or life themes unconsciously re-enacted from one generation to the next (Auerhahn & Laub, 1998; Koerner, 2003; Schuetzenberger, 1998).

The literature explores psychological (Felsen, 1998; Solomon, 1998); familial, cultural, and societal (Danieli, 1998; Weingarten, 2004); and biological (Lickliter, 2008; Yehuda et al., 1998; Yehuda et al., 2005a) modes of trauma transmission.

Psychological transmission. Psychological transmission is said to involve *direct* and *indirect* transmission of personality traits and psychiatric disorders to the next generation, the former potentially reproducing the same parental disorders in children who learn to think and behave in disordered ways similar to their parents, and the latter promoting problems for children due to the challenged parenting skills of traumatized parents. Two Israeli studies (Schwartz, Dhorenwend, & Levav, 1994; Levav, Levinson, Radomislensky, Shemesh, & Kohn, 2007) found no statistical difference in several measures of psychopathology between adult Holocaust offspring and a control group, although the first study (Schwartz et al., 1994) found that some differences were evident up to age 25 and then levelled off. It was speculated that the mental health of youth, while living in the family home, was perhaps affected by that of their parents, but that this did not necessarily result in either direct or indirect transmission of long-term psychiatric disorders.

Regarding *direct transmission*, Felsen (1998) and Solomon (1998) report that empirical studies do not support transmission of pathological levels of functioning in Holocaust offspring (HOF); rather, they reveal statistically significant differences between HOF and controls that lie within the normative range of functioning. Typical characteristics may include a higher tendency to experience depressive symptoms; mistrustfulness; heightened anxiety; difficulty expressing emotions (especially anger) coupled with difficulty regulating aggression; increased feelings of

guilt and self-criticism; and higher incidence of psychosomatic complaints. This is replicated by Reynolds (1997), who reports that a non-clinical sample of 104 children of Russian Mennonite survivors demonstrated levels of inhibition of aggression, over-controlled hostility, anxiety, and depression that were significantly higher than the norm, while a sample of 42 third generation respondents demonstrated levels of anxiety and depression significantly higher than the norm.

With respect to *indirect transmission*, Felsen (1998) and Weingarten (2004) report that much empirical and clinical work has found attachment theory useful in accounting for difficulties in the parent-child relationship that may include a variety of confusing and atypical parental expectations of children, such as fulfilling roles that compensate for the tremendous losses of one or both parents. The term *attachment* is a psychological concept that refers to the bonding experience of parent and child during a child's formative years. It was first introduced by John Bowlby, with his publication of Volumes 1, 2, and 3 of *Attachment and Loss* (1969, 1973; 1979) and *The making and breaking of affectional bonds* (1979). Sable (2008) explains that "secure attachment and adaptive functioning are promoted by a caregiver who is emotionally available and appropriately responsive to her child's attachment behaviour, as well as capable of regulating [the child's] positive and negative emotions" (p. 22). There has been increasing empirical support for Bowlby's assertion that the quality of early life attachment bonds and resulting attachment style play a role in the level of security experienced in one's adult relationships and emotional wellbeing throughout the lifespan (Browne & Shlosberg, 2006; Merz, Schuengel & Schultze, 2007). DeOliveira, Moran, and Pederson (2005) explore the intergenerational effect of attachment on emotional socialization, and link childhood attachment experiences of mothers with varying abilities to engage with and co-regulate the emotional expression of their children, which in turn impacts a child's ability to process emotions and have a secure attachment experience. It is not surprising that the direct or

vicarious experience of political oppression, war, trauma, and migration could introduce emotional elements into the parent-child relationship that create less secure bonding patterns, as suggested by Felsen (1998) and Weingarten (2004) above.

Felsen (1998) further states that empirical evidence suggests HOF experience greater difficulties than controls in the area of psychological separation-individuation. In relation to separation-individuation, Reynolds (1997) reports that 62 percent of survivors' children indicated conforming to Mennonite norms was more important to their parents than their individuality (there is a strong cultural element at play here as well, which may be linked to cultural transmission). Felsen (1998) concludes that, based on review of the empirical literature, the experiences of HOF can be better understood and conceptualized within the context of a theoretical model of normal personality development derived from an integration of psychoanalytic concepts of object relations, cognitive-developmental psychology, and attachment theory; he recommends cognitive therapy.

Familial, cultural, and societal transmission. In addition to the above psychological mechanisms of collective trauma transmission, Weingarten (2004) identifies familial and societal mechanisms, with *silence* being the key means by which trauma of one generation is communicated to the next. Regarding familial mechanisms, Rosenthal and Voelter (1998) make this comment based on a review of the literature:

...case analyses clearly show that silence and family secrets, as well as family myths, constitute some of the most effective mechanisms ensuring a continued impact of problematic family past. This is true in families of survivors, perpetrators, and Nazi followers... The more closed or guarded the familial dialogue, or the greater the attempt to

make a secret of, or to whitewash, the past, the more sustained will be the impact of the family past on the second or third generation (p. 300).

In relation to family silence, Chaitin and Bar-On (2002) report that many Holocaust survivors are not able to recall or narrate emotional memories. It has also been observed that people who have experienced recurrent trauma often dissociate memories from critical periods in their lives and are unable to produce a life narrative that unifies past, present, and future (Herman, 1992; White, 2006).

With societal transmission, the “conspiracy of silence” (Danieli, 1998; Solomon, 1998) or an Orwellian reference to “collective amnesia” (Connerton, 1989, p. 15) has been linked to forced or unconscious silencing of groups who can bear witness to the past. This is seen with regard to the internment of Japanese Americans during WWII (Nagata, 1998); survivors of the atomic bomb (Tatara, 1998), Stalin’s purge (Baker & Gippenreiter, 2008), and the Armenian genocide (Kupelian, Kalayjian, & Kassabian, 1998); the oppression of women in the Soviet regime (Malysheva & Bertaux, 1996); Dutch children of collaborators (Lindt, 1998); descendants of Nazi perpetrators (Hardtmann, 1998); and legacies of dictatorship in Argentina (Edelman, Kordon, & Lagos, 1998) and Chile (Becker & Diaz, 1998). Connerton (1989) states that “... the struggle of citizens against state power is the struggle of their memory against forced forgetting...” and identifies the importance of “... rescuing from silence the history and culture of subordinate groups” (p. 15; p. 18). Bragin (2010) speaks to the tendency for society at large to prefer a comfortable distance and separation from the world of the “other,” an individual who has experienced tremendous suffering and may be regarded as somewhat of an “alien” (p. 318). For example, in *Odysseus in America: Combat trauma and the trials of homecoming*, Shay (2002) suggests that society’s detached response to this “other” may actually contribute to what is

subsequently seen as a disorder—Post Traumatic Stress Disorder. He further recommends that society needs to learn how to take the survivors’ “changed knowledge” as part of its own, thus integrating their disparate narratives (cited in Bragin, 2010, p. 318).

Volkan (2001) suggests that, out of a multitude of traumas that cultural groups may have suffered, one is often selected and others silenced while engaged in the task of maintaining, protecting, and repairing group identity. Meanings are attached to it, influenced by the forces of past collective history and identity, and these meta-narratives are passed on to succeeding generations. In the case of Russian Mennonites, for example, Taves (1998) suggests that it was the men who disappeared or were killed that gained a “sacred status...within a hagiographical process” that regarded them as martyrs, while the suffering and degradation of their surviving wives and children merely “symbolized the decline of the Soviet Mennonite people” due to the lack of male leadership (p. 114). A related aspect of this community legacy is the meek acceptance and spiritualization of suffering coupled with the exhortation to love and forgive one’s enemies (Loewen, 2003). Though admirable virtues, attempts at operationalizing them within the context of such tremendous vulnerability, loss, and suffering not only risks silencing or marginalizing these narratives, but may contribute to the repression of grief, emotional pain, resentment, and anger that can exacerbate mental health issues (Reynolds, 1997).

The general terms that have been used by Russian Mennonites to describe mental illness are *Seelenkrank* (Bethesda Home for the Mentally Ill [BHMI], 1944-1949), the word *Seele* referring to the soul and *krank* referring to illness, or *nervenkrank*, referring to illness relating to one’s *nerves*. Although, in extreme cases of mental illness, Russian Mennonites of the post-WWII era were committed to Mennonite institutions where western psychological approaches were practiced (BHMI, 1944-1949, 1988), those with more manageable symptoms stoically proceeded with life or

perhaps consulted with their church pastor (Mennonite pastors, Personal communications, 2005, 2008). Some may have even considered mental illness to reflect an “improper relationship to God” (Vogt, 1957 p. 3). Moreover, any transgression of their strict moral code during extreme conditions of oppression and war would have been in conflict with the meta-narrative of pious suffering (Epp, 1997, 2000). Though Mennonites have done much historical research with regard to Soviet oppression and the documentation of traumatic experience, very little has focused on its mental health implications or effects on the aging process and transgenerational legacies (Reynolds, 1997). The ethnographic research of Epp (1997, 2000) and Klassen (1994), however, does begin to identify some of these issues, particularly in its consideration of the pre- and post-migration burden of Russian Mennonite women as they strove to adapt to innumerable traumas and challenges. This will be discussed further in Chapter 4, *The Historical Context*. Epp (2000) also makes reference to the somatization of this distress.

A few empirical studies conducted during the 1960s and 1970s explore the influence of the Mennonite culture on personality development and mental health. Kurokawa (1969) explored the impact of social change on the mental health of 460 Mennonite children who had been brought up in a closed society. Few children showed overt psychological symptoms, but covert symptoms relating to values conflict between parents and children were evident. Thiessen, Wright, and Sisler (1969) and Thiessen (1966) compare the value system of 204 Mennonite youth with a non-Mennonite control group. Mennonite youth were more concerned about moral issues, more likely to interpret behaviour in religious terms, and more inclined to orient their lives around religious values. Also, urban Mennonite youth experienced more guilt than their rural counterparts; the authors reason that increased exposure to the dominant culture posed a greater challenge to their primary value system. This study was meant to be the first in a series of investigations of the

relationship between Mennonite religious values and the manifestation of mental health symptoms. It had been observed by the psychiatric community in Winnipeg that Mennonite patients tended to display a unique disturbance characterized by “depressed affect, strong feelings of guilt, delusions of persecution, and emotional detachment,” a complex cluster of symptoms which at that time was dubbed “Mennonite psychosis” (Thiessen, Wright, & Sisler, 1969, pp. 129-130). This research was not completed, but was to some extent verified by Jilek-Aall, Jilek, and Flynn (1978), who did a comparative review of all Mennonite, Doukhobor, and Amerindian Coast Salish patients treated in the Upper Fraser Valley of British Columbia between 1966 and 1974. Each group presented with culturally unique mental health symptoms. The most prominent symptom formations among Mennonites were general anxiety and depressive mood, often with underlying guilt and fear of rejection or punishment by God, low self-esteem, and self-deprecation. Other prominent features that set them apart from the two other groups were gastro-intestinal tract symptoms, apathy, shame, sexual dysfunction, general and phobic anxiety, hypochondriasis, and paranoid delusions concerning people other than legal authority. The diagnostic category most common to Mennonites was affective psychosis.

Given the above references to trauma, suffering, and mental health issues carried by various cultural groups, it is interesting to contemplate how each collective transmission plays out on the global intra-cultural scene. It certainly lifts trauma and its healing out of the exclusive realm of the personal and individual and links it to the social, cultural, political, and global. Rosseau and Drapeau (1998) state that anthropological and sociological research regards society as a whole as the bearer of social trauma, contributing to dramatic changes in the web of human relations and collective representations, and directly influencing future generations. Such a collective phenomenon demands actions or interventions that go beyond individualizing trauma.

Biological transmission. One last mode of transmission is that of biological mechanisms. Empirical research reveals a relationship between maternal trauma and cortisol levels of children born post-trauma, resulting in lower stress thresholds and more exaggerated stress responses to non-dangerous environmental stimuli. This relationship was demonstrated, for example, in Holocaust survivors (Yehuda et al., 1998) and in mothers exposed to the World Trade Center attacks during pregnancy (Yehuda et al., 2005a).

In recent years, we are also beginning to see more empirical research pointing to the underlying neurobiology of attachment and parenting behaviour (Bartels & Zeki, 2004; Swain, Lorberbaum, Kose, & Strathearn, 2007). Strathearn, Fonagy, Amico, and Montague (2009) present neurobiological evidence supporting the intergenerational transmission of attachment. They find that *secure* mothers (mothers who themselves experienced a secure attachment in childhood) have increased dopamine reward responses in the brain upon seeing their infant's faces; increased oxytocin response on interacting with their infant; are more attuned in their vocal communication with their infant; and are more likely to have securely attached children. *Insecure dismissing* mothers have decreased dopamine reward responses in the brain in the first instance, less oxytocin response in the second, and are less attuned in their vocal communication with their infant, thus being more likely to have insecure preoccupied children. Indeed, contemporary neuroscience and related attachment theory demonstrate that body and brain are not merely determined by genetics; rather, brain and body development, and genetic expression, is dependent upon one's experience, particularly in early childhood, and this is primarily mediated by the quality of one's attachment bonds and other relationships (Perry, 2002). According to Lickliter (2008), recent findings related to epigenetics verify that human development emerges from the co-action of internal (e.g.,

genes, hormones, and neural networks) and external (e.g., temperature, diet, early attachment experience, and social interaction) mechanisms. The profound value of this research is that it supports the growing recognition that the neurobiological system is capable of ongoing adaptation based upon the quality of social interaction experienced subsequent to an early experience of insecure attachment. This has strong implications not only for the kind of interpersonal interaction necessary for growth and healing, but also the professional approaches that would best support neurobiological realignment or rebalancing.

Aging with Trauma

Resilience and posttraumatic growth. The effects of early-life trauma may impact an individual throughout the lifespan, but there is also evidence in the Holocaust literature that protective mechanisms associated with resilience often enabled survivors to manage their lives quite successfully. In *Stress, coping, and development in children*, Garmezy (1983) identifies both individual and social resources as contributing to one's resilience, while in *Endurance and living: Long-term effects of the Holocaust*, Lomranz (1995) suggests that survivors can manifest levels of adaptation similar to those of non-Holocaust populations (cited in Ayalon, 2005). Ongoing experience of positive social supports has been linked with the ability to sustain meaning and purpose into old age (Lev-Wiesel & Amir, 2003; Krause, 2005).

Janof-Bulman (2004) proposes three models of posttraumatic growth that support the reconstruction of an "assumptive world" that has been shattered by trauma and that integrates the traumatic experience (p. 30). Firstly, through the ordeal of trauma, survivors often discover unknown strengths and develop skills and resources that enable them to engage in new life possibilities. Secondly, they acknowledge and, thus, may be more prepared for the possibility of additional life tragedies and are less traumatized by them. Thirdly, many survivors report greater

appreciation of family, friends, and life itself—experiencing deeper life meaning and a sense of reordered priorities. Such transformative growth involves cognitive reappraisals as well as genuine support from significant others that enable the survivor to reconstruct life meaning and value and move beyond being a victim (Janoff-Bulman, 2004).

Tedeschi and Calhoun (2004) identify an important distinction between *resilience*, which they define as the ability to go on with life despite adversity, and *posttraumatic growth*, which they propose involves transcending pre-trauma levels of adaptation. Cognitive processing and restructuring of the assumptive world are said to involve the development of schemas that incorporate the trauma as well as possible future events, and that are more resistant to being shattered. Tedeschi and Calhoun (2004) stress the importance of mutual support and sharing of narratives to facilitate the incorporation of new perspectives and schemas into one's life story. They even suggest that stories of trauma and growth may spread lessons to others in the larger community through "vicarious posttraumatic growth" (p. 9). It is important to note that posttraumatic growth can coexist with continued personal emotional or psychological distress (Tedeschi & Calhoun, 2004).

Unresolved trauma and old age. Despite resilience over the lifespan and, perhaps, in the absence of sufficient posttraumatic growth, traumatic effects can be triggered in old age. This can result from exposure to symbolic representations of the source of the trauma or the occurrence of other significant transitions or losses such as retirement, deteriorating health, death of a loved one, and social isolation (Weintraub & Ruskin, 1999). Bar-Tur and Levi-Shiff (2000) suggest that the losses of old age may act as a trigger for past repressed traumatic losses, thus rendering aging Holocaust survivors more vulnerable and resource depleted.

Re-activated trauma memories may contain intense and highly vivid components with a sense of accompanying threat (Hiskey, Luckie, Davies, & Brewin, 2008). Delayed-onset PTSD in a group of Holocaust survivors revealed increased levels of avoidance and hyperarousal (Yehuda et al., 2009). Bar-Tur and Levi-Schiff (2000) cite the work of Danieli (1981), who found that PTSD symptomatology including nightmares, guilt, agitated depression, and somatization of psychological distress could impair the ability of older adults to deal with life stress, manage the developmental stages of late life successfully and, thus, achieve integration. In the most severe cases, individuals may present with psychosis (Gurian, Wexler, & Baker, 1992) and dissociative experiences (Yehuda et al., 1996). In an exploration of psychiatric disorders among 145 Holocaust survivors 60 years later, it was found that the Holocaust survivors had higher lifetime prevalence rates of anxiety disorders, current sleep disturbances, and emotional distress than a control group, though the incidence of depressive disorders and PTSD was not statistically different (Sharon, Levav, Brodsky, Shemesh, & Koh, 2009).

Reynolds (1997) found that a non-clinical sample of 67 Russian Mennonites, who fled to Canada from the former Soviet Union in the 1920s, exhibited anxiety, somatic complaints, and PTSD at “significant levels above the norm” (p. 70) and “significantly lower levels” of ego-strength than the norm (p. 71) over 70 years post-trauma. Delayed onset of symptoms of PTSD has been linked with the traumatization of former German children of WWII subjected to Soviet occupation forces, displacement, combat exposure, and the rape, starvation, and death of close family members (Kuwert, Spitzer, Traeder, Freyberger & Ermann, 2006). Research also links accelerated age-related cognitive decline with Holocaust trauma exposure (with or without accompanying PTSD) (Yehuda et al., 2006) and with PTSD in aging combat veterans (Yehuda,

Golier, Tischler, Stavitsky, & Harvey, 2005); it also demonstrates differences in the trajectory of cognitive decline in both of these trauma groups (Golier, Harvey, Legge, & Yehuda, 2006).

The term late-onset stress symptomatology (LOSS) has been adopted by some clinicians to refer to a set of symptoms that do not meet the criterion for clinically significant distress and have been triggered by increased reminiscence and life review in old age (Davison et al., 2006; King, King, Vickers, Davison, & Spiro, 2007). One source of distress for aging survivors may be “survivor guilt” in the form of unresolved moral dilemmas; this can involve discrepancies between personal pre- and post-trauma behaviours and those exhibited during the period of traumatization, the latter referring to actions taken in the interests of self-preservation that may have inadvertently harmed others (Ayalon, Perry, Arean, & Horowitz, 2007).

Allers, Benjack, and Allers (1992) observe that stress reactions to earlier trauma may include confusion, poor concentration, memory loss, and functional impairment, all of which can potentially be alleviated once the trauma is addressed in treatment. The fact that older survivors often exhibit somatic rather than psychological symptoms points to the risk of misdiagnosis of dementia (Somer, 2000) and the potential for inappropriate medical or psychiatric treatment thus underlining the need to contextualize symptoms, recognize possible trauma history, identify meanings associated with trauma and related life issues, and alleviate the distress of survivors.

Viewing the lives of survivors through the lens of attachment theory can also be very helpful. As people age, their increasing experience of loss has an obvious impact on current attachment relationships. The occurrence of insecure attachment arising from trauma in early childhood potentially gives rise to increased and more complex attachment behaviour in old age. Wright, Hickey, Buckwalter, and Clipp (1995) examine Alzheimer’s disease and stroke, and note changes in human development over the course of each illness in light of attachment behaviours of older

adults in relation to family members and/or caregivers. Positive attachment and interaction between older adults and family members and/or caregivers is essential for continued human development. Magai and Cohen (1998) report that insecure attachment styles among older dementia patients greatly predict caregiver burden.

Browne and Shlosberg (2006) identify a growing body of research on the role of attachment in care-giving relationships with older adults focusing on three primary domains: (1) the protective function of attachment bonds as we age; (2) attachment issues experienced by people with dementia; and (3) the application of attachment theory and research to the development of more effective interventions for people with dementia. Bradley and Cafferty (2001) likewise identify the role of attachment bonds in caregiving and chronic illness, coping with bereavement and loss, and adjustment to old age.

Beyond Individualizing Trauma

Based on a review of the Holocaust literature, Yehuda et al. (1998) suggest that classical psychoanalytic views of depression, mourning, and responses to trauma provide an inadequate framework for working with Holocaust survivors and do not adequately resolve symptoms of children of survivors. Walsh (2007) observes that individually-based, symptom-focused approaches to collective trauma recovery tended to be the dominant mode of intervention for decades, while few researchers addressed the impact of catastrophic events on relational systems. Moreover, most research focused on individual traumatic memories, not accounting for broader social and cultural memories or the impact of social discourse on individual meaning-making, narrative, and sense of identity (Hunt & McHale, 2008). Peskin and Auerhahn (2000) assert that “[s]ince the act of genocide [*and I read into this other forms of collective oppression*] was born... in the larger community... healing must also begin in the larger community.”

Kellerman (2001) describes a multi-faceted approach, which incorporates psychological, social, and occupational components, including individual and group psychotherapy, psychosocial milieu therapy, and social casework, within a safe environment which supports the telling of traumatic experience. Dasberg, Bartura, and Amit (2001) report on a narrative group for aging non-clinical child survivors, which created the space for participants to witness one another's lives, build on each other's fragments of salvaged memory, and restore a sense of continuity of life meaning.

Walsh (2007) advances a community-based, multisystemic, resilience-oriented approach that shifts from a pathology focus and contextualizes the distress of trauma, drawing from the strengths and resources in community and relational networks to foster healing. It incorporates a *biopsychosocial* understanding of trauma, its treatment, and prevention, taking into account that collective trauma often involves multiple, complicated losses which can shatter one's hopes and sense of security, predictability, and trust in life. Walsh and McGoldrick (2004) endorse the following adaptive community strategies: shared acknowledgment of the traumatic event; participation in memorial rituals and shared meaning-making; reorganization of family and community to foster continuity; finding new purpose and constructing new dreams (cited in Walsh, 2007).

The above-mentioned approaches are in resonance with the models of posttraumatic growth espoused by Janoff-Bulman (2004) and Tedeschi and Calhoun (2004), though the latter, as previously mentioned, make a distinction between resilience and posttraumatic growth. de Jong (n.d.) echoes the value of community-based psychosocial approaches that resist pathologizing individuals and assuming that universal criteria and measures of mental health exist across cultures. He also stresses the importance of respecting prevailing cultural beliefs and healing

practices in fostering community recovery. Of interest is the experience of Koerner (2003), a Western medical practitioner of Mennonite descent, who draws from Lakota healing practices to end a five generation cycle of familial trauma-related transmission. The work of Levine (1997) also incorporates a shamanic dimension to trauma recovery which, put simply, moves beyond rational mental processes, allowing the body to activate its innate ability to rebalance and release trauma residue. Strong community connectedness bound by ritual and story has also been a large component of a traditional or indigenous lifestyle which supports health and healing on individual and collective levels. Mehl-Madrona (2007), a medical doctor and educator of Cherokee and Lakota ancestry, integrates the indigenous use of story as a healing modality with the postmodern revelations of quantum physics, thus inextricably linking culture and biology through narrative. I am reminded here of Tedeschi and Calhoun's (2004) suggestion that stories of trauma and growth may spread lessons to others in the larger community through "vicarious posttraumatic growth" (p. 9), and am intrigued by the potential for neurobiological transformation on both individual and collective levels.

In reviewing the literature, one is struck again and again with the importance of breaking silence, of being heard, of individuals and communities bearing witness to the trauma and recovery experience (Danieli, 1998; Dasberg et al., 2001; Kellerman, 2001; Walsh, 2007). An important aspect of being heard involves the ability of survivors to get in touch with the deeply subjective, emotional aspects of the trauma experience and integrate these into narrative exchange with a safe listener or audience (Herman, 1992; Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004; White, 2003, 2006). Weingarten (2004) emphasizes that the most empowering situation for a survivor occurs when a witness is cognizant of the meaning and implications of that which is being witnessed, and is able to act or respond in appropriate and validating ways. Peskin and Auerhahn

(2000) identify the need for a witness to act as a bridge or create a passageway by which the self of the past can be united with the current self; they suggest that the witness “exists simultaneously in both worlds” (p. 288) and facilitates a shift from pathological to life-affirming transmission, though this task cannot be fully accomplished without the witness of the larger community as well. To return for a moment to Bragin’s (2010) theme about the *disconnect* between society and the traumatized “other,” it is important that the larger community embrace the world of the “other” and learn to become a validating witness.

Myerhoff (1986, 1992) introduces the concept of *definitional ceremony* in relation to an elderly, isolated Jewish cohort seeking witnesses to its existence in the absence of an adequate audience. She finds that this group of elders developed strategies, in the form of rituals, narratives, and performances, that dealt with problems of invisibility and marginality and provided opportunities for being seen on their own terms, thus engaging validating witnesses to their worth and being (Myerhoff, 1986). White (2003, 2006) integrates the concept of definitional ceremony into narrative approaches to working with individuals and communities in relation to trauma and finds that the introduction of appropriate, validating witnesses facilitates the healing process and assists the unification of pre- and post-trauma identity and narrative. This concept is being used with regard to traumatized indigenous communities living in politically turbulent contexts (Denborough, 2006); survivors of the Rwandan genocide (Denborough, Freedman, & White, 2008); orphaned children in South Africa (Ncube, 2006); aboriginal communities in Australia (Denborough et al., 2006); the aftermath of Apartheid in South Africa (Institute for Healing of Memories [IHM], 2002); descendants of Nazi perpetrators (Lapsley, 2002); networking and dialoguing between victims, perpetrators, and global witnesses of mass trauma (IHM, 2004).

Summary

Individuals and groups who are subjected to prolonged trauma such as political oppression, war, and/or captivity can develop significant post traumatic distress which may be further exacerbated by migration and loss of homeland. The literature affirms the experience of intergenerational transmission of collective trauma and has explored psychological; familial; cultural and societal; and biological modes of transmission. There is also tangible evidence of the challenges of aging with trauma. Pathology, resilience, and posttraumatic growth are addressed, and it has been demonstrated that adequate social support, affirming and validating witnesses to one's lived experience pre- and post-trauma on an inter-personal, family, and community level, as well as adaptation that transcends pre-trauma levels of functioning, can counter or ameliorate late-onset stress, loss of meaning, and psychological symptomatology that can arise in old age. Though the various traditional perspectives regarding trauma assessment and treatment offer relevant knowledge to the field and 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 healing and change on many levels. Of interest is emergent research linking epigenetic and neurobiological mechanisms, which are strongly affected by human relationships and interaction with the larger community and environment, with the quality of attachment and human development both throughout the lifespan and intergenerationally.

In view of the gap in the literature regarding the lifespan and intergenerational impact of trauma on Russian Mennonite survivors and their offspring, and the potential for mental health implications based on Reynolds' (1997) quantitative investigation, it seems prudent to engage in further exploration that can provide a thicker, richer description of their current life experience.

I am particularly drawn to the use of definitional ceremony within the context of narrative approaches, and have a strong sense that, as a child of Russian Mennonite survivors, I am a witness and a bridge that stands between two worlds—the world of my parents in Soviet Russia, which I absorbed and internalized, and the world I was born into, where I have never quite found a fit. My research provides an opportunity and venue for definitional ceremony to take place between and within all who participate, including the reading audience. It is particularly for this reason that I am attracted to the autoethnographic approach, which permits me to participate in this study as both researcher and researched, and to reconstruct my identity and narrative in relation to the ongoing collective narrative of my *family* and *culture of origin*. I will now turn to the literature on autoethnography.

CHAPTER III

METHODOLOGY

In light of my research purpose, the magnitude of trauma experienced by Russian Mennonites, and my location within this ethnocultural experience, I have chosen to employ an autoethnographic approach which allows me to add my voice to the narratives of first and second generation survivors and bearers of this legacy. This study thus seeks to construct a collective narrative that demonstrates to helping professions, including social work, the importance of acknowledging and addressing possible hidden emotional needs related to unresolved early life trauma in immigrant seniors and their adult children, and underlines the importance of sensitivity to unique historical, cultural, and socio-political factors that can have mental health effects on aging survivors as well as the next generation.

What is Autoethnography?

While classical ethnography seeks to interpret in-depth accounts of human social activity and cultural voices of a particular people group, out of which cultural patterning and ascribed meanings and functions can be discerned (Wolcott, 1999), native autoethnography involves the study of one's own culture (Reed-Danahay, 1997), permitting me to integrate the role of researcher with my insider status in this collective, intergenerational, Russian Mennonite experience. My voice becomes part of the collective narrative of women survivors and adult children who participate in this study.

Ethnography has historically focused on the study of the *other*, raising concern about the representation of *others* by researchers (outsiders) who bring into the field their own cultural and political worldviews and biases (Vidich & Lyman, 1994). However, during the 1980s, ethnographers became involved in a reflexive movement (Adler & Adler, 2008), which

encouraged a growth of naturalistic and interpretive theories that focused on issues of power, inequality, dominance, repression, and hegemony and, thus, qualitative research practices which sought a voice for marginalized groups (Creswell, 2007; Reed-Danahay, 1997). These philosophies and approaches fall within the postmodernist paradigm (O’Byrne, 2007) and, to varying degrees, resist modernist objectivity, reality, knowledge, and truth claims, favouring a constructivist view which acknowledges multiple realities dependent upon variable social, political, economic, and cultural contexts. Epistemology is considered to be transactional and subjectivist and findings are said to be created or constructed during the research process itself (Guba & Lincoln, 1994), resonating somewhat with the concept of symbolic interactionism, which suggests that the *other* can only be understood in relation to the *self* and stresses that meanings emerge through social interaction (Vidich & Lyman, 1994; Atkinson & Hammersley, 1994).

Autoethnography emerged during this period of flux. It was Hayano (1979) who first advocated a shift from the detached outsider status of the *colonial anthropologist* to the more subjective one of the anthropologist who studies his or her own cultural group. Reed-Danahay (1997) cites the work of Pratt (e.g., *Imperial eyes: Travel writing and transculturation*, 1992, & *Transculturation and autoethnography: Peru 1615/1980*, 1994), which links the concept of autoethnography to colonial issues and modes of resistance used by marginalized groups to challenge dominant oppressive discourse; the bicultural experience of the autoethnographer is regarded as a strong theme in Pratt’s work. Thus, the autoethnographer generally places the story of his or her life within a story of the social context in which it occurs (Reed-Danahay, 1997). Reed-Danahay (1997) observes that autoethnography synthesizes postmodern ethnography (which calls into question realist conventions) and postmodern autobiography (which calls into question the notion of a coherent, individual self). Thus, autoethnography challenges the “binary

conventions of a self/society split,” as well as the boundary between the objective and the subjective (p. 7). The post-modern and postcolonial conception of self and society is regarded as “one of a multiplicity of identities, of cultural displacement, and of shifting axes of power” (p. 2). Reed-Danahay (1997) further states that:

The most cogent aspect to the study of autoethnography is that of the cultural displacement or situation of exile characteristic of the themes expressed by autoethnographers. This phenomenon of displacement—so linked to issues of rapid sociocultural change, of globalization and transculturation, as well as to the extremes of violence occurring in many parts of the world—breaks down dualisms of identity and insider/outsider status. Whether the autoethnographer is the anthropologist studying his or her own kind, the native telling his or her life story, or the native anthropologist, this figure is not completely “at home.” The ability to transcend everyday conceptions of selfhood and social life is related to the ability to write or do autoethnography. This is a postmodern condition. It involves a rewriting of the self and the social. (p. 4)

According to Anderson (2006), autoethnography has become an increasingly popular form of qualitative research, and current discourse on this genre of research refers almost exclusively to what he calls *evocative autoethnography* (Denzin, 2006; Ellis & Bochner, 2006; Poulos, 2008), which falls squarely within a radical post-modernist paradigm. Ellis and Bochner (2006), for example, resist autoethnography that comes under the “control of reason, logic, and analysis” and serves what they regard as elitist, modernist objectives that foster hierarchy and division; they privilege the emotionally evocative and artistic performance of story to do the work of analysis and theorizing (p.433). Anderson’s (2006) perception is that evocative autoethnography risks focusing too much on the emotional and on the researcher’s personal experience, at the cost of a

commitment to theoretical analysis of broader social phenomenon. Atkinson (2006) echoes this concern, and Adler and Adler (2008) concur, referring to evocative autoethnography as “postmodern self-as-text autoethnographies... [that] focus inward to the study of one’s own self” (p. 18) as opposed to the original focus on the study of one’s own people (Hayano, 1979). Indeed, there is much debate as well as division between those who adopt a largely postmodernist view (Denzin, 2006; Ellis & Bochner, 2006), and those who appear to have varying degrees of connection to elements of both the modernist and postmodernist paradigms (Anderson, 2006; Atkinson, 2006; Charmaz, 2006; Vryan, 2006; Adler & Adler, 2008). In *Ethnography: Principles in practice* (2nd ed.), Hammersley and Atkinson (2005) suggest that traditional ethnography and autoethnography can exist within each of three paradigms—classical, critical, and postmodern (cited in O’Byrne, 2007)—and that it is critical to be attentive to one’s research goals, including what is best for the cultural group under study, as well as one’s biases and assumptions, in order to select compatible paradigms and approaches that maximize the research process.

Autoethnographic Research Approach

For the purposes of this research, I have employed the more analytical autoethnographic approach proposed by Anderson (2006), which maintains a synthesis of classical ethnography and native autoethnography with an emphasis on 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 (p. 378). He defines analytic reflexivity as the awareness of reciprocal influence between ethnographers, their settings, and informants, as well as the subsequent examining of one’s actions and perceptions in reference to and dialogue with those of others, which can potentially lead to a transformation of the researcher’s own beliefs, actions, and sense of self. He guards against the researcher becoming too

self-absorbed, quoting Behar (1996), who authored *The vulnerable observer: Anthropology that breaks your heart*: “The exposure of the self who is also a spectator has to take us somewhere we couldn’t otherwise go to. It has to be essential to the argument, not a decorative flourish, not exposure for its own sake” (p. 14, cited in Anderson, 2006, p. 385).

As my research goals involved eliciting life narratives of Russian Mennonite female survivors of Soviet oppression and their adult children, and as I have a direct link to this collective intergenerational experience, *native autoethnography* allowed me to weave my voice into the combined narratives of fellow members of this lineage. In *Key themes in qualitative research: Continuities and change*, Atkinson, Coffey, and Delamont (2003) observe the following:

[Auto]ethnographers-as-authors frame their accounts with personal reflexive views of the self. Their ethnographic data are situated within their personal experience and sense making. They... form part of the representational processes in which they are engaging and are part of the story they are telling. (p. 62, cited in Anderson, 2006, p. 382)

Anderson (2006) further elucidates that autoethnography facilitates 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” (p. 390). Because I have been shaped by and stand between two (or more) worlds of experience, I resonate strongly with this statement. Also, I very much identify with native autoethnographers who highlight issues related to exile, memory, and/or shifting, multiple identities which lead to an ambiguous insider/outsider status (Bolak, 1997; Driessen, 1997; Motzafi-Haller, 1997; Reed-Danahay, 1997). From early childhood, I have felt a separation from my community, my family, and my self, and have been engaged in a process of learning to understand and accept my multiple, fragmented selves as

well as build bridges. An autoethnographic approach allows me to participate in a collective process of bridging a multiplicity of inner and outer experiences and voices past and present, dominant and marginalized. This includes archived voices emerging from the midst of trauma; memoirs; letters; historical accounts; my mother's voice; experiences, memories, and reflections of survivors and descendants, thus contextualizing this collective phenomenon and exploring themes, patterns, and meaning related to the current lived experience of Russian Mennonite women and their children.

In putting this autoethnographic research approach into practice, I have drawn from several ethnographic sources, but the work of Wolcott (1994, 1999, 2005, 2008) was a central guiding force.

Criteria for Research Participants and Recruitment Process

As the unit of analysis is a unique population within a particular culture-sharing group, this ethnographic research project required the endorsement and collaboration of Mennonite community leaders in the city of Winnipeg (Creswell, 2007). I consulted with Mennonite elders, pastors, chaplains, mental health workers, historians, and archivists for affirmation of both the issues identified as well as the study itself. After this process of consultation, and the subsequent development and formal academic approval of the research proposal, Mennonite pastors received a letter informing them of this research and inviting them to announce and post recruitment posters in order to obtain respondents (Appendix II). Posters were written in German and English to ensure that potential respondents would feel welcome to communicate in their preferred language, and would fully understand the intent of the study as well as what their participation would entail (Appendix I). There are nearly forty Mennonite congregations in Winnipeg, and I prioritized those churches which had become home to a large number of post-WWII Russian Mennonite

immigrants, as well as offshoots of these churches, approaching a total of ten churches. My goal was to interview six to eight female survivors, aged 78 to 100, who would have been 17 to 39 years of age at the time of migration to Canada and would have experienced from 12 to 34 years of Soviet oppression prior to the flight to Germany. Counting myself into the adult children cohort, I sought to recruit five to seven participants, both sons and daughters, born either during or after the period of migration—thus in the 50 to 68 year age range. I sought as many parent-child dyads as possible, and was also prepared to meet with unrelated members of each generation.

In order to ensure a process that would maximize confidentiality and anonymity, I established a protocol with church pastors whereby members of the congregation were encouraged to contact me independently, but could consult with the pastor should they feel they required more information but were not comfortable initiating contact with me. For this purpose, I provided the pastor with a script in both English and German to ensure that the information he provided would be fully and consistently offered to all inquirers (Appendix VI-A). Also important was the need to establish a protocol, in the event that an interested party may be cognitively impaired, such that adult children could be called upon to support the research process and authorize it with a proxy signature on the consent form if necessary (Appendices III-A & B, VI-A). The pastor was provided with all documentation, including Consent Forms, in both German and English, should he or she need to consult it on someone's behalf (Appendices I to III, VI-A, VII).

Interestingly enough, my first respondent, who had contacted me directly, proved to be in the early stages of dementia. This was made very clear to me when she did not recognize me upon my arrival in her home for a second visit. With her permission, I contacted her son to consult with him about capability. He advised that she was still capable of signing the consent form and that he supported her choice to participate in this research. I also provided this son with copies of the

consent form and other relevant documentation to ensure his full knowledge of the research project. Another older adult was experiencing possible early signs of cognitive impairment. In this case, her daughter had initiated contact with me, and informed me of the circumstances. Each was interested in being interviewed, and the mother was still capable of signing the consent form.

As older Mennonite women are generally hesitant to initiate contact, I attended a total of five church services in three different churches to make personal announcements and mingle with people after the service. In the case of two churches, I attended two back-to-back services, one English service and the other German. My presence at these services helped to establish the familiarity and trust necessary for women and adult children to approach me and feel safe to participate. A total of nine respondents representing each generation participated as a result of the personal invitations delivered at these three churches—five older women and four adult children. A fourth and fifth church were the source of three more respondents, while remaining respondents heard about this research project through contact with others who knew about it.

Data Collection Procedures

Based on classical ethnography, data collection involved participant observation (experiencing), interviewing (enquiring), and archival research (examining) (Wolcott, 1999, 2008). *Observation.* Though traditional ethnography has been largely based on long-term immersion in the community under study that permits extensive observation of participants in their natural day-to-day lives, participant observation in this study occurred primarily within the context of scheduled interviews. Though Wolcott (2008) prefers a more clear separation between participant observation and interviewing, making a significant distinction between the information gained by being a passive observer as opposed to an active enquirer that imposes an agenda, time restrictions did not permit my engagement in a more extensive field experience. Conducting the research as

much as possible within each participant's natural environment (family home; church setting), I strived to "see" beyond text and language (Wolcott, 1999) as well as provide a private, safe place for dialogue. Wolcott (2008) reminds us that experiencing includes information that comes to us directly through *all* the senses, including seeing, hearing, tasting, touching, and smelling.

Timely field notes were kept throughout the research process to record objective (cognitive) and subjective (emotional) observations of participants in their respective environments, including observations that were not based on speech and text, as qualitative inquiry also seeks to convey the affect of lived experience (Coffey, 1999). Hirschauer (2006) identifies the challenge of grasping "the 'silent' dimension of the social" and suggests that ethnography seeks to put into words something that may not have existed in language before, "the voiceless, the silent, the unspeakable... and the indescribable" (p. 413). For Mennonite survivors, trauma, suffering, and silence have often gone hand in hand (Bargen & Bargen, 1991; Epp, 1997, 2000); attending to the unspoken was an important aspect of data collection. Throughout the research process, my insider/outsider status provided a bicultural vantage point which enabled me to *experience* and observe on the basis of my Mennonite upbringing and understandings (emic view) as well as my non-Mennonite education and life experience (etic view) (Wolcott, 2008). I engaged in ongoing reflection about feelings, emotions, and personal identity work stimulated by my location in this historical narrative, the research process, and participant relationships (Coffey, 1999).

Interviewing. One-on-one taped interviews with six survivors and seven adult children were conducted. In the case of one older woman, who revealed signs of early dementia and exhibited some apprehension about the use of a tape recorder, I refrained from taping the interview process. As she was very comfortable with my visit and had, in fact, initiated telephone contact with me, I carried on with the interview and wrote extensive notes immediately following the session. An

eighth survivor was an out-of-province friend of another respondent. Being very eager to participate and share her experience, she provided me with a tape which she had produced some years ago, and her signed letter authorizing me to use this information was deemed adequate consent by the Chair of the Psychology/Sociology Research Ethics Board. Four survivors were members of mother-child dyads, which enabled analysis of intra-family intergenerational, behavioural, emotional, and meaning-making patterns with regard to the central trauma focus of the research.

Two one-on-one interviews (approximately 1 ½ - 2 hours each) were conducted with most respondents; three respondents only required one 2-hour session. Respondents were invited to share their life stories in relation to the three open-ended research questions identified in the introduction. Survivors were asked to centre their narrative on the first and third questions, and adult children the second and third. Questions were presented as shown in Appendix VI-D, and adult children were also asked to comment on what they perceived the needs of their mothers to be (or to have been if already deceased). Additional informal questions were asked as required for clarification and more detail. I also took opportunities to share some of my own family history or related personal experiences, particularly during the earlier stages of the interviewing process. This helped clarify the purpose of the research and the research questions themselves, and not only stimulated the voices of participants but also added another dimension to the researcher-participant relationship. Just as I witnessed participants' stories and their meaning-making process, participants to some extent witnessed elements of my own family story and perceptions, though considerably more time was given to eliciting the personal stories of participants. Therefore, data gathered not only emerged from the past experiences of participants, but it was also influenced and

shaped by this mutual sharing as new perceptions and meaning-making regarding past experiences emerged for all parties during the interview process (Reinharz, 1997).

When engaging in an in-depth life review, Wolcott (1999) recommends a life cycle approach, where the individual is free to identify key life events or turning points and elaborate around those points. I felt that such an approach may be more useful than a chronology, which is often the way I have heard life stories expressed by elders—*thin* descriptions devoid of feeling and emotion. This life cycle approach was framed within the context of semi-structured interviews based on the research questions relevant to each age cohort. According to Wolcott (2008), *semi-structured* implies an open-ended quality which allows the interview to take shape as it progresses and where questions are not necessarily asked in exactly the same way with each interviewee. Furthermore, while the core research questions remained consistent, each interview process was unique and involved clarifying questions and dialogue appropriate to each interviewee. Also, any personal documents, such as letters exchanged between interviewees and those in exile in the Soviet Union or memoirs, photographs, and handmade crafts, can be invaluable to further contextualize the stories shared by elders and their adult children. Several respondents voluntarily shared such family memorabilia with me during our interviews, and three even entrusted me with personal journals (related specifically to reflections on this part of their lives) to read at home and return to them at a later time. In the case of three other respondents, I had been able to read their published family stories.

Participants were encouraged to seek additional interviews if they wished to contribute more. Likewise, a subsequent interview was requested when I required further clarification from respondents. Interviews were scheduled as closely together as possible to minimize the intrusion into individuals' lives, and all were completed within a four month span of time. Summaries of

each set of findings were shared with participants of respective age cohorts prior to completion of my thesis to ensure that they accurately reflected contributions. A final summary of all research findings regarding both generations will be available to each participant who requests it.

Archival research. The examination of archived documents, historical writings, and anecdotal literature regarding post-WWII Russian Mennonite immigrants offers another means of constructing collective memory (Kroeker, 2000) and provides a broad and somewhat more coherent historical context or landscape upon which further ethnographic study involving the gathering of current meaning-making narratives from survivors can take place. This process was completed prior to the interviewing process, and sensitized me as researcher and adult child of survivors to the magnitude and weight of the story carried by Russian Mennonite women—a story which my mother only offered to me in isolated, disconnected fragments. It also helped me to locate the experiences of survivors on this historical landscape, thus integrating personal experiences with larger social, cultural, and political contexts. Examination of archival documents and historical texts supported me in engaging with participants with greater awareness, sensitivity, and understanding which, in turn, enhanced my ability to gather data through in-person and subjective contact, which is considered to be the primary data source in ethnographic research (Wolcott, 2008).

Data Management and Analysis

This process begins with an efficient system for storage and organization of consent forms, correspondence, and data (Creswell, 2007). All hard documents, hand-written fieldnotes, personal journals, as well as taped interviews were stored in a locked filing case. Transcriptions of tapes and ongoing written analysis of the research process were stored in computer files, with backup copies

to avoid loss of processed data. Data of participants was coded in terms of generational cohort and family dyad (if applicable) to facilitate multiple levels of analysis.

Wolcott (1994) introduces three aspects of ethnographic data analysis which I incorporated into the research process. Through observation and dialogue (interviews), an early task was to develop a straightforward, multi-voiced *description* of “[w]hat is going on...” in the lives of Russian Mennonite women as well as their adult children (p. 12), allowing the data largely “to speak for [itself]” (p. 10). *Analysis* involved the identification of essential features of the descriptive narrative and interrelationships among them—“how things work” (p. 12). Analysis occurred throughout the research process, shaped its evolution, and involved the ongoing and systematic identification, classification, and coding of data introduced in the descriptive phase, including patterned regularities, differences, and emergent themes that related to my research question. Although I entered into this process with ideas and theories related to lifespan and intergenerational effects of trauma, ethnographic research values an inductive process, allowing knowledge to emerge from the field as opposed to fitting data into a theoretical mould (Wolcott, 1999). *Interpretation* of the data involved drawing inferences from the findings and considering these within the context of a larger body of scholarly research as well as my own personal experience. It addressed questions of meanings and contexts: “What is to be made of it all?” (Wolcott, 1994, p. 12).

Description. The process of describing required tuning in to the individual and collective voices of respondents (including myself) as witnessed through all methods of data collection, and allowing them to stand on their own with as little interpretation as possible. This required my ability to recognize and curb the projection of my own assumptions, meanings, and conclusions regarding what I saw and heard, but in no way precluded these processes; it simply assigned them to another

dimension of the research, and they became data for my personal journal and for later analytical consideration. However, the act of constructing a descriptive account did require that I make judgments regarding which data was relevant to the account as well as to the purpose of the study and which would be excluded; “‘pure’ [unbiased] description” is virtually impossible to achieve and it is not helpful to present the reading audience with massive amounts of raw, unprocessed data (Wolcott, 1994, p. 13). It is also important to mention that exploration and description of historical writings, memoirs, and anecdotal accounts are presented in chapter four, *The Historical Context*, with some commentary and interpretation. Of further analytical interest will be the relationship between current narratives and the historical representations.

Several suggestions are made regarding ways to organize and present a narrative description: (1) Events can be related in chronological order; (2) the story can be organized according to the dominant way in which informants have tended to unveil their stories; (3) progressive focusing can be used to zoom into personal stories after setting the macro context or vice versa; (4) the description can be built around critical or key events; (5) a particular analytical framework can be followed; (6) the narrative can be told from several different perspectives as reflected, in this study, by two different generational cohorts and eight individuals within each cohort (Wolcott, 1994). My descriptive narrative approach follows an analytical framework based on the guiding questions relevant to each generational cohort. Within that framework, individuals’ stories will be woven together as a collective story and organized around common and/or contrasting themes. I will recount two narrative tales, one for each generation.

Analysis. In terms of working with the data, intently listening to and transcribing the tapes was an ongoing and repeated task following each interview. Transcription of the tapes was done solely by me to preserve confidentiality of participants, to maintain consistency of analysis, and to develop

an intimate awareness of each narrative and all of its nuances (Fraser, 2004). The emotional tone and affect of the speaker as well as my own sense of the interview was as important as the content of the narrative, and silences and pauses were noted (Fraser, 2004; Hirschauer, 2006).

An analysis of all textual data, including field notes and transcripts, involved coding (reducing data into thematic segments), combining the codes into broader themes, and displaying some of these findings in tables for greater clarity. In the analytical phase, the process of making choices regarding the data became increasingly selective as some of the data received most of my attention; my focus was on only certain features in the data and only certain relationships among them (Wolcott, 1994). During analysis, I looked for patterned regularities in the data (Wolcott, 1994), such as themes and/or issues regarding matters of identity, physical or mental health and agency, culture and ethnicity, religion, gender, and/or power (Fraser, 1994; Reed-Danahay, 1997) or themes relating the personal with the political (Fraser, 1994; Jaffe, 1997; Reed-Danahay, 1997). I needed to make decisions about what was “significant, important, salient or typical” (Coffey, 1999, p. 139). Jaffe (1997) also speaks to the analysis of tensions, contradictions, and interplay between the individual and the social, and a need to honour “an independent ‘I’ within the collective story” (p. 165). Of interest were the similarities and differences in patterns and themes that emerged within and between each generation and how this related to the literature, which Wolcott (1994) refers to as contextualizing the data within a broader analytical framework.

Interpretation. Interpretation is that aspect of the research process that cannot necessarily be stated with absolute certainty. Wolcott (1994) is partial to the terms “inductive reasoning” or “inductive inference” to describe the manner by which interpretations can be reached (p. 40); he recommends, in some instances, taking the account of one’s research findings as far as one can with confidence, but erring on the side of a brief interpretation rather than a weak one that is not adequately

grounded in the data. He further suggests that theory can also serve interpretively as well as analytically, providing a way of linking our case studies with larger issues. This is supported by Anderson (2006), who states that the use of empirical data can facilitate “insight into some broader set of social phenomena than those provided by the data themselves...[and help] to formulate and refine theoretical understandings of social process” (p. 387), in this case, the effects of collective trauma on the aging process and the next generation, and ways of facilitating healing, resilience, and posttraumatic growth. Wolcott (1994) further suggests that an emphasis on a self-reflexive mode of research allows the researcher to personally reflect on how to make sense of the findings and how the research experience has affected him or her personally. Given the autoethnographic methodology employed in this study, both the use of empirical literature as well as personal reflexivity has played a significant role in the process of interpretation.

Coffey (1999) suggests that, though ethnographic analysis requires methodological and intellectual rigour, there is also an emotional element to analysis that is creative, artful, and imaginative—relating to how one feels about the data, the people, the field, and oneself. It involves the explicit analysis of the self as well as the other within the context of the research field, which in my case also includes a relationship with *voices of the past* in historical and archived documents and personal family history. In autoethnography, this acknowledgement and analysis of the self is even more prominent and requires a skilful balancing of both. Coffey (1999) identifies two important aspects of [auto]ethnography as *representational work* and *identity work* (p.136). As the texts of ethnography are often about the *storying* of people’s lives, analysis and representation is not simply about coding and writing in some distant, depersonalized way, but is also concerned with the reconstruction and reproduction of lives, experiences and, thus, identities, through critical and personal engagement with the data. It is also about situating the self and field as interrelated

(Coffey, 1999). Reinharz (1997) elucidates this by referring to the interface between *what I, the researcher, become in the field and how the field reveals itself to me* (p. 4). It is at this dynamic point where *all* selves intersect that the story is alive and continues to be experienced, interpreted, and told, where it is transformed by and has the capacity to transform all who come in contact with it.

Description, analysis, and interpretation also constitute the rhetorical structure of the finished ethnography, and Wolcott (1994) suggests that description is at the heart of qualitative inquiry, upon which analysis and interpretation are based. He identifies description as both an intuitive and an objectifying act—an art and a science. The narratives I present are thus contextualized both socially and theoretically, being mindful of how to best achieve the purposes of the inquiry and converse with my prospective audience, which includes primarily Mennonite and professional communities (Clandinin & Connelly, 1994; 2000; Wolcott, 1994). In a sense, I am a “cultural mediator” exploring this Russian Mennonite phenomenon and interpreting it for a non-native audience. The concept of “cultural mediator” is used by Deck (1990, p. 241) to describe autoethnographers with a “bicultural identity” (cited in Reed-Danahay, 1997, p.128).

Ethical Considerations

Firstly, the standard University of Manitoba research ethics review process was followed. Each participant completed a consent form prior to the interview experience. Consent forms (Appendix VII) and informational documents (Appendices I & III) were available in both English and German to facilitate maximum understanding regarding the purpose of research, contributions participants were being asked to make, and how this research could potentially benefit the Mennonite and professional communities.

The consent process provided participants with information regarding how anonymity and confidentiality would be maintained. It was critical to ensure that all participating family dyads were aware of and consented to the fact that each member would be interviewed separately and would, therefore, be an additional source of information regarding the other, and that such intergenerational data was a key element of this study. Participants were ensured that I would handle information from each party with integrity and confidentiality, and that information gained from one family member would not be disclosed to the other.

Additionally, I was attentive as to how I conducted myself in my role as both *insider* and *outsider*, as each role carried with it an element of power. For example, although locating myself as a member of this collective Russian Mennonite story and opening myself to respondents' questions about my personal experience served to facilitate relationship, trust, and rapport, it was important for me to be mindful in my sharing of personal experiences in order to stimulate but not control the flow of the interview. My links to the outside community as a researcher and professional may have been somewhat intimidating to some respondents; this emphasized the need for clarity in outlining to participants the purpose and value of this research, and how data would be used in the final analysis. The question of *voice* in the final ethnography could also raise concerns about how I would use my power as a researcher. How I *wrote myself into the study*, drew from theory and scholarly literature, and represented the collective voice(s) of all participants required sensitivity, integrity, and a deep sense of commitment and responsibility to a story and a cause much larger than myself. In the final analysis, whether in published articles or audio-visual presentations, I present an aggregate of individual narrative fragments with an emphasis on emergent patterns and themes around the impact of early life trauma on aging and the next generation, as opposed to in-depth self accounts and participant family histories that may be easily

identified by the reading or listening audience. However, I also make ample use of quotations which will allow the reader to hear the original voices of participants within the context of description, analysis, and interpretation.

Consideration was given to the fact that all participants were being invited to share about potentially emotion-laden subject matter and to contribute a considerable amount of their time to this process. Given the traumatic personal histories of participants, the central focus of this research, and the likelihood that deep grief and distress may be triggered, this project involved “more than minimal risk” to participants—that is, the risks of harm were greater or more likely than those ordinarily encountered in life (Fort Garry Campus Research Ethics Boards [FGCREB], 2009, p. 3). This required skilful, sensitive listening and dialogue, and the planned availability of appropriate supports in the event they were needed, such as the follow-up support of a pastor and/or other professional. As many older Mennonite women are not likely to seek supports outside the Mennonite church or community, I made arrangements with Recovery of Hope, a Mennonite faith-based counselling service, to provide follow-up support if necessary (Appendix V). I also provided an additional list of counselling options in the event that they would be preferred (Appendix VIII). To the best of my knowledge, no participants required counselling as a result of the interviews conducted.

It was important to respect the right of participants to withdraw from the study if they felt the need to do so. Potential participants were also informed that disclosure of personal information to legal authorities would be necessary should a respondent make reference to, for example, abuse of children or people in care, threats of violence, or other crime or violation during the interview process (FGCREB, 2009, p. 3).

Finally, with regard to the ethical disposal of data at the end of the research process, any documents that could be directly linked to the identities of participants, such as consent forms, will be destroyed. Original personal audio tapes will be given to all but one interviewee, who prefers that hers be destroyed. Although participants had been given the option to have copies donated, with their consent only and in complete anonymity, to the Mennonite Heritage Centre (Archives), the majority of participants preferred not to donate their tapes. A separate consent form specific to the donation of audio tapes had been issued to participants, informing them that any reference to their personal identity or that of any other individuals mentioned on audio tapes would be deleted prior to release from my possession. They had also been informed that, if they preferred not to donate or keep audio tapes, they would be destroyed along with any other documents containing identifying information (Creswell, 2007). After careful reconsideration, and prior to beginning the interview process, I recognized the importance of downplaying the value of making a donation to the archives in order to minimize the *inner censorship* of potentially controversial narratives they may not wish to be identified with. I realized that efforts to maintain anonymity would be quite challenging, even with names mentioned on the tapes deleted, as an individual's story in its entirety may be recognizable to many in the Mennonite community. In the end, no donations to the Mennonite Heritage Centre were made. I have retained my own personal journal, and participants' transcripts will be retained for one year for further research and writing purposes. Neither contains information that could identify participants.

Validity, Reliability, and Rigour

Positivist assumptions related to validity and reliability are regarded as incongruent with qualitative research as the naturalistic-interpretive paradigm speaks to the multiplicity of reality, meaning, and interpretation. Thus, Lincoln and Guba (1985) propose that the qualitative researcher

seeks to establish trustworthiness, credibility, authenticity, and dependability of findings in order to facilitate the reader's confidence regarding the analysis and interpretation of the phenomenon under study. This requires alternate strategies to build rigour into the research process. Several strategies recommended by Lincoln and Guba (1985) were employed to ensure the trustworthiness of research findings:

1. Activities that make the achievement of credible findings and interpretations more likely were adopted.

- (a) *Prolonged engagement* provided sufficient time, in my case, two 1 ½ to 2-hour interviews, to build trust and rapport with participants, gather relevant stories, ask clarifying questions and, thus, ensure reliable, thick data. My insider/outsider status provided me with considerable familiarity with this cultural group *and* a certain amount of social distance to grant me an outsider perspective as well.

- (b) *Persistent observation* provided depth regarding those elements in the situation most relevant to the issue being studied.

- (c) *Triangulation* was achieved through the use of multiple and different sources of information (survivors and adult children; historical and anecdotal texts) and different methods (observation; one-on-one interviews; historical/archival research).

2. *Peer debriefing* provided an external check of the research process to *keep me honest*; to consult about all aspects of the research process as it progressed—including methods, meanings, and personal or theoretical interpretations; and for sounding out personal experiences and inner processes that were stimulated by my relationships with participants in the field. Individuals consulted included Mennonite historians (regarding the accuracy of the historical context); my thesis advisor (regarding methodology and process); a social

work faculty member with an aging specialty (regarding the development of a protocol that could ethically accommodate participants who were cognitively impaired); and non-participating adult children of survivors who heard my presentation at a Mennonite conference (regarding the interpretation of emergent intergenerational themes).

(3) *Negative case analysis* is described as a “process of revising hypotheses with hindsight” as more and more information becomes available, and its goal is to refine a hypothesis until it “*accounts for all known cases without exception*” (p. 309). Throughout the analysis process, I remained open to new perceptions and understandings that emerged in relation to the phenomena under study and engaged in further exploration of relevant theory in the literature as necessary.

(4) Consulting with participants about research findings, known as *member checking*, is considered to be the most critical means of establishing credibility of a study, and respects the dignity and right of participants to ensure that their voices have indeed been heard by welcoming their critical feedback and, ultimately, their personal sign of approval.

Interviewees received a summary of findings related to their generational cohort and were given the opportunity to provide any clarification or additional information they deemed of value. In this manner, research was, to some degree, a collective co-created enterprise.

Further to the above strategies, conscientious engagement and observation in participants’ natural environments, good listening skills, and accurate, diligent recording of observations and transcription of tapes, provided rich data for analysis (Wolcott, 1994). This was supported by a clear description of purpose of the study; the building of trust with participants to encourage thick descriptions of life experiences; and ongoing clarification of dialogue and meanings with participants. This not only facilitates increased credibility of the finished research, but also allows

readers to make decisions about transferability and, thus, the pragmatic use of knowledge gained from the study (Mackenzie, 1994). The use of good quality audio equipment and tapes along with detailed transcription was also a critical part of this process.

Riessman (2003) suggests that credibility is achieved when the weight of evidence becomes more and more persuasive, and is greatest when varying interpretations of data are considered and theoretical claims are supported by the data. The theoretical lens which guides the progressive analysis will enable the reader to make a reasonable appraisal of the value of research findings to community life and/or professional practice where significant concerns related to older adults with a history of trauma and migration are evidenced.

CHAPTER IV

THE HISTORICAL CONTEXT

As a child, I grew up on snapshot views of my mother's life in Stalinist Russia—isolated story fragments of family members who had died and those who had survived in exile—with little



A-2 My mother and two older sisters on the collective during the German occupation, Ukraine, 1941, Family Collection

context and even less subjectivity. My focus in this chapter is to piece together documented historical and anecdotal accounts of the Russian Mennonite experience of political oppression and trauma in order to lay a foundation for further subjective ethnographic exploration with survivors of this period and their adult children. I have accessed some archival materials, particularly letters and documents, as well as firsthand accounts either cited in historical texts or written as memoirs. Information has also been drawn from several historical texts which provide a detailed overview of this period of Mennonite history. Archives are said to contain many of the materials out of which *collective memory* of a particular people group can be reconstructed. According to Kroeker (2000), the preservation of archival material has been regarded as a spiritual necessity by the Mennonite community to inform its constituents of their Anabaptist

heritage and also to counter or minimize any distortions that may arise within the Canadian Mennonite community. It is my intention in this chapter to describe the *human* story that emerged during my historical exploration, particularly in relation to women. Marlene Epp (1990) identifies the imbalance of male and female voices in Mennonite archival material, and increased efforts have been made within the Mennonite community to elicit the stories of women. The narrative reflections of

survivors and adult children gathered in the current research will add to the Russian Mennonite collective memory.

I utilize Drachman's (1992) stage-of-migration framework to contextualize the three primary stages of migration: (1) the pre-migration and departure stage, which for refugees entails significant permanent losses including family, friends, homeland, and possessions as a result of politically oppressive conditions that may include war, unjust imprisonment, violence, rape, torture, and death; (2) the transit stage, which for refugees is usually hurried and chaotic, occurs under dangerous, conflict-laden conditions, and may involve temporary asylum in refugee camps; and (3) the resettlement stage with its challenges of adaptation and acculturation to a new host country. The following summary highlights key events starting with the Bolshevik Revolution until the flight from the Soviet Union in 1943, followed by the refugee experience in Germany during and after WWII, and ultimate migration and settlement in Canada, with a view to understanding and contextualizing the lived experience of survivors within macro, meso, and micro frames of reference. Consideration is given to the analysis of power within historical, cultural, and religious narratives that may have marginalized various aspects of the Russian Mennonite story and contributed to the experience of trauma. An additional objective is to observe from written documents how Russian Mennonites responded both individually and collectively to the severe stressors experienced during each of these periods and to note evidence of emotional and mental health concerns.

This overall exploration provides a broad historical context or landscape upon which further ethnographic study involving the gathering of current meaning-making narratives from survivors can take place, and assisted greatly in laying the foundation of an interview approach that

respectfully and sensitively elicited the individual and collective memory of respondents themselves.

Mennonite Origins

Mennonites have roots in the radical Reformation of the sixteenth century, and were known as Anabaptists because of their practice of adult baptism, for which thousands were severely persecuted, tortured, and killed by both Catholic and Protestant authorities over the course of a century. They also adopted a core principle of pacifism and a strong community orientation. Though originally from Switzerland, the Netherlands, and Germany, their sense of community was strengthened by a growing tradition of migration, which enabled them to avoid persecution and seek religious freedom and economic opportunity in other lands where it was possible to establish relatively closed communities and maintain their language and customs. Thus, Mennonites from the Netherlands migrated to Prussia and, towards the end of the eighteenth century, to southern Russia, later known as Ukraine, where they established prosperous self-sustaining communities (Epp, 2000; Loewen, 2000). By the early 1900s, the population of Mennonites in Russia numbered over 100,000, with approximately 60,000 residing in Ukraine (Epp, 1962).



A-3 A typical Mennonite home still standing in many villages, constructed late 19th century, Ukraine, 2005, Personal Photographs

Russian-Mennonite Experience: 1914-1950s

The Pre-Migration Period

For Russian Mennonites who fled from Russia during the Second World War, the pre-migration period constituted over 25 years of almost relentless trauma and suffering. Their past practice of active negotiation with government authorities regarding religious and cultural

concessions and economic matters became ineffective as Soviet authorities increasingly identified them with the ethnic German population in Russia and, thus, potential collaborators with Hitler's Germany. This marked Mennonites as a cultural group to be broken down (Martin, 2001). In the growing absence of traditional collective agency as a result of restrictive Soviet policy and might, Russian Mennonites were forced to acquiesce to Soviet oppression. With the liquidation of their community leaders, some lost hope altogether while most placed their hope solely in divine forces, and the assurance of life after death. The following events convey the ethos of this tragic period.

First World War, 1914-1917. War with Germany created a climate that was increasingly unfriendly towards the rather large, wealthy German-speaking minority in Russia. In 1915, Land Liquidation Laws were legislated requiring that all ethnic Germans (including Mennonites) sell off their land holdings, though, with Russia in the midst of war, they were only sporadically enforced (Reimer, 1977). Nevertheless, a shadow fell upon the Mennonite communities from that point onward, as in the ensuing political chaos that spelled the end of Tsarist Russia, the survival of the Mennonite commonwealth in Ukraine was increasingly at risk.

Bolshevik Revolution, the terror of Makhno, and the civil war, 1917-1920. November, 1917, ushered in the first winter of Bolshevik rule, replacing over one hundred years of Mennonite self-



*A-4 19th century Mennonite
gravestones near my
father's birthplace,
Ukraine, 2005*

government with control by local soviets (Kroeger, 2007; Reimer, 1977; Toews, 1989). In the period that followed, many large landholders were dispossessed and their lands distributed to less wealthy peasants (Kroeger, 2007). This climate of political unrest introduced a period of terrorist violence in the Mennonite colonies led by an anarchist named Nestor Makhno, who rallied many thousands of peasants to seek revenge against wealthy landowners by looting, killing,

and raping (Loewen, 2000). What complicated these traumatic experiences for Mennonites was the fact that they did not defend themselves against such assault, upholding their 400-year pacifist stance. In many cases, husbands and fathers witnessed the brutal rapes of their wives and daughters and did not retaliate (Loewen, 2000).

The Austro-German occupation of Ukraine, during a significant portion of 1918, was a temporary reprieve from anarchist raids (Reimer, 1977), but contact with them proved, in retrospect, to be a disaster for the Mennonite community, as the latter began to identify more strongly with German nationals, thus becoming more vulnerable to charges that they were supporters of a counter-revolution (Toews, 1989). Also, under the guidance of German soldiers,



*A-5 Memorial at Eichenfeld,
Ukraine, 2005*

some Mennonite villages actually established the *Selbstschutz*, a system of self-defense which employed the use of arms when under attack by anarchist forces. What followed was a period of terror when the Red Army allowed Makhnovists to go on a rampage, brutally slaying several hundred Mennonites (Toews, 1998). In the village of Eichenfeld alone, all the males aged 16 years and over were killed in one night, either shot or “hacked to pieces with swords,” and the women raped. “...The funeral was

heart-breaking. Like shadows, the widows and orphans moved around the cemetery. Not a single tear was shed” (Hofer, 1997, p.33).

In *Story of the Mennonites*, Smith (1981) quotes a survivor from another village: “Nearly everyone in our village was struck down or murdered...eighty [year-olds]...[and] infants of a few weeks...ninety-six persons were killed” (p. 314, cited in Loewen, 2000, p. 23). Numerous other

firsthand accounts of the brutality of the Makhnovists can be found in memoirs, biographies, and letters (Epp, 1988; Kroeger, 2007; Reimer, 1977; Wiebe, 1997).

My mother, born in 1914, recalls two bandits threatening her mother with a gun. Though the family remained unharmed, my grandmother and her 18-year-old son both later succumbed to the dreaded typhus which plagued the region when the infected Makhnovists occupied the colony and refused to be quarantined. Smith (1981) writes that 8,000 Mennonites contracted typhus while 1,200 are said to have died in the Old Colony alone at that time (p. 315, cited in Loewen, 2000, p. 23). Reimer (1977) provides the following translation of Dietrich Neufeld's diary account:

... there is no solace to be found anywhere. Faces are fixed in stony expressions of resignation or apathy. Eyelids twitch in pain and mouths are etched in grief: there is no hope left in those faces. People are dying here like poisoned flies. The first to go are those who have suffered the most mental anguish, the parents and older people. The last to go are the children and vigorous young people. Persons with weak hearts are sure candidates for death. (p. 51)

There was also a large incidence of sexually transmitted disease, until this time unheard of in the Mennonite community (Kroeger, 2007). The civil war between the Red and White armies that had continued to rage in the region finally ended with the Reds maintaining power in 1920 (Reimer, 1977; Toews, 1989).

Famine, 1921-1923. Political, economic, cultural, and social upheaval, in combination with poor crop conditions, high grain requisitions, and the reduced incentive and



A-6 Landscape just outside my mother's village, Ukraine, 2005

physical ability to produce over the preceding three years, plunged the countryside into severe famine (Conquest, 1986). By this time, “the well-ordered and peaceful life of the pre-war period seemed like a distant dream” (Epp, 1962, p. 37). In a poignant letter written to a friend in 1923, Claassen states as follows:

...Tell our brethren abroad we are sick from head to foot...too many events... tumbled us headlong over one another, too many sad experiences. Our nerves could not endure it, we became apathetic. We are innerly torn apart [sic]... aware of our own contradictions... insecure...skeptical...no will to work, no pulling oneself together.... We have given ourselves over to indifference. Hunger and poverty have weakened us morally and physically; there is no longer any backbone, no manly confrontation with this paltriness and its ethical results. Life appears empty. (Toews, 1989, p. 274-275)

Approximately five million lives were lost during the 1921-1922 famine in Ukraine (Conquest, 1986). Though Mennonites suffered tremendously, loss of life was reduced due to famine relief from Mennonites abroad, also extended to non-Mennonites in the region (Epp, 1988); however, this contact with the outside world was to jeopardize the security of Russian Mennonites as the Soviet experiment continued to unfold.

Emigration to Canada, 1918-1929. An estimated 25 percent of the Russian Mennonite population (25,000) emigrated between 1918 and 1930 as a direct result of the political instability and trauma experienced—a painful and often permanent loss for those left behind (P. Letkeman, Personal communication, November 1, 2010). Further migration was not permitted by the state after this period. As Soviet policy, by the mid-1920s, no longer supported the continued existence of Mennonite organizations that promoted separatism and hindered the recruitment of the Mennonite colonies to the Soviet cause, two large Mennonite organizations were forced to dissolve and

increasing restrictions were placed on religious freedom (Epp, 1962; Martin, 2001). This prompted an even stronger desire to pull up roots and emigrate. In late 1929, 15,000 Mennonites made their way to Moscow seeking immigration visas, but were refused admission to Canada, and Germany, too, was unable to accept them, resulting in some being imprisoned and the majority being sent back to their home regions (Epp, 1962). These people were later to become more likely candidates for exile because of their actions.

Collectivization and exile of Kulaks during the first Five-Year Plan and the artificial famine, 1928-1933. The years 1928 and 1929 marked the beginning of a decade of relentless suffering for the Russian Mennonite people. The Soviets' First Five-Year Plan, introduced in October, 1928, promoted nationalization of industrial production, abolition of the market, collectivization of all agriculture, renewed attack on religion, and new policies of education and indoctrination by the state (Epp, 1962; Martin, 2001). Part of the Soviet strategy involved triggering class division and



A-7 Mennonite high school near my parents' childhood villages, Ukraine, 2005

disparity by fueling the notion of a *kulak* class of wealthy landowners (Epp, 1962; Toews, 1998).

The average kulak was defined as a peasant who owned tools, machinery, farm buildings, and livestock of modest value and who had hired farmhands for a period of more than 75 days of the year. Unfortunately, any farmer who strove to meet grain quotas as well as

have enough to feed his family was in danger of landing in the kulak camp (Conquest, 1986). What began was a period of *dekulakization*, which involved Soviet coercion of villagers to denounce the kulaks in their midst; this very quickly also included religious leaders of the community and began a wave of exiles, including the exile of entire families, to forced labour camps all across Russia

(Conquest, 1986; Solzhenitsyn, 2002; Toews, 1998). This was coupled with an intensive indoctrination in the schools through Communist organizations for children and youth (Epp, 1962; Solzhenitsyn, 2002). In *Conditions in Russia as we know them from reliable sources*, Toews (1931) states that out of an estimated two million men, women, and children deported to northern parts of Russia as of 1930, approximately 30,000 were believed to be of German descent, including 13,000 Mennonites (cited in Epp, 1962, p. 265). Many died of hunger in the first few years of exile (Hildebrandt, 1990). Some kulaks were disenfranchised (but not exiled) and, thus, expelled from the collective, losing their homes and most of their possessions; this charge often guaranteed the denial of shelter, food, and work in other regions as well (Bargen & Bargen, 1992; Dueck, 1997; Epp, 1988; Toews, 1998).

During this period, thousands of letters began to pour into Mennonite offices, as well as the homes of family members in Germany, Canada, and the United States, crying out for help (Epp, 1962). Hundreds of family letters, translated and published by Anne and Peter Bargen (1992)—and the subject of research by Ruth Derksen Siemens (2007)—described the fate of the kulaks as well as the impact of the artificial famine orchestrated by Stalin in the early 1930s. The letters convey a sense of pervasive doom, and reflect the anxiety and fear that permeated the entire Mennonite community. They also reveal a deep spiritual struggle which involved the desire to trust the ways of their God to death, if necessary, and can be detected in the apologetic, yet urgent and desperate, requests for financial assistance from friends and family abroad.

In a letter written in 1931 to his sister in Canada, Hans Regehr cries: “We are poverty-stricken, utterly poor, I do not believe that you can comprehend how we live here now. Do not forget us...” (Bargen & Bargen, 1992, p. 127). Another letter identifies the villagers not likely to survive the winter. In 1932, Susie Regehr writes the following:

But do not let this shock you for whoever can die in this Russia is to be called fortunate.

The affliction and anguish here are very great, and each day it escalates. It has been harvest time for two months but we have no bread nor flour – not even one handful! It is a good harvest but the wheat is loaded on wagons and immediately hauled to the railway station.

(Bargen & Bargen, 1992, p. 129)

In 1932, Boldt writes: “We have eaten things that previously even a dog would not eat. But we are still thankful we have what we have...” (Bargen & Bargen, 1992, p. 156). In a letter written from exile in 1933, Jakob sums up the spiritual ethos of this period:

Are you tired of us poor beggars, dear siblings? Well, we want to believe—but every worm squirms to escape, how much more a human who has been created for life!...Please take everything in love. It costs me a great deal to send a begging letter that lets you look into our hearts. (Bargen & Bargen, 1992, p. 257)

It has been estimated by the *Interconfessional and International Relief Committee for the starving districts of the Soviet Union* that the German minority in Russia lost 140,000 people during 1933 (Epp, 1962, p. 266). Mennonites were spared the most severe famine conditions due to the supportive response of the world Mennonite brotherhood, which sent 90 percent of its aid via an organization in Germany in the form of foreign currency transfers which could be used at specified Soviet stores (Martin, 2001). However, this strong show of support from Nazi Germany intensified the Soviet perception of the Mennonites as a threat and significantly affected future Soviet-Mennonite relations. Though North American Mennonites had lobbied for assistance in delivering formal aid to Russia during the famine, Russia’s insistence that there was no famine went unchallenged by the west, who were in the midst of a depression and practicing economic cooperation with Russia and non-interference in her policies (Epp, 1962).

The Great Terror, 1935-1938. By the mid-1930s, the traditional Russian Mennonite elite had been largely wiped out and those that remained were a more passive and broken lot (Martin, 2001). The two major forms of state violence against both Germans and Mennonites at this time were arrest and exile, affecting primarily men. One young man, who wished to remain anonymous, states:

Parents were forbidden to teach religion to their children and...children were encouraged to report their parents to the Communist authorities if they did. Soon everybody learned to put on a false face, to mistrust everyone, to watch their tongues and never to express or reveal their true thoughts and feelings. (Lohrenz, 1982, p. 6)



A-8 Mennonite Church built in pre-Stalinist era, churches were banned during the 1930s, Ukraine 2005

By 1937, Stalin, anticipating a war with Hitler's Germany, unleashed a wave of terror against all possible enemy elements, calling for mass arrests and executions of former kulaks, criminals, and other anti-Soviets; each region was given a quota for the number of people to be imprisoned or executed (Martin, 2001). Letkemann (1998) estimates that the Mennonite community lost 8,000 to 9,000 men during the Great Terror. How many were executed is not known. Five of my uncles were arrested during this period and never heard from again. My mother, who was pregnant with my oldest sister at the time, told me of her intense fear when she heard the NKVD (former KGB) drive through the village at night to make their arrests. Their vehicle was known as the *Black Raven*. The following is a somber description of what took place:

For someone who has not lived through those years it is practically impossible to imagine how afraid everybody was at that time. It seemed that the very atmosphere around us was

saturated with fear...only the NKVD had motor cars. When at night a car passed through our village...people did not sleep. “Who is it going to be this time?”...“Will it strike our family?”... [the NKVD officers would go] to the home of their victim. The man....was [placed] under arrest and his home... searched for [foreign] letters, notes, books.... Never again would his family hear from him. (Lohrenz, 1982, p. 28)

In many cases, the fate of victims was not known until the opening of Soviet archives after the fall of the Communist order (Family exile survivor, Personal communication, October, 2005). This lack of closure or “ambiguous loss” (Betz & Thorngren, 2006) was a tremendous source of emotional pain and burden for thousands of surviving family members.

Evacuation eastward of ethnic Germans and Mennonites, 1941. When Hitler invaded the Soviet Union on June 22, 1941, Stalin set in motion a massive forced evacuation of entire ethnic German and Mennonite villages within the space of a few months. Prior to this general mass evacuation, many Mennonite villages had lost young men aged 15 and over to the *Trudarmee*, work camps that were part of the Soviet forced labour network (Martin, 2001). My mother’s youngest brother was taken at this time, along with all the young men from his village (Fast, 1973). Epp (1962) states that in the Molotschna colony, all the men between the ages of 16 and 60 were ordered to leave. The order brought heart-rending despair and sorrow to the colony, and numerous instances of suicide were reported. Epp (1962) also cites an undated publication by Gerhard Lohrenz, *Zahlen sprechen auch (Numbers also speak)*, which provides a statistical summary of the Chortitza and Zagradovka settlements, illuminating the fact that, in 1941, the percentage of families without male family heads in these two settlements was 42 percent and 54.1 percent respectively, totaling 2,154 families without a male family head. Lohrenz (1982) captures the pathos of this period:

...mothers had their husbands taken from them...older sons [were] taken in similar fashion and now their children were sent into the unknown, possibly never to be seen again. The great troubles and misfortunes of the last years had dulled our senses and our feelings. We were unable to respond to new disasters as normal people do. Our eyes had no more tears.
(p. 39)

During the period of evacuations in 1941, just over half of the Molotschna Colony that lay to the east of the Dnepr River, including all livestock and machinery, was evacuated to Kazakhstan, as well as just over 850 members of the Chortitza or Old Colony that lay to the west. However, because of the rapid advance of the German army, many Russian Mennonite communities were not evacuated and welcomed the German occupation. On the other hand, 60 to 70 percent of the Mennonite community was already in exile by this time; total numbers included the original 40 percent that had chosen to move to Siberia before the Revolution (Martin, 2001). My parents and older siblings came within hours of being evacuated. Though the occasion is viewed in a largely positive light because of the liberation from Soviet bondage, it must be said that Mennonites were exposed to intense warfare that significantly endangered their lives (Fast, 1973).

With regard to the German occupation, Epp (1962) states that, despite the mass killings of Jews and the mistreatment of Russians and Ukrainians, Mennonites “were less ready to recognize German injustice than Soviet oppression, since they were the benefactors of the former and victims of the latter” (p. 356). Others suggest that, finding themselves caught between two evils, they chose the most potentially liberating path (Loewen, 2003). Several anecdotal accounts do speak to the horror of Mennonites when they became aware of the actions of the German military. In some instances, the Jews executed were fellow villagers with Mennonite spouses, as well as their children (Loewen, 2000). The occupation also resulted in the conscription of many young

Mennonite men into the German military and, thus, to some extent, the breaking of pacifist tradition (Epp, 1962; Loewen, 2000).

Migration

In *Die Flucht—1943-46*, J. A. Neufeld (1951) states: “The refugee trek, because of its duration and suffering, surely can be counted among the most difficult migrations in all of Mennonite history” (p. 12, cited in Epp, 1962, p. 351). When the German army retreated in 1943, it authorized the migration of 350,000 ethnic Germans; 200,000 were from Ukraine and this number included approximately 35,000 Mennonites. Though it was an arduous and treacherous



*A-9 Fleeing from Ukraine: Mennonites waiting for westward bound trains
Ukraine, fall 1943*

Courtesy: Private collection (anonymous)

journey, and not all survived the ordeal, “most...looked upon their resettlement [in Germany] as a dramatic rescue from their Communist enemies by their German friends” (Epp, 1962, p. 361). For the majority of Mennonites, and many Soviet Germans in East Germany at the end of the war, their freedom was

short-lived when the Soviets were permitted to repatriate former Soviet citizens based on the Yalta Agreement. Approximately 12,000 Russian Mennonites managed to avoid repatriation and make their way to points further west—Canada and South America—my parents included.

The Great Trek—Evacuation westward by the German army, 1943. Many moving accounts have been written and told about this dramatic escape (Dyck & Dyck, 1991; Epp, 2000; Fast, 1973; Klassen, 1994; Neufeld, 2003). Perhaps the most poignant aspect of this mass Mennonite

migration is that it marked the end of a 155-year sojourn as a relatively closed ethno-religious community in a part of Russia that had become their homeland (Fast, 1973). Their communities now stood empty, they were without a homeland, and their people had been dispersed far and wide across Russia. Tremendous losses were felt. Thousands of wagons and trainloads of people began moving westward from the occupied territories in September and October of 1943. Departure times from different villages were staggered and



*A-10 The Great Trek, 1943
Courtesy: Centre for Mennonite Brethren Studies, Winnipeg MB,
Helen Dueck Collection*

choreographed to whatever extent possible in the midst of the chaos of the time in order to maximize the use of the railway as well as to expedite the flight. Poor weather conditions,



*A-11 Red Cross Ration Depot: The Great Trek, 1943
Courtesy: Centre of Mennonite Brethren Studies, Winnipeg MB,
Helen Dueck Collection*

breakdown of wagons, collapse of horses, scarcity of supplies and resources, and death of children and the elderly were part of the daily experience on the trek. Delays at railway stations because of the sheer numbers often posed problems and heightened the risk of being captured or killed by pursuing Soviet troops. Also, refugees both in wagons and on the rail were

vulnerable to robbers and air attacks (Epp, 1962; Fast, 1973). It is important to bear in mind the

fact that a large number of fleeing families were headed by women. I was surprised to learn that many two-parent families had been instructed by German authorities to travel separately. For example, in the case of some villages, the men were to head out with wagons and supplies, while the women, children, and elderly were instructed to board a train. Some families were not reunited due to Soviet intervention (Fast, 1973). Once settled in Germany and occupied territories (early 1944), Mennonites and Soviet Germans were naturalized and most young males over 15 years were either pressured into or voluntarily entered military service. Lohrenz (1982) refers to these young men as *lost sons*, many of whom experienced guilt about abandoning the historic peace principle. Large numbers were killed while others were captured by the Allied Forces or once again fell into Russian hands (Epp, 1962; Lohrenz, 1982). Mothers continued to lose husbands and sons.

The fall of Germany: Repatriation to labour camps by the Red Army, 1945-1949. After the fall of Germany, millions of Soviet citizens who had fled were unwilling to return to their home country. With the Yalta Agreement, Stalin persuaded Churchill and Roosevelt to condone the repatriation of all Soviet citizens, stating his intentions to punish traitors and collaborators only (Regehr, 1996). Repatriation missions were not just restricted to the Russian zone, but occurred and were supported in the American, British, and French zones as well; Mennonites could not be certain who may be friend or foe (Epp, 1962; Loewen, 2000). Former Soviet citizens were rounded up by Soviet troops with the direct assistance of the western allies, forced into boxcars, and sent to labour camps in northern and eastern regions of the Soviet Union (Loewen, 2003; Regehr, 1996). Solzhenitsyn (2002) expresses great difficulty in understanding how people in the west could have been so impervious to the fact that the Allied forces handed over massive numbers of Soviet refugees “to retribution and death” (p. 34).

Of the roughly 35,000 Mennonites that began the Great Trek, it is not certain how many were overtaken by the Red Army during the journey or how many were forcibly repatriated after the war (Regehr, 1996). What is clear is that, during both periods, Russian Mennonite refugees lived in constant fear of coming into the hands of the Soviets. Although all refugees were at risk, the most vulnerable were single women with children. “One woman took her children into her arms, stepped right up to the police [sic], and said: ‘Shoot me and my children! Do it now! Do it right here! Then all this agony will be over. We are not going back to Russia!’” (Dyck & Dyck, 1991, p. 94). On the other hand, many single mothers, when faced with the choice of repatriation or escape, willingly returned to the Soviet Union on the basis of empty promises of return to their former homes in Ukraine (Loewen, 2000) and held on to the hope of being reunited with their husbands (Family exile survivor, Personal communication, December, 2005).

Another critical issue was the massive amount of sexual violence on the eastern front perpetrated by the German military, the Red Army, as well as partisans against ethnic German women and women of Mennonite origin (Gertjeanssen, 2004). Epp (1997) cites estimates ranging from 20,000 to two million incidents of rape, but the statistics at the lower end of the scale reflect the *number of women* affected, while the statistics on the higher end reflect the *number of incidents of rape*. Many women were subjected to multiple rapes by one or more perpetrator(s) (p. 59). Though it is difficult to quantify the sexual abuse specific to Mennonite women, oral history research has brought to light the terrifying experiences of many of these women and the painful silencing of their stories. Epp (1997) critiques dominant Mennonite narratives of the refugee experience that are strongly shaped by images of the biblical exodus out of Egypt, but have paid little attention to and, thus, obscured more personalized and distressing women’s narratives of abuse. In addition to the terror of war and possible repatriation, rape was a tremendous source of

shame and diminution, particularly when it involved a conscious act of submission to one male by which one was protected from ongoing multiple rapes over a period of time and one was able to ensure the security of one's children (Epp, 1997; 2000). Epp (1997) quotes one interviewee as follows:

The worst thing was molesting women and girls. My mother hid me under coal and she herself had to suffer. The grandparents had a very big house right beside a fresh water lake...women and girls ran into the lake, drowning themselves. Bodies were just coming to the shore. I saw all that. It was...I could almost think hell.... (p. 73)

Final Migration and Resettlement

As mentioned earlier, 12,000 Russian Mennonites managed to avoid repatriation, but immigration to the west was a complicated process as Canada was hard-pressed to bring back its own troops after the war. After considerable delay and intensive lobbying by Canadian Mennonite organizations (Klassen & Klassen, 1990; Regehr, 1996), over 7,000 Mennonites were permitted to immigrate on the basis of sponsorship by family members that had previously migrated to Canada. By this time, approximately 4,500 had been settled in South America. The remainder had difficulty qualifying for immigration, either because of health issues or links with the *Waffen SS*, but some of these obstacles were overcome with the diligent efforts of the Canadian Mennonite Board of Colonization (Epp, 1962; Canadian Mennonite Board of Colonization [CMBC], 1947-1964).

Family separation was one of the primary sources of emotional pain for immigrants. Political upheavals experienced by Mennonites over the years had left no family untouched, and it was not uncommon to have immediate family members in the Arctic Circle of European Russia, Siberia, central Asiatic Russia, South America, as well as in Canada (Epp, 1962). Not only were families separated, but they often did not know each other's whereabouts and who was living or dead. With

the death of Stalin in March, 1953, the Soviet penal system became somewhat less restrictive and it was to a certain extent possible to locate missing family members. It was at this time that my mother was able to locate and make contact with her sisters who had been repatriated—those who had survived. Though my parents had not been separated, my mother carried much unexpressed grief and guilt regarding the fact that all of her surviving family members were in exile. Regarding family units that arrived in Canada after WWII, it has been estimated that nearly half were headed by women (Epp, 1962).

Resettlement in Canada, 1947-1954. Canadian Mennonites welcomed Russian Mennonite refugees “with great sympathy, love, and warmth but sometimes also with misunderstanding and prejudice” (Regehr, 1996). Though accounts of intensified political oppression after the mass migration from Russia in the 1920s were well-known by Canadian Mennonites through widespread publications of correspondence with Russian Mennonites, it must be remembered that “[f]or someone who has not lived through those years it is practically impossible to imagine...” (Lohrenz, 1982, p. 28). Moreover, some controversial aspects of the Russian Mennonite narrative had remained hidden in the margins and served to complicate the settlement process upon arrival.

Being extremely resourceful and hard-working, and fearful of any possibility of deportation, immigrants generally dealt quite well with the practical aspects of resettlement and also benefited as best they could from social, cultural, and religious ties with the established Canadian Mennonite network, though had some difficulty fitting in. A big concern on the part of the Canadian Mennonite community had to do with the moral status of women who were sole heads of families. Several issues were at play here. Firstly, some of these women had never been married, and faced the likelihood of having lost future chances of marriage within the Mennonite community. Secondly, many women had no knowledge of the fate of their husbands in the Soviet Union and,

therefore, were not free to remarry. Some chose common-law relationships, but this put them into conflict with their church community. In fact, in 1949, a special commission consisting of Mennonite (male) leaders from Paraguay, Uruguay, Brazil, and North America met to discuss the fate of these women and recommended that remarriage be permitted only after seven years of inability to determine the life or death of a spouse. However, the church in Canada disagreed with this recommendation, feeling morally obliged to excommunicate women if they chose to remarry even after that time (Epp, 1962). Though reference has been made to these issues in the historical literature, only a few anecdotal accounts presenting the voices of these women have been compiled (Dyck & Dyck, 1991; Epp, 2000; Klassen, 1994).

Mennonite women who did not fit the prevailing assumptions about family life were not generally granted leadership positions in the Mennonite church communities because it was believed they had not received satisfactory religious instruction in their youth (under communism) and had participated in worldly activities (Epp, 2000; Klassen, 1994; Regehr, 1996). Unmarried women with children, or whose sexual practices were otherwise in question, were often required to give a public apology to their church community. Apart from these formal dictums, there remained a “conspiracy of silence” with regard to the actual emotional impact of sexual violations and restrictions on these women; Epp (1997) states that “rape was internalized as an individual tragedy for some Mennonite refugee women, but certainly not as a collective experience...[that could become part of a public narrative]” (p. 78). In Neufeld’s book, *Tiefenwege* (n.d.), an elderly Mennonite male of that era offers an alternate narrative: “These women and girls, frightened, harassed and emaciated after years of Soviet slavery and desperate refugee living are the real heroes of the trek [sic]” (p.163, as cited by Regehr, 1996, p. 97).

Perhaps the most marginalized part of the Russian Mennonite narrative concerns those who suffered mental illness or breakdown, which either prevented immigration to Canada or put them at risk of deportation once in Canada. The latter resulted in the Canadian Mennonite community advocating on their behalf as well as raising the required funds to cover the costs of care (Epp, 1962). It also resulted in the expansion of the Bethesda Home for the Mentally Ill in Vineland, Ontario, a Mennonite home which had been established in the 1930s in response to the mental health needs of Russian Mennonite immigrants of the 1920s (Bethesda Home for the Mentally Ill [BHMI], 1988). Though it began as a home-based service, Bethesda evolved into a small Mennonite-run psychiatric hospital by the 1940s and residents included immigrants who arrived after WWII (BHMI, 1988). It provided a warm, loving social atmosphere of care, coupling occupational therapy with psychiatric treatment of the times, including extensive use of “electro shock therapy” and referrals to larger hospitals for lobotomies (BHMI, 1988, p. 17; BHMI, 1944-1949). CMBC records (1947-1964) include correspondence pertaining to potential deportation of particular Bethesda residents as well as the extensive campaign to elicit financial support from the national Mennonite community for ongoing psychiatric care of its own people. Both sources say almost nothing about the mental health needs and lived experience of either residents or those in the larger Mennonite community.

Epp (2000) states many Russian Mennonite immigrants reportedly experienced “problems with nerves” or “general weakness,” accompanied by symptoms resembling somatic manifestations of repressed psychological trauma (p. 135). They also appeared to experience higher than normal episodes of physical and psychological disturbances requiring hospitalization, according to some church leaders. However, no quantitative evidence had been found to determine whether the incidence of mental illness or suicide was higher for the Mennonite immigrant

population. Additionally, ongoing trauma and fear often significantly reduced levels of confidence and self esteem and influenced social and behavioural patterns. Inability of Canadian Mennonites to understand the traumatic experiences and emotional distress of immigrants often became a barrier to genuine relationship based on open communication and mutual trust, and exacerbated mental health issues (Epp, 2000).

Conclusion

The experience of the Russian Mennonite community in the early 20th century has been the subject of much interest, particularly within Mennonite circles. It has been extensively researched, largely from an historical perspective, though numerous personal anecdotal accounts are also preserved in the form of letters from that period or later memoirs and oral histories. It is clear from reviewing a wide sample of the literature that Russian Mennonites became pawns within the context of powerful and diabolical political forces of Communism and Nazism, which led to the demise of their collective ethno-religious and cultural lifestyle in Russia.

What is absolutely striking is the breadth and diversity of their experience of trauma. Each of the traumatic periods described above would be more than most of us could bear, yet for post-WWII Russian Mennonite immigrants born any time after WWI, that is all the life they knew. In *Shattered assumptions: Towards a new psychology of trauma*, Janoff-Bulman (1992) describes living with trauma, war, and displacement as a life of persistent insecurity, separation, loss, and death, never knowing what will come next and being subjected to external forces beyond one's control which shatter fundamental assumptions about self and the world (cited in Janoff-Bulman, 2004). This became the way of life for Russian Mennonites, in that trust, confidence in self and others, as well as connectedness with others, was systematically eroded.

The cumulative trauma and extensive suffering of Russian Mennonites has been compared by some to that of the Anabaptist martyrs of the 16th century (Smith, 1981, cited in Loewen, 2003) and the escape from Russia portrayed as a modern equivalent of Moses' exodus (Kroeker, 2000). Such powerful religious metaphors in addition to a long tradition of piety and stoicism have marginalized narratives that were not regarded as befitting of Mennonites, particularly narratives of rape, sexuality in general, and mental health issues (Epp, 1997) as well as violence (Lohrenz, 1982). Epp (1997) contends that many of these experiences were internalized as a personal rather than a collective tragedy and regarded by others as personal frailty or even pathology. Though Russian Mennonites entered the so-called *land of freedom*, it seems they had to literally *exile* aspects of their lived experience to the margins in order to fit into a new world and a new Mennonite order.

It is at this point that my historical summary ends and we embark on another journey, this time to look at this period and its lifespan and intergenerational effects through the eyes of Russian Mennonite women who lived through it as well as adult children who vicariously experienced it through their parents.

CHAPTER V

RUSSIAN MENNONITE WOMEN: THE COLLECTIVE NARRATIVE

The narrative which follows has been woven together from selected portions of the individual narratives shared by Russian Mennonite women and comprises the *descriptive* part of data analysis. The eight participating women ranged in age from 78 to 96 years. I have also included anecdotes about women who were not interviewed, namely, things that women shared with me about their own mothers or sisters, all of whom are now deceased. I allow the voices of participants to stand on their own with as little interpretation as possible. A brief outline of the historical context highlights the political atmosphere at the time of birth and during early childhood, and this is followed by an overview of the traumas and challenges faced by Russian Mennonite women both in Russia and Germany during childhood and early adulthood. I then move on to describe how women felt this affected them physically, emotionally, mentally, and spiritually over the lifespan. Throughout this process, I comment on common themes as well as differences in their experiences and perceptions. Next, I offer a summary of what women felt were some of the needs that they or other women who lived through these times may experience in older age. For several women, this involved reflecting on their mothers' needs or the needs of other Russian Mennonite women as they got older, as the majority either did not recognize or did not voice needs within themselves. Also, I identify some basic needs of women based on my observation of their life choices and behaviours. Please note that I have not used pseudonyms for two reasons. Firstly, because of the level of familiarity in Mennonite circles, the use of pseudonyms may have made it possible to piece together individual life stories and more easily determine the identity of certain individuals. Secondly, the use of names would have created unnecessary confusion in the telling and reading of the narrative.

Time of Birth and Political Context in the Early Formative Years

The year 1914 brought WWI and, for one woman interviewed, this period marked the dramatic beginning of her life. What followed was the Bolshevik Revolution and subsequent state of anarchy from 1917 to 1920, which involved the occupation of some Mennonite villages, and the brutal rape and/or murder of hundreds of community members, particularly wealthy landowners, by anarchist forces. A typhus epidemic, which infected thousands of Mennonites, was followed by the famine of 1921-1922. It was just at this point that a second



*A-12 A window into the past....
My parents and grandparents once lived in this house
Ukraine, 2005*

participant was born. An estimated 25 percent of the Russian Mennonite population (about 25,000) emigrated between 1918 and 1930 as a direct result of the political instability and trauma experienced, a tremendous loss for those left behind. After this period, further migration was not permitted by the state.

The remaining six women participants were born between 1926 and 1932. It was during this period, in the year 1929, that collectivization and the ongoing arrest and exile of community leaders and their families to forced labour camps began. This was coupled with indoctrination in the schools through Communist organizations for children and youth. The year 1933 brought a widespread “artificial famine” due to the forced export of all grain grown on collectives. Closure of churches and increased Sovietization of school curriculums occurred throughout this period as well. The traditional Russian Mennonite village was no more, and all women interviewed experienced the chaos of these times.

By the mid-1930s, Stalin had unleashed a wave of terror against all possible enemy elements, calling for mass arrests and executions by the NKVD; each region was given a quota for the number of people to be imprisoned or executed. This came to be known as the period of *The Great Terror* and an estimated 8,000 to 9,000 Mennonite fathers, husbands, and sons disappeared during this period. With the German invasion of Russia in 1941, thousands of Russian Mennonites were forcibly moved to eastern locations to prevent potential collaboration with approaching German forces, and the German army occupied the western Mennonite Colonies that had avoided evacuation. The flight from Russia to Germany in 1943 with the retreating German army, known as *The Great Trek*, included approximately 35,000 Russian Mennonites, many of them women, children, and elderly because of the tremendous loss of men under Soviet rule. Conscription into either the Soviet or German armies also contributed to the loss of men. Though all were vulnerable, the plight of women was particularly severe because of the high risk of rape on the eastern front, particularly by Red Army troops. While the majority of Russian Mennonites were repatriated to the Soviet Union at the end of the war and into exile, about 12,000 made it to either Canada or Paraguay, with the majority immigrating to Canada. The outcome was loss of homeland and permanent separation from loved ones now scattered onto three continents.

Traumatic Themes Experienced in Early Childhood

The majority of the trauma experienced by women who participated in this research revolved around the theme of death and separation. Seven of the eight women interviewed had lost fathers tragically, primarily through arrest by the NKVD during the late 1930s. One woman stated with much expression and sadness: “Das war *so* eine *unheimliche* Zeit, *so unheimlich*. Dann wurde bloss so gefluesstert, ‘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.*”]

Several women who had lost father or husband during the Great Terror never learned how and when they had died, and some expressed that it would be too emotionally painful to explore archived death records at this time. One woman mentioned that, as a grade six student, she and her class-mates could look out of their classroom window, and see where the men were being gathered after their arrest. She was, of course, well aware of what was going on, and felt deeply for the wives left on their own, sometimes with up to six or seven young children. She mentioned that her father had been very fearful of being arrested himself, as one never knew who may inform against you; he had always slept fully clothed in the event that they would come for him, but he was not taken.

A 96-year-old participant had lost her father and all the male adults in her immediate and extended family from her father’s and grandfather’s generations during the violent anarchist period. She had later lost her step-father, her own husband, and other extended family members during the time of the Great Terror, at which point she had also been forced by the authorities to leave her 3-year-old son and work in another city. She provided a very moving account of how she feared permanent separation from her son, but managed to negotiate another outcome with the authorities.

During each of these two periods, the Revolution and the Great Terror, loss of the male head was sometimes coupled with eviction from one’s home or even the village or collective. One family moved into the barn of extended family members, while another fled from their estate during the revolution and moved into an urban centre where they could live somewhat incognito. In the urban centre, especially during the intensity of the 1930s, it was important “not to talk

German on the street—you had to be careful about that...[and] that went on till the war broke out.” Yet another woman mentioned that her grandmother, whose husband had been exiled, had “lived in hiding” with her four youngest children. One woman described how the Soviets regarded wives of men who had been exiled: “Und dann war es auch, aber du warst ein Schaedling fuer die Regierung, so wurden die gestaempelt, die Menschen, ja. Und dann konnten die Frauen nicht mal richtig irgendwo arbeiten gehen.” [Trans: “And then you were *stamped* or *labeled* by the authorities as an *undesirable*, a *pest* in the system. So these women couldn’t readily access work opportunities anywhere.”]

In one case, the mother of a participant had experienced not only the tragic loss of her own parents during the Revolution, but also the loss of two surrogate mothers. She had eventually made her way to a safe and supportive Mennonite community where she had met and married her husband. Unfortunately, her husband had later been taken during the Great Terror, and she had been left alone with four young children.

In the case of two women, both sets of parents had been arrested by the NKVD and each girl had been placed into an orphanage. They each described being shown images of adults being killed and pushed into mass graves, with the accompanying message that this is what was in store for her parents. While one woman managed to locate her mother, who had been sent to a *Gulag*, she never saw her again, and was permanently separated from each of her siblings. The other had sponsored her mother to Canada, but only after 25 years of painful separation.

In the case of three women, their fathers had met with a different fate. One father had died (when daughter was 8 years old) because of an infection resulting from an accidental physical injury, and another of malnutrition and poor health resulting from his experience with the *Trudarmee* [labour army]. Only one father made it to the West.

There were several accounts of the intensity of the work on the collective. For women who had lost their men, this was especially difficult. “Wir haben meistens bloss immer auf dem Land gearbeitet. Ob es heiss war oder kalt war, wir waren immer draussen.” [Trans: “We worked mostly in the fields; whether it was hot or cold, we were always outside.”] Two women, at young ages (less than 10 years old), had worked in the fields to increase rations for the family. One woman worked alongside her mother during the summer months—in the cotton fields. Another said with expression: “I had to work *so hard* on the field, you know, and very often we had to go and find food somewhere; I was very thin...from not eating properly.” A third woman commented that her sister had only had five years of schooling: “Dann musste sie auf Arbeit.” [Trans: “Then she had to work.”]

Some children did not see their mothers for extended periods of time due to long workdays:

...we were alone for days that we didn't see mom. We were in bed already when she came home from work; she would try to cook something for us that we had something to eat the next day. In the morning when we got up she was gone already.

In two cases, very young children had been left in the charge of older siblings who were barely school-aged themselves. One woman stated that her mother had to return to full-time work six weeks after the birth of her youngest sister, who had been born after her father's arrest: “Well, after the baby was born...she had to work full-time, and we had to look after the baby.” Older siblings embraced this responsibility but, nevertheless, this also brought considerable pressure.

This woman matter-of-factly described how she handled the challenge:

I knew where the mushrooms grew—so 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.

One woman described how, during the period of food scarcity, her mother would hang food in a basket from the ceiling so that the children could not reach it and deplete their food supply. Another stated that, on one occasion, the cereal left by their mother had not tasted right: "...the cream of wheat wasn't sweet...and we...told everybody mom wanted to poison us, because there was no sugar in the cream of wheat. We didn't eat anything that day." Older women respondents had been more cognizant at that time of the reason for the hunger, understanding that much of the production on the collective was being handed over to the state, which was beyond the control of their parent(s).

In the case of men being sent to the northeast with the Trudarmee because of the German invasion in 1941, one woman, whose uncle suffered this fate, stated that "men were herded like cattle" while children watched their fathers being sent away.

Several women reported separation from family members who had been relocated to northeastern parts of the Soviet Union in 1941, just before the German invasion. In the case of most women interviewed, relocation had been either imminent or already underway, but the timing of the German invasion interfered with its successful completion, exposing them to warfare, but also ensuring their safety under the German occupation. In at least two cases, families had been in transit, and had been forced to flee from the area, which was under heavy military fire; they had not been able to return to their village, but had found homes in an empty village that had already been evacuated and where they could stay in relative safety for the duration of the German occupation.

One woman still deeply mourns the fact that she permanently lost contact with one sister and a niece, who were relocated to eastern Russia, while another sister died of complications following surgery during the German occupation. The flight to Germany in 1943 with the retreating German

army involved making a choice that would potentially prevent any further possibility of being reunited with loved ones who were in exile, however slim that chance may have been. Also, several women reported the tragic loss of loved ones during the Trek. The woman mentioned above, who had already lost two sisters and a niece, experienced the death of her mother during the Trek as a result of a bowel obstruction for which no surgery was available, while another lost her 18-year-old brother to tuberculosis during their stay in Poland. These losses were doubly painful because, as displaced people, they would not likely ever be able to visit the graves of family members again.

Not all the women interviewed left Ukraine with the Trek. One of the women who had been orphaned (to avoid confusion I will call her Liese), through a series of serendipitous events, was able to leave the orphanage after three years, was cared for by an extended family member who had previously, as an orphan herself, been taken in by Liese's parents, and all eventually found their way to Germany by a different route than the primary routes used on the Trek. They had first spent some time in the Caucasus where, during the German occupation, they had been mistaken for Jews and had come very close to being shot. Fortunately, they had been able to convince someone in authority that this was not the case, but they had empathized with the Jewish population which had not been in a position to talk their way out of their fate. Another family had been able to immigrate to Germany several months prior to the German retreat from Ukraine, as they had family contacts there; this had been a very difficult decision for them to make, as it had meant choosing to separate from extended family in Ukraine, and they had regretted that choice many times. Fortunately, with the unforeseen retreat of the German army, the family left behind in Ukraine had been able to join the Trek and reunite with loved ones once in Germany.

Four participants reported husbands or brothers who had been conscripted either by the Russian or the German armies, and this often posed a moral conflict that added to its traumatic impact on the whole family. In keeping with the Mennonite pacifist principle, one participant said this about her brother: “My brother said that he never killed anyone because he always shot into the ground or up into the air.” The brother of another woman had been sent to a labour camp in the distant eastern territories of Russia. This woman further stated that their mother had always prayed about her son, and when they had made it to Canada without him, she had prayed, “If I could only see him one more time.” Her prayer had been answered when he had been able to leave the former Soviet Union in the 1970s and move to Canada; she died shortly after their reunion.

Several woman spoke of the risks of being in East Germany or Poland during the Russian invasion, and the ongoing urgency of fleeing Soviet pursuit. Great efforts had been made to move as far west as possible to avoid any possibility of repatriation to Russia. The majority of women interviewed also admitted to having taken precautions against rape, particularly in East Germany. Two admitted to close calls, though no incidents of rape were reported. One woman stated:

...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 [East] Germany it was just touch and go...whether it would go to the Americans or to the Russians.

In post-war Germany, women, as displaced people, continued to be subject to the decisions of world forces that influenced their fate. These unknowns had also been very traumatic. On a day-to-day basis, they had to meet the basic survival needs of themselves and their families while, in the larger scheme of things, they needed to avoid the risk of repatriation, rape, and death. This was true, not only of mothers, but also of the women interviewed who were teenagers at that time. One

woman described the chaos and *Angst* of these times: "...displaced persons didn't want to go back to Russia; there were suicides, they just slashed their wrists...committed other shootings and hung themselves, whatever, because the liberators weren't really sending them to their homelands, they were sending them to Siberia."

While the majority of women interviewed had migrated to Canada, one woman had migrated to Paraguay with her family because of family health issues that barred them from Canada. She later migrated to Canada after a few years of marriage, leaving her family of origin in Paraguay; this family separation occurred at great emotional cost to her, as she had no personal relations in Canada at all. Another participant had been repatriated at the end of the war, and had worked in labour camps from 16 years of age as a logger. During the 1960s, she had been able to immigrate with her husband and children to Canada in order to provide her husband's mother (who had immigrated during the late 1940s) with the opportunity to see her son again before she died (her son had been conscripted into the Russian army, so they had lost contact with one another for over twenty years). This move to Canada precipitated a painful separation from her own family left behind in Russia. Thus, families continued to feel the painful effects of ongoing separation as they were now scattered and living on three different continents.

Lifespan Effects of the Soviet Experience

Physical Themes

Most women did not place a great deal of attention on physical health issues during the interview process. However, a few did identify short and long-term effects of nutritional deficiencies and/or physical work beyond what their bodies had been capable of during their youth in the Soviet Union, on the Trek, or in Paraguay. Many women had experienced (to different degrees) the famine of 1933-34, though food supplies on the collective had always been minimal.

Those who had worked on the collective as young children had been undernourished at the time, but did not report any long-term effects on their health. The woman who had been sent to a forced labour camp after repatriation was not only subject to horrifically inadequate food rations, but also very strenuous work as a logger. She describes as follows: “Die Baeume *so dick*, ich hab solche dicke Baeume *noch nie* gesehen...16 Jahre war ich...[und] sie haben mir eine alte Frau gegeben Das dauerte uns mehr wie ein Tag den Baum runterzukriegen. Ja, wir verstanden bloss nicht.” [Trans: “The trees were so thick, I *had never seen* such thick trees before. I was 16...and they gave me an old woman to work with. It took us one day to cut down that tree. We just didn’t know much about it.”] She was then paired up with her sister, who had a heart condition, which impacted on their productivity as well as their ration entitlements. Finally, her sister was given lighter work, and the interviewee was paired with someone else. This woman currently suffers from arthritis and osteoporosis.

The physical output of women had been phenomenal. For example, in the absence of living brothers, one woman had helped her father clear twelve hectares of land for farming—no small feat when one considers the intense climate and vegetation in Paraguay and the primitive equipment used. She had also participated in the physical labour of building the family home, including making the bricks! Another woman pointed out that the biggest impact of her difficult journey from Soviet Russia was physical as opposed to emotional: “My back...from carrying all the feed for the cattle...my mom and I would carry the feed...and feed and water the horses [during the Trek].” She continues to experience much pain in her back, and was diagnosed with spinal stenosis. Yet another emphasized that her mother, who had arrived in Canada at the age of 38, had looked older at that time than she looked at the nursing home in her old age:

And everything that she went through, when she came to Canada, she was this thick [illustrates a very small diameter with her hands]... she was so skinny she looked older than when she was in the nursing home...she was so thin...so worn out, and she was only...38 years old...and she lived to be 94.

The only long term physical effects mentioned by women included spinal stenosis, osteoporosis, and arthritis.

Emotional Themes

For many women, emotional themes emerged out of early experiences of their own parents and, particularly, their mothers. One woman spoke of her mother's early childhood as an orphan, and said in barely a whisper: "...my mother had a very, very sad life...because she had nobody. She said...she would go to the cemetery to cry because nobody would disturb her there, and do you know *what that does* to a young girl?" She further recalled accompanying her mother to the jail where they saw her father for the last time: "I thought he had hugged [me]...or had he kissed the baby? And then the guard was yelling, I remember that...and that's all I remember, then he was sent away. We never heard from him again [spoken with great sadness in her voice]."

A few women had very fond memories of their early childhoods. One woman, upon hearing the story of my own mother (who had experienced considerable losses beginning at a much younger age), felt that my mother had suffered *more* emotionally because her early childhood had not given her the same foundation that she (the woman interviewed) had received. She mentioned that, despite the trauma of having become orphaned, she attributes her resilience to the fact that she had received much emotional nurturing during her very sheltered early childhood, which had created a strong foundation that she could draw from in later years. She recounted many wonderful memories of her parents and siblings during that time, providing rich details of the creative and

imaginative play that had flourished, not only because of the emotional nourishment received from her parents but, also, the security they enjoyed as a family, for a time, because of her father's privileged position as an engineer and their political immunity from the hardship many others in the Mennonite community were experiencing.

A similar narrative was told by a second woman who had experienced an orphanage for several months, and was then taken in by her aunt. She stated that, as a child, she had been oblivious to the harsh realities around her: "My childhood was fun... [I believed] that if you excelled you had a good opportunity to develop your full potential." She admired music, sports, and the arts, and did not pay attention to her brother, who told her "about the shadier parts of life." Her world fell apart when her parents were both arrested, but she has been able over time to heal and create a new, meaningful life.

For another woman, who grew up in an urban centre and, therefore, a more diverse cultural environment where Mennonites could be more hidden, childhood experiences had also been fairly positive, despite the previous loss of all males on her father's side of the family during her infancy: "My life was really very happy as a child, you know. So much love and a good family, I never heard *anybody* ever argue, or being angry with each other, always harmony."

However, a heavy emotional burden of terror, fear, and desperation was carried, especially by women who had lost their men during the 1930s and 1940s, the biggest concern being the survival and cohesiveness of the family unit. There had been a tremendous fear of the family being separated, and mother-child or other family separations did occur in some cases, at great emotional cost. In the following scenario, a family (where father had been taken) was being evacuated at the time of the German invasion of Russia, but managed to escape because the Germans were bombing a nearby Russian military train:

...our mother must have gone through a *terrible* time, and she was very, very anxious and... concerned to keep us together. When we fled from that train...[s]he had my youngest sister [4 years old] on one hand, and my brother who was...9, on the other hand, and my oldest sister...and I, we had to hold onto the other hand, but we had to stay together. My mother was *very, very concerned*, and *very scared to lose us*...and this went through all of those years. Mom was always concerned to keep us together.

A few participants stated that, as children, they had not really understood the larger picture. They had not been as traumatized by the events as their mothers had been, and had even, at times, considered life to be somewhat of an adventure. One woman commented: “Most of us children [in our village] didn’t have a father, there were just a few...[that did], and we were not close enough to realize that, that we grew up without a father.” However, this woman went on to say that, as she began to meet and experience families where children interacted with a father, “I started dreaming about my dad...started missing my dad...and I would dream so often that he would come back.” Just over ten years ago, she dreamt that her father had returned home: “I just put my arms around him, and...cried and...said: ‘Dad, I have missed you so much all my life.... I’m so glad you’re home!’”

The two women who had lost both parents had experienced more acute traumatic effects. One woman stated that she had initially fallen into total depression:

...I started wetting the bed and all that at 11.... I didn’t really comprehend it that much, but that was very much told us, like forget about your parents, your parents are enemies of the state and...Father Stalin is going to take care of you. So this was very, very traumatic...if you really grasped it enough. I was too much in a stupor to really grasp it all.

The other woman who had been orphaned described part of her experience as follows: “We had to denounce our parents...say they were traitors.... If we wouldn’t do that, [we were told] we wouldn’t have a life at all.” She and other orphans had been shown pictures of “enemies of the people” being shot. In her emotional confusion during childhood and under the pressure of Soviet propaganda, she had, at times, even wondered if maybe her parents *had been* guilty of some crimes; this had resulted in further emotional suffering.

Emotions had been largely controlled or suppressed by women and their mothers in order to survive and carry on. For example, the first orphan quoted above had eventually been able to focus on adjusting to her new circumstances, her education and, later, her escape to Germany, instead of her emotional pain. In retrospect, she expressed sadness about not having replied more often to the letters her mother had been able to write to her. It was not until she had her own children, that she had grasped more deeply how “[my mother’s] heart must have been absolutely broken.... [I] feel more what my mother must have gone through.” Another woman explained that her father had been one of seventeen men “taken” in one night; her mother had minimized the loss of her husband by saying that “everyone [had] experienced the same thing.” All families represented in this study had been focused on staying strong and moving forward. All women were *doers*. One woman stated very matter-of-factly: “If you keep working, you eat.”

Two women, whose mothers had become the family heads after losing their husbands, also reported that their mothers provided less show of affection and emotional validation. In each case, the mother had been very preoccupied with working on the collective in order to provide for her children, and had relied especially on older children to manage the younger children and the household while working in the fields. Each woman learned to understand why her mother was not able to more freely show emotional softness. It was the woman who was also the eldest in her

family who seemed to experience this lack the most. Though she has always experienced a deep loyalty and love for her mother, and knows that her mother acted out of love, she continues to feel some measure of guilt about the hurt that she felt due to her mother's strict parenting during the years on the collective.

During the post-migration period, some older women who were interviewed reported that they and their mothers had continued to show much strength and resilience as they applied themselves to establishing new lives in Canada. At first, there were few reports of emotional issues in these mothers, and older women interviewed did not speak of emotional issues within themselves either. However, emotional concerns emerged in indirect ways during the interviews. For example, one mother, who had experienced many family losses from early childhood on, had difficulty separating from her children when they were old enough for marriage, so much so that one of her daughters had not married as a young woman and had lived with her for many years. On the other hand, the daughter being interviewed had prioritized her own life, despite her mother's expectations that she not marry. It became apparent during the interview that this mother had also been prescribed "nerve pills" as she got older. This example demonstrates the coexistence of resilience as well as anxiety over the lifespan, as this mother was described as "always [being] the strong one."

For those who had left loved ones behind, the loss of these relationships had become a lifelong grieving process. In the case of two families, older women had actually chosen to separate from their entire family of origin (who had remained in either Russia or Paraguay) for the express purpose of joining with the husband's family of origin in Canada; only written correspondence and very few visits with surviving family members had occurred within a forty to fifty year span, and women had not been able to attend important family passages such as the deaths and funerals of

one or both parents or siblings. Both women admitted that their decisions had been made at great emotional cost. One woman reported that ongoing relationships with in-laws in Canada had been very strained; this had created inner conflict that had been difficult for her to resolve because of limited people to debrief or discuss this with. This woman was still visibly emotional about her life journey because her decision to move to Canada had been motivated by love of her husband and by his mother's longing to see her son, but had cost her the physical closeness with her own family. In fairness to her mother-in-law, there had been a very positive bond between them, but she had died about five years after her son and daughter-in-law's immigration.

The comments of one woman demonstrate the common struggle regarding what to do with unresolved trauma and emotions. On the one hand, she felt that "*other* nationalities go on and on... [about their experience of political oppression and trauma] ...[and that] sometimes...it's better to forget." But she later went on to say: "You can never forget; at times it just hits you and you're kind of depressed." She added that some women "are very, very bitter to this day" and described a case where someone's father had been "taken," and "it... affected her whole character."

In addition to emotional challenges, women also reported very positive emotional experiences. One of the women who had been all but paralyzed with grief during her experience in the orphanage, found a very adventurous spirit and sense of excitement during her escape from Russia and her sojourn in Germany. She told dramatic stories including one of returning to the eastern zone illegally with a friend and two empty suitcases to recover precious family memorabilia that had been left there, and then successfully making it back to the west. Throughout the telling of these stories, she was laughing and very animated, and it seemed to me she was reliving the exhilaration of having transcended her previous status as a victim. "We were totally empowered!" she said, "...this was one of my very exciting times!"

It is important to underscore the fact that all women held fond and loving memories of the fathers, mothers, and other loved ones that had been tragically lost, and all of these memories seemed to reinforce a reminder of the goodness of life that had been strongly overshadowed by so much tragedy. To varying degrees, their life stories were not merely focusing on the tragedies, but included loving and sometimes even humorous anecdotes about their loved ones during desperate situations. One woman laughingly described this incident that took place when her family's evacuation to eastern Russia in box cars was interrupted by the German invasion:

...all of a sudden, we heard banging from the cannons...and there were...over 7,000 Mennonites there, or people...in the open. And my cousin had a grandmother, and she was very deaf, and when the cannons started to come she says, "Warum hustet der [Junge] so sehr?" [Trans: "Why is the boy coughing so much]?"

Mental Themes

The message that comes through in the majority of interviews is the value placed on mental strength to cope with almost insurmountable circumstances. Women told stories reflecting incredible resourcefulness and agency. These women were not paralyzed by their circumstances. As mentioned earlier: "If you keep working, you eat!"

One woman described the strength demonstrated by women in this way: "Ja, Frauen koennen auch viel mehr aushalten...als Maenner. Dass ist ja: er soll staerker sein wie 'ne Frau—vielleicht physisch, ja— aber im grossen ganzen ist die Frau staerker." [Trans: "Yes, women can endure a lot more than men. Men are said to be stronger than women—maybe physically—but overall a woman is stronger."] For one woman, mental strength was depicted by her mother's "quiet" and "conscientious" approach to work on the collective. She stated that some women would not do a

thorough job in the fields, but her mother, who had been widowed during the 1930s, always did, and received awards from the Soviet authorities for being a model worker.

On the other hand, one older woman interviewed commented on the poor mental status of an extended family member who had expressed the following during the Trek: “Waut soll etch met [miene Tchinga]? Soll etch dei dautschlone?!” [Trans: “What should I do with my children? Beat them to death?!”] This was expressed by a very distraught woman during the difficult circumstances of the Trek in the absence of her husband, whom she had lost to the Trudarmee.

This example introduces the phenomenon of *mental weakness*, which tended to be regarded by women as a lack of courage or will to handle the challenges of life. Another woman mentioned that her grandmother had been “weak” and, after further dialogue, she added that her grandmother “might have been a little bit depressed” because “several” of her sons had been “taken.” Another use of the term mental weakness was linked to the experience of schizophrenia in an extended family member. This family member was described as having been a “sensitive” child who had already lacked “mental strength” in her early childhood in Ukraine, and had later developed severe symptoms of schizophrenia after immigration. Upon further discussion, it was revealed that this extended family member had also been the victim of rape, during the early post-immigration years, which had not been disclosed, even to her mother, and which had been the source of much guilt.

A common perspective in some families reflected the belief that emotional needs, prolonged mourning, and mental health issues may be linked to weakness of character and lack of faith. One woman stated that her mother’s dominant attitude had always been: “Get over it!” This had been strongly linked to the urgency of basic survival needs both on the collective and throughout the process of escape, the refugee years in Germany, and subsequent migration to Canada or Paraguay. There was no time to be emotional. This, and one other, woman expressed that the strength and

strong survival skills of their mothers had grown at the expense of a gentler approach to parenting. She added: “I...had to learn to work...as soon as they took my dad away. I had to be there always. I had no excuse not to do whatever had to be done...so I learned how to work early.” She also felt that she “must have deserved her [mother’s] disciplining.”

Another example of mental strength was provided by one of the women who had survived the orphanage, and who had modeled her behaviour after the following advice of her brother who was there with her: “...snap out of it...and things will get better if you apply yourself... We have no control over this so we have to adjust.” Her brother’s ability to follow his own advice had resulted in him secretly and successfully sending a letter to relatives in Germany, informing them of what had happened. This had triggered a chain of events that supported his sister’s escape to Germany.

The refugee experience in Poland and Germany further demonstrated the strength, resourcefulness, and agency of many women interviewed as well as their mothers. Most women worked to support either themselves or their families. One woman had been able to acquire interesting work, for example, with the marines, trying to break a Russian code and, later, doing clerical work in an office. She had also participated in daring and exhilarating adventures with friends, contributing to a greater sense of autonomy and agency, which she had all but lost during her years at the orphanage. While some women had lived and worked on farms to assist their mothers with family survival needs, others had engaged in training that had taken them some distance away from their families, which had been emotionally stressful for their mothers. One had studied briefly at a teachers’ training school in Poland, while another had attended a pre-nursing school. Several women spoke of survival strategies used, such as gaining the support of local authorities to alter passports; engaging in looting in order to trade for food; hiding or quick

reflexes to avoid rape; and staying away from urban centres and/or dispersing one's family in a crowd to avoid attracting the attention of Russian soldiers and being repatriated.

The post-migration period seemed to unveil emotional and mental health issues that had been somewhat under cover during the intense period of trauma and survival mode experienced in Ukraine and Germany. In the case of the mother of one woman, her ongoing resilience and strength throughout adulthood masked anxiety for which she eventually required “nerve pills.” She had later also developed an agitated dementia, during which buried emotions were triggered and she would sometimes lash out physically: “She would hit...kick...and bite...people—she was fighting, fighting against what had happened in her life....” In her nursing home setting, she frequently put all of her possessions on her walker and announced to visiting family members that they had to leave, as if she was preparing to “flee.” A similar story was told by another participant about her sister, who appeared to be reliving the terror of her past. Thus, emotional trauma can sometimes be triggered by further separation and loss, and can resurface when mental strength is in jeopardy in older age.

Two women stated that their biggest sense of lack had been related to their minimal education, which had taken place in three countries and three languages, and had resulted in some lowering of self-esteem. They had had little opportunity for formal education upon arrival in Canada, as by that time they had been old enough to work and were needed to help support the family. The three women who had not grown up on a collective had had more education and a wider spectrum of work opportunities overseas, as well as more exposure to social and cultural diversity in non-Mennonite environments overseas. This, and the fact that they had few people who were dependant upon them (two were orphans and one was a widow with a son) had provided them with greater potential for further education and career development in Canada.

It is important to note that two older women who were interviewed were not only widowed but also spoke very little English, thus having greater dependency on their children to act as bridges to the world outside of their Mennonite church and friendship affiliations; this included doctors' appointments, and situations involving other professional or legal matters.

Gratitude was an over-arching theme, and women expressed gratitude for the ability to have established new lives in a new country within a Mennonite way of life and raised their families in a safe political environment. They were also grateful for the simple things in life. One woman put it this way: "Ich bin so reich wie eine Koenigen! Ich kann jetzt essen was ich will, ich hab anzuziehen, ich hab ein Haus, ich brauch kein Wasser raustragen und keins reintragen...." [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 looking back on their lives, women commented on what had sustained them and helped them to move forward. One woman remarked that she had resisted the course that her mother wanted her life to take by setting her own clear goals and "making up [her] mind to change [her] life." Another had chosen not to dwell on sadness and loss in her life: "Well, I have a very good ability to put things behind me, you know." She added: "This is all part of [the] schooling you are going through, and you take the best out of each situation and go on...don't hold any grudges...and treasure the memories." And last but not least: "Und das ist das Meiste...Du musst immer positiv denken... [und] mit den Willen muss man das koennen, ja." [Trans: "And mostly, you have to think positively...and you have to do that by exercising will."]

Spiritual Themes

A few older women experienced inner conflict regarding religious beliefs as a result of the Communist anti-religious propaganda imposed on children in the school system during the 1930s.

One woman, whose father had been “taken” by the NKVD, reported having refused to pray with him during the period prior to his arrest because she had stopped believing in God. After her conversion in Germany, she had longed to tell her father, whom she never saw again.

One of the women who had been orphaned, and who had not received much religious training in her early childhood, recalled that her mother had once told her that they would all see one another again in heaven. This daughter believed, in retrospect, that her mother had said this “knowing what was coming” and was, thus, planting a seed of faith in her.

For some women, who had been separated from the Mennonite community as a result of the arrest of their fathers, there had also been less exposure to formal Christian teaching or lifestyle. Many women spoke of having had the experience of conversion and baptism once they reached Germany and often referred to their lives in Russia and Germany as a time when they had lived under miraculous guidance and “protection,” with dramatic stories of narrow escapes. For example, one woman remarked that “the bombs fell somewhere else, and this happened so often, that...sirens were going just when we came into a town, but we were always protected.” Another commented that, during the Trek and their movement throughout Poland, Germany, and into Holland, “[the Russians] were always behind us...we had no passport, nothing, we just had faith.” She went on to describe how they made it into Holland, and how the opening of the border gates to allow them into the country felt like the parting of the Red Sea during the Exodus of the Israelites from Egypt. “All that keeps me going!” she said, referring to her past experiences of miraculous survival and positive outcomes despite tremendous fear and suffering. Yet another woman voiced that God not only protected, but also “[gave]...strength and... courage to face whatever [was] coming your way,” thus equipping women to override negative emotions such as bitterness, anger, and resentment.

Once in Canada, women adapted to the norms of the established Mennonite church community which, according to some participants, did not always fully grasp the depth of the traumas experienced on Soviet and German soil. Several older women mentioned the impact of the church's ban of remarriage on sisters or friends whose husbands were still alive in Siberia, which sometimes resulted in lifelong emotional isolation and pain. In several cases, the men had remarried, but it was not as common for women to do so if they had no clear indication of their husband's death. One older woman stated that her mother, who had only been in her late 30s when she immigrated to Canada, had had more than one proposal, but had chosen not to remarry, as the fate of her husband had never become known to her. In old age, she had become very agitated in her nursing home setting on one occasion by a young woman who triggered in her a complicated narrative *about a man who had been shot, but survived, remarried, and fathered another daughter*; it was speculated by this adult daughter that, in her mother's state of dementia, she may have developed the delusion that her husband had survived and remarried, and that this young woman was his daughter. In this way, unresolved themes from the past may continue to surface in unexpected ways.

It was also an emotional conundrum for these women when surviving husbands, who had remarried, were able to move to Germany with their families during the 1990s, and personal contact with them had become an option. Many women were faced with the very difficult question: Do I want to see him again or not? One woman had been invited by her husband to celebrate their wedding anniversary in Germany; they had been together in marriage only a few short years and his current family planned to celebrate with them. This woman had chosen not to go on the advice of her pastor, and her physical, emotional, and mental health had deteriorated

from that point onward, as reported by her sister. On the other hand, other women are reported to have made personal contact with their *remarried* husbands and regretted having done so.

As mentioned earlier, one woman spoke of an extended family member who had struggled much of her adult life with mental health issues and had ultimately been treated for schizophrenia. This also appeared to be linked to a spiritual crisis as she reportedly spent much time reading her Bible and questioning her salvation because of shame and guilt carried from the past.

All women interviewed are reportedly secure in their faith and spiritual practice at this time, express much gratitude in their lives, and largely but not exclusively rely on family and church networks to meet social needs. However, their comments concerning their mothers or other women with emotional or psychological distress speak to the potential for unresolved trauma and related guilt to challenge spiritual resolution at the end of life.

Needs of Older Women

Relationship Needs

As most women were widowed, they had a strong connection with their children who, in three cases, were also primary providers of ongoing personal, emotional, and practical support. This involved daily telephone contact, regular visits and family events, and assistance with errands, doctor's appointments, legal paperwork, and other special activities. Two of these women were experiencing some short-term memory loss, but had good long-term memory recall. Both received additional reassurance and support from their children on a daily basis, with children being their lifeline. One woman even refrained from participating in evening programs in her seniors' residence, as she did not want to miss telephone calls from her children and grandchildren.

Women also benefited from relationships with people who shared their history, or who had witnessed and who understood their past. In some cases, women maintained strong links with

extended family and friends who also originated from their village in Ukraine. However, in other cases, physical contact with family members, such as parents and siblings, had been permanently severed, and filling that emotional void had been a tremendous challenge which had sometimes stimulated emotional or mental health issues. One woman, who is the last living member of her family of origin, and whose friends are gradually dying, stated that she battles with loneliness and a tendency to self-isolate by making telephone contact with her few remaining friends as well as reaching out to an extended family member in Germany, for whom she has even produced an audiotape of family information which was much appreciated.

The women who had been orphaned had drawn much strength and solace from lifelong friends who had lived through the same ordeal. One admitted to having sought counseling in order to work through some of her emotional issues. Each has also made a pilgrimage to Ukraine in search of her family home, to visit surviving family members, and to find greater healing.

Closure: Embracing their Story

Many of the women interviewed recognized the need to be able to share their story, and for that story to be witnessed and honoured by others. Four women had written, and two had published, their family stories. Four women had also returned to Ukraine to reconnect with their roots and, in some cases, had taken children with them and renewed relationships with extended family members that had been left behind. This had required courage and a willingness to be vulnerable, and to risk re-experiencing feelings from the past. The outcomes had, in most cases, been cathartic and healing.

Women stated that there is a sub-group of older women who remain much wounded by the past, are unable or prefer not to tell their story (or whose memories focus primarily on the tragedies), and may socially isolate themselves to some degree. For example, in the case of

schizophrenia mentioned earlier, this extended family member had carried the bulk of her shame and pain in silence for the rest of her life. She had not been able to talk about it. Less extreme examples given of women unable to share their stories included women with depression or bitterness about the past.

Older women interviewed had difficulty thinking about and identifying how some of the unmet needs of this sub-group of women could be addressed. To some extent, there was still a belief that women ought to have the inner strength to overcome these issues and take action on their own. One woman did, however, suggest that talking to someone “who is not a member of the family” may be helpful. She added: “[It needs to be someone who] wants to help people, to let them unload... safely,” but also emphasized that women of her generation were not inclined to welcome “therapy.” She also felt that it was important that people be encouraged “to write it down” as she had found the journaling process to be very helpful.

Life Meaning and Purpose

Several women gave voice to the significance of having purpose in their lives. One stressed that, although she was not really an outgoing person and can be very much alone, “I feel the need [to] contribute something [to others]. If I’m here, and I’m able...I should be willing to do something, and I do.” Another, who resided in an assisted living environment, felt that her purpose in life was “to be kind, loving, and a friend to others.” A third woman provided emotional support to her spouse, who lives in a long term care facility, and was also quite active with women’s groups in her church. For the majority of women, their families were central in their lives, and participating in their church community was also of great importance.

Spiritual Needs and Role of the Mennonite church

Women identified the importance of spiritual support in their lives in the form of church services; women's activity, prayer, Bible study, and discussion groups; *Naehverein* (sewing circle); and other seasonal church events and gatherings. No special recommendations were made regarding additional ways that the church could support women, with the exception of the recognition of spiritual support and visitation needs of those in hospital, assisted living, or long term care facilities.

Professional Support Services

With increased physical, emotional, and psychological losses in old age, women requiring supports beyond what family could provide benefited from professional home support or long term care staff who were compassionate, respectful, validating, and trustworthy (I am referring here to some of the mothers of women interviewed). Women also identified the value of professionals who had some understanding of Mennonite women's personal and cultural history and spirituality. One woman identified the need for emotional and spiritual support for family caregivers from long term care staff as well as chaplains. She added that important factors in good facility care involved staff allowing more time for talking and listening, not just completing practical tasks.

Conclusion

It is with much respect and admiration that I pieced together this collective story. All participants are truly amazing women who have transcended numerous life challenges. It is not likely that any stranger who meets them face-to-face would ever suspect the *history* that they have experienced. Through their stories, these women have given me a better perspective of what my own parents lived through. Moreover, their stories confirm that early life traumas impacted them physically, emotionally, mentally, and/or spiritually. What was evident in their stories was that

urgency of survival often resulted in the silencing of emotions as mental strength was critical in order to carry on. It was also evident that, with increased age, any hidden or unresolved emotions could potentially resurface and play themselves out during a process of dementia or delirium. The fact that many women had written or published their life stories, and were willing to share their stories with me, confirms in my mind the value and healing benefit of telling one's story, for one's own benefit as well as that of others. Women were very willing to impart their stories for the purposes of this research so that others may further benefit and learn from what they have experienced.

Addendum

With the exception of parts of the opening paragraphs, this collective narrative was given to six women that had been interviewed for their comments, feedback, and possible changes necessary to best reflect their experiences. As one year had elapsed from the time of interviewing to the completion of the collective narrative, the two women who had been experiencing early stages of cognitive impairment had further lost cognitive functioning and were in long term care facilities. Thus, the narrative was given to the adult children with whom I had been in contact for their own feedback regarding how they were impacted by these stories. Given the added caregiver strain being experienced at this time due to facility placement, no feedback has been obtained thus far, except for a request to correct the year of birth of one mother.

In general, the six women who provided feedback felt very positive about the collective narrative. The only changes requested related to date of birth, as I had initially indicated that several women had been born between 1927 and 1932, rather than 1926 and 1932. Women found it "very interesting"; "...very good"; "sehr gut, sehr interessant, sehr wichtig." [Trans: "very good, very interesting, very important."] Several women did not elaborate beyond these descriptors. One

felt that since she had read it a while ago, she was not able to provide more specific comments. Another implied that she may have wished more of her story to have appeared in the collective narrative, but felt very satisfied with the parts of her story I had been able to weave into the whole. One participant was especially pleased with the narrative because her daughter had read it and had gained a better understanding of her [mother's] life process. This mother is very much looking forward to obtaining a copy of the adult children's collective narrative as well. (Note: Her daughter had not been a research participant.). The sixth participant was also positive about how her story had been reflected in the collective narrative. Because her adult son had been a participant, this mother had also read the collective narrative of the adult children (Chapter 6). Thus, her comments related to both narratives. She was particularly interested in the psychological impacts on both generations: "This surprised me!" Upon reading the adult children's narrative, she felt that it had been "more about us than the children...like *they* had experienced it." Without further commentary, I invite you to launch into the next chapter to find out what she means...

CHAPTER VI

ADULT CHILDREN: THE COLLECTIVE NARRATIVE

The collective narrative which follows continues the *descriptive* part of data analysis, and provides the perceptions of adult children in relation to their lived experience with mothers who survived the Stalinist era. Eight individuals, both adult daughters and sons, contributed to this narrative, with parts of my story also anonymously woven into the whole. Most of us were born after immigration from Germany (four in Canada and two in South America); one was an infant during the Trek; and one was born after her mother's repatriation to Russia and immigrated during the 1960s. Four of us have mothers who also participated in this study, while three of us have mothers who have already passed away, and one mother is very elderly and was unable to participate. I have included in our story information shared about our mothers' stories that is pertinent to the perception of our own development. This collective narrative will, therefore, include some family anecdotes that were also mentioned in the previous chapter by older women.

The structure of this narrative is based on the categories presented in my research question but, within those categories, I also present a range of sub-themes that were either identified by adult children or that emerged from our narratives in expected as well as unexpected ways.

Traumatic Events Experienced by our Mothers

It was common for each of us to zero in on the most critical periods in the lives of our mothers. For four of us that involved the arrest and/or permanent disappearance of maternal grandfathers, the ensuing challenges that were faced by grandmothers, and the impact that this had on the family. In at least three cases, this involved eviction from the family home and loss of rights and possessions. This was particularly traumatic for one family where the mother was quite isolated from a supportive Mennonite community during parts of her journey of survival. For two

families, there remained a supportive community network that provided a web of protection to somewhat ease the strain. In the case of three families, the trauma felt by the mothers of adult children involved the weight of responsibility that befell them as eldest daughters, because of the absence of the father. They were suddenly a caregiver at a *very young age* (six to nine years old) and, as reported by one adult child, her mother felt that that was when she had been “stripped of [her] childhood.”

In the case of one mother, her father had been sent to a work camp and returned home some years later, but was very malnourished and did not survive. Some of our mothers did not lose immediate family members through arrest, but did live in terror during this period, experiencing the disappearance of other relatives, in one case five brothers-in-law. The fear was palpable and this mother, pregnant with her first child, “trembled in bed” when she heard the *Black Raven* making its way through the village at night. Another adult child reported the presence of informers in her extended family that caused much damage to the lives of family, friends, and loved ones.

For two mothers, the early loss of their own mothers during the famine and typhus epidemic of 1921-1922 had been very traumatic, one being mothered by her older sisters, and the other by a stepmother who had not treated her very affectionately. Moreover, one of these young girls had survived the massacre of Eichenfeld, where over seventy males over the age of 16 had been slaughtered by Makhnovists, and the other had vivid recall of bandits threatening her mother with a gun during the chaotic anarchist period. Another scenario involved the grandmother (of an adult child) who had been orphaned during this period. One adult daughter shared a story, told to her by older women in her acquaintance, about a woman who had arrived home to find the heads of her children on the window-sill, as though they were looking out the window waiting for her. Such tragic stories about the revolution were common and clearly devastating to all who heard them.

Many adult children identified the prevalence of ongoing food shortages and hard physical work on the collective, the latter also applying to their mothers though they had been young children at the time. Three adult children shared dramatic stories about the foiled evacuation of their families to Siberia or other eastern locations during the German invasion of Russia in 1941. This period was certainly traumatic for the two families headed by women, but no less traumatic for a young mother of two, whose husband lay bedridden with malaria at the time, and who stayed behind with her family (in hiding) while the rest of the village was forced to load up their wagons and head east. (They were all able to return to the village when the approaching German army warded off the Russian troops). An adult daughter recounted the tragic story of Jewish family friends who had been rounded up by the German troops, herded out of the village, and shot.

The Trek from Ukraine to Germany was certainly another period that held much trauma. There was the pain of loved ones left behind as well as deaths along the way. One adult child had an aunt whose teenaged children did not make it out of Russia. One mother lost her father-in-law during the Trek, while another lost her teenaged brother, the latter a particularly emotional loss. Yet another, having miscarried her first child while still in Ukraine, later lost a 2-year-old son to diphtheria while in Germany; her pain had been mixed with a certain amount of gratitude, as the German authorities had ordered the child to be euthanized because he had Down's syndrome.

In the case of three adult children, their fathers had either voluntarily joined or had been conscripted into the German army, and two spent several years in POW camps. One adult child reported that his father claimed never to have killed anyone—always shooting either up into the air or down into the ground. For one mother, her husband's choice to voluntarily join 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. Furthermore, all of these

women became more vulnerable to the risks of war as well as post-war chaos and rape. One adult child spoke of her mother's stories of narrow escapes from soldiers, in one case by hiding in the hay. Another mother became the victim of multiple rapes, yet remained a strong protective figure in the lives of her young children. Efforts to avoid being victimized put her children at risk, so she was compelled to comply and carry on as best she could.

All families faced the risk of repatriation to the Soviet Union, and one family met this fate. Another family, trapped in Berlin at the end of the war, narrowly escaped repatriation; what complicated their situation was the fact that the father was Ukrainian, and plans orchestrated by the Mennonite Central Committee (MCC) to evacuate Russian Mennonite families out of this area needed to override some internal opposition to his inclusion. In another case, one mother lost contact with all of her siblings, who *were* repatriated, while she and her own family made it to Canada. Two families were obliged to immigrate to Paraguay because of family health issues which barred them from Canada. Thus, migration to safety created further painful separations for some families. One mother migrated to Canada with her husband and young family after a few years of marriage, leaving her family of origin in Paraguay; this family separation occurred at great emotional cost to her, as she had no personal relations in Canada and her husband opposed sponsoring her family to Canada. The mother who had been repatriated at the end of the war had worked in labour camps from 16 years of age as a logger. During the 1960s, she immigrated with her husband and children to Canada in order to provide her husband's mother (who had immigrated during the late 1940s) with the opportunity to see her son again before she died (her son had been conscripted into the Russian army, so they had lost contact with one another for many years). This move to Canada precipitated a painful separation from her own family that was left behind in Russia.

Perceived Lifespan Effects on Mother and subsequent Intergenerational Influences

The majority of adult children expressed that their mothers' lives had had a significant impact on their own. Many stated that they had grown up with stories of Russia, and that these stories were sometimes fragments or snippets for which they did not have a complete context. Stories carried not only partial information about a traumatic past, but life lessons related to how their mothers had managed to survive and cope with numerous losses as well as underlying emotional issues that were carried forward despite their outward mental and physical strength and resilience. Religious and cultural factors also played an important role in shaping the experiences of both generations. I will present the key themes voiced by adult children under the categories of physical, emotional, mental, and spiritual. However, it is important to point out that these categories are so interrelated that it is sometimes impossible to discuss one in isolation of the others; you will find this particularly in my presentation of emotional and mental themes. Each category offers a particular lens with which to witness our family histories, and together they provide a more complete perspective.

Physical Themes

Three adult daughters identified the effect of malnourishment and physical depletion on the health of their mothers, which had resulted in traumatic birthing and child-raising experiences. As one daughter said, "She really was in no position to have babies, 'cause her health...she had weighed less than 100 lbs. when she came to Canada and she was very frail." She went on to say, "[My mother believed] I had taken all of her nourishment from her... [in the womb], and she was left even more traumatized..." This daughter lost all of her teeth as a young adult and found that research linked this particular health issue with early fetal development. The other biological effect

that she experienced was the fragility of her nervous system, which she has also attributed to her mother's condition during pregnancy.

A second adult daughter identified similar physical concerns experienced by her mother with each of her pregnancies. This mother had one miscarriage on the collective, bore a child with Down's syndrome that died at a very young age in Germany, and then was forced to undergo a therapeutic abortion of twins after the migration to Paraguay. A child, her adult daughter, was born after the doctor had predicted no more children were possible. This adult daughter has identified multiple physical health issues that she attributes to her mother's health condition at the time of pregnancy. She was unable to walk until 2 years of age and, at the ages of 3 and 4, experienced severe pain in her bones and cried herself to sleep at night. She grew very quickly to her full height by grade six, and experienced the physical pain that accompanies such rapid growth. She also developed arthritis and fibromyalgia.

Physical depletion of mother during pregnancy was also a factor in a third family, where three children had been born on the collective and one during the flight to Germany. This mother almost lost three of her children to childhood diseases exacerbated by the challenging conditions, including scarlet fever, rickets, and extreme malnutrition. She never had enough breast milk for her babies. Her fifth child, born in Canada, weighed over ten pounds at birth and was never without food. This particular adult child experienced anorexia at the age of 20, and is subject to food intolerances that impact general health, well-being, and stamina.

A fourth adult daughter acknowledged the lifespan impact of her mother's hard physical work and poor nourishment during her years in a logging camp after repatriation, which has contributed to her current health status (arthritis and osteoporosis). This daughter does not feel that

her mother's health has influenced her own in any way, although she is in the early stages of osteoporosis.

Three adult children did not perceive severe physical issues either in the lives of their mothers or their own lives as a direct outcome of the traumatic period in Russia, though they certainly recognized the general physical strain of life on the collective and during the different phases of migration. Another identified the sexual victimization of his mother in post-war Germany which, of course, was not only a physical assault but an assault on her whole person. This will be discussed further under another section. A very tangible physical repercussion on her children involved injuries sustained when an irate Russian soldier was unable to find their mother one night, as she was hiding.

Emotional Themes

Most adult children were quite attuned to their mother's emotional status and reported being impacted by the emotional residue of their parents' past trauma, with the exception of one who did not explore emotional realms and preferred the language of faith. One prominent positive theme was the strong acknowledgement of gratitude in the lives of all of our mothers despite all that they had endured. But, despite their expression of gratitude and their resilience, which was also a prominent feature in their lives, adult children reported a wide range of underlying emotions that mothers did not always reveal to the community around them. These emotional themes, in turn, impacted adult children in various ways.

Marginalized emotions of our mothers. Three adult daughters identified trust issues that were evident in their mother's lives. In two cases, mothers had verbalized the following mantra: "You can't trust anyone outside the family." Some daughters sensed that this inability to trust may be partly related to the history of betrayal that had often occurred on the collective, but it was also a

way of ensuring emotional safety in a religious community that could be very critical and judgmental. One adult daughter reported that her mother had felt emotionally and socially isolated after immigrating to Canada because she had not felt fully understood and accepted by the Mennonites around her who had arrived prior to WWII. Another adult daughter emphasized that her mother had felt “looked down upon” by the Canadian Mennonite community. Five adult children identified the value their mothers had placed on “fitting in,” “keeping up appearances,” “saving face,” and “avoiding gossip” in the Mennonite church context. This focus on keeping up appearances involved not disclosing their innermost thoughts and feelings to their peers, in other words, not risking a more intimate level of sharing. Undisclosed emotions that these adult children perceived in their mothers throughout the lifespan were fear, grief, anger, resentment, anxiety, paranoia, depression, loneliness, and/or homesickness.

Sources of mothers' emotional pain. Ongoing Soviet trauma and oppression over the years contributed to high levels of stress and grief for most mothers. Particularly traumatic were the losses of loved ones through exile, disappearance, death, and relocation. In the case of the mother whose child was ordered to be euthanized in Germany, her adult daughter feels she may have resisted and died with him if he hadn't died first of diphtheria. For one mother, the loss of her 4-year-old brother to illness and malnourishment during the 1930s was heart-breaking, and this loss still brought tears in her old age. Two adult children felt that their mothers exhibited more traumatic effects than their grandmothers, and one daughter suspects that these differences may be related to the age at which the onset of trauma occurred. For example, her mother had experienced trauma from a very early age, whereas her grandmother had experienced greater security in her formative years and had this foundational experience to draw strength from when trauma struck in early adulthood.

For two mothers, the childhood loss of their own mothers through death precipitated lifelong grief but, for those whose mothers had survived, there was sometimes a lessening of emotional connection between them. One adult child stated that her grandmother had been very reluctant to express emotions. “[S]he never really hugged my mom...you don’t get attached to your children because you’re not sure if they’re going to make it.” Two others stated that their mothers, both having been eldest daughters, had been very strictly raised and given much responsibility at an early age after the loss of their fathers; this had created much emotional distress in each case.

Women lived with the reality of human loss and were venturing into an unknown future. For three mothers, immigration resulted in permanent separation from family members with primary contact only through letter-writing for several decades, and rare opportunities to make in-person contact. In all three cases, this resulted in lifelong grief that had repercussions on family life. One adult daughter states the following:

...to see her say goodbye to her siblings...and her mom, I think it broke her, I don’t think she was ever the same...she became a sad person from what she was before, and that just never really changed...the missing of her siblings is even deeper than it ever was before.

All three women also experienced varying degrees of emotional pain because of the fact that their in-laws were in Canada, while their own siblings were not. In all cases, their husband’s siblings were not experienced as very emotionally supportive, and the lack of family of origin contributed to emotional isolation and primary reliance on immediate family, particularly their eldest daughters.

Impact of mothers’ emotional pain or neediness on adult children. One adult daughter, who was also the eldest daughter, expressed that “emotionally I’ve always felt like I’ve carried my mom.”

Another stated that she had been her mother's "confidante" since childhood, and felt that she had "mothered" her own mother. She added: "The focus was more on my mother's grief and my mother's experience than it was really on my experience."

In several cases, the neediness of the mother presented a barrier to emotional support for the adult daughter. One daughter described this as follows:

Because she always looked to me for guidance, I don't feel that I can go to my mom [for support] because... she worries right away, and she thinks of the worst, and I don't want to do that to her. Even though there's a close bond...it's not the kind of a bond where I would go to her for emotional support.

Three adult children reported varying degrees of parental marital discord relating to the following three issues: parental competition regarding who had suffered the most, the father, who had migrated post-revolution, or the mother, who had migrated post-WWII; mother's moral and emotional conflict concerning her husband's involvement with the SS; and mother's deep hurt and anger that her husband had not supported the immigration of her family of origin to Canada, with the latter scenario having the greatest maternal emotional repercussions. For example, this adult child recalled the family during her childhood having dinner in silence, "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."

Chronic emotional and/or psychological reactions of mothers. Four mothers are reported to have demonstrated symptoms of anxiety following migration, which was usually described as having "bad nerves." One adult daughter commented: "I don't think her nervous system ever recovered from...the trauma." Another mother experienced night terrors resulting from her experience of multiple rapes in post-war Germany; her husband had been conscripted into the army and she had

struggled to survive on her own with four children. Part of her emotional stress included much guilt as well as fear that her husband would be angry with her (although he had proven to be very supportive once he was able to rejoin the family).

One mother and one grandmother were reported to have required “nerve pills.” An adult daughter explained: “So my mother’s grief and her anger and her emotions, she couldn’t deal with them very well, and I don’t blame her for that.” For this mother, there had been nowhere to turn for emotional support but to her daughter. In reference to her grandmother, one adult daughter described tremendous fear of change and separation, such that her grandmother had been anxious about living independently. Having been orphaned at a very young age, she later lost her husband during the Great Terror and managed to survive the Trek with her children and bring them safely to Canada. One of the daughters had remained at home with this grandmother for many years but, upon leaving home, the grandmother was alone and experienced significant emotional distress.

Emotional unavailability of mothers experienced by several adult children. Most adult children identified their mother’s emphasis on maintaining strong family bonds. The majority of mothers regarded the family as their biggest support system, and tended to “make family their whole life.” Parents were said to have focused on providing for their children in ways that had not been possible in Ukraine and Germany, namely, they were able to provide adequate food, safety and security, and a stable home environment. Although the home environment was nurturing in many ways, four adult children found that their family experience provided little emotional support. For many there was a sense that there was “no real connection on a deeper level.” One adult child put 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.

A second adult daughter also acknowledged that "it's never been safe; [emotions] don't count." This family also tended not to shed tears, a legacy related to the stoic survival of the grandmother since the time of the revolution, which contributed to the suppression of anger and other emotions. The maternal lineage of strength and control was marked by the mantra: "Get over it!" "There's a hardness there," she said. "Somewhere in her experience [my mother] developed a hardness, which makes it hard for her to show compassion."

Two other adult daughters had similar reflections about their mothers, whom they also described as demonstrating little compassion. All daughters knew that they were loved, and one stated very simply: "Being stoic doesn't mean they don't feel; they just can't show it easily."

It is important to note that there were exceptions to the above phenomenon. One adult daughter reported that her mother broke the pattern of emotional distance that had been practiced by her grandmother. She stated that, after the immigration to Canada, "I had an easy time finding who I was in that my parents *loved me and believed in me*." Despite significant personal trauma, this mother had been emotionally available to her child. It is important to note, however, that this adult daughter had also internalized and was exhibiting some of her mother's fears, anxieties, and obsessions. One adult son also reported having experienced a positive emotional bond with his mother despite the severe traumas she experienced in Germany, while another was in awe of his mother's resilience and her ability to live her life to the fullest, but did not specifically speak of their relationship in emotional terms.

Emotions experienced by adult children. In addition to the lack of emotional validation experienced by several adult children, three adult daughters disclosed having experienced moderate to severe symptoms of anxiety, which they linked specifically to their mothers' experiences of trauma prior to their birth. Their anxiety was primarily related to fear of local criminal activity, such as home invasions and physical violence; public authority figures; loss, including death; speaking out; rejection; not "measuring up"; and/or fear of the world, perhaps even fear of life itself. In one case, fear and anxiety was exacerbated by the murder of a Mennonite family in the neighbourhood, who presumably "knew too much." For this adult daughter, there was a sense that the Soviet powers had extended their arm of destruction all the way to Canada. In the case of all three families, parents had continued to live with a significant amount of fear of the power of the Soviet state, even after immigration, such that they expected repercussions should they return to visit, even many decades later. That fear translated into paranoia, to some extent, for at least two mothers who were triggered by any socialist political discourse in Canada. Though the anxiety transferred to adult children had been particularly strong during childhood and adolescence, it had to some degree extended into adulthood and impacted various aspects of their lives, including approach to friendship, relationship, education, and/or work. These experiences will be further detailed in the section on mental themes.

Some adult children expressed feeling emotional ties with a past that they had not participated in. One adult daughter, as a child, felt a seemingly closer bond with relatives in Siberia that she only knew through her mother's stories and letters versus the local paternal extended family. Another voiced the grief that she felt about the loss of siblings prior to her own birth: "I've always felt the loss of my siblings, I can't imagine what she went through in feeling, experiencing the loss of her children, but I've always felt the loss, we should have been a bigger family."

Often the emotionality of their family story was grasped more and more deeply over time as adult children had their own children and gained life experience. One adult daughter, reflecting on her grandmother, who had lost her husband during the Great Terror, commented as follows:

...that was the first time I sort of realized...understood better...what this would have meant to her, because I was a young mother with a couple of kids. She [had been] a young mother with four little children and ...they were bombing the train...no place to be—no place, no food, or very little food, you know.

In some cases, adult children were not aware of the extent of the impact of their mother's lives on them until recent years, and are tuning in to their own underlying emotions at this time. One adult daughter reflected: "It's only become more and more clear to me within the last five [or] ten years...I'm really experiencing those kind of emotions now, sort of a backlash of my experience," which she described as "a very traumatic upbringing." Another adult daughter became more deeply aware of having had an unconscious connection with her mother's grief when the latter was able to visit her surviving siblings for the first time in fifty years. This awareness deepened further when the adult daughter herself was able to make personal contact with family now in Germany that she had never expected to meet in her lifetime.

One adult son does not perceive that there has been any emotional impact on his life. He did, however, identify the fact that he had never had living grandfathers and that both his father and father-in-law had died before his children were born. "So now there's two generations that did not have a grandfather... the pressure's on – I've gotta hang around [sic] 'cause, as you can see, we've got grandchildren." He also expressed that he has wondered if his maternal uncle was negatively impacted by the arrest and disappearance of his [adult son's] grandfather. However, he has not broached the subject with his uncle, nor did he speculate on this during the interview.

For adult children who had gained a deeper understanding of their mothers over time, their feelings also shifted. One adult daughter described her change of heart with respect to the emotional support she has provided her mother most of her life:

I [still] don't like it....I used to fight it, [but]... at the age she is right now, my heart goes out. I know what it's like to be alone... I... put myself in her shoes, like not having her family here... She needs to feel that love, that somebody really cares...

Several adult children minimized their emotional stress as compared to what their mothers and grandmothers had gone through. They were less inclined to feel sorry for themselves. One adult daughter put it this way: "Part of you is always thinking you better suck it up...when you're having a pity party...and [you] say...: But look at what your mom went through!" She felt a considerable amount of guilt whenever she did focus on her own needs, issues, or desires: "[I] feel guilty about having too much...there's... no part of my life where guilt hasn't [inserted] its little tendrils...it's very, very engrained."

Seven out of eight adult children expressed varying degrees of discomfort with having felt different from their Canadian peers, particularly during their early lives. All seven expressed a strong need to "fit in." Two had been "loners" at school. Some adult children had felt embarrassment and shame regarding their immigrant status and cultural background, which had been controversial during the post-WWII era, both because of their origins in a Communist country as well as their most recent link to Nazi Germany. Some had also felt somewhat like social misfits because of their family's conservative lifestyle, which involved German language spoken in the home, ethnic foods, and home-sewn clothing. In general, adult children had to break new ground and learn to live in a western culture that their parents were unfamiliar with and often did

not fully embrace because of the insular nature of the traditional Mennonite lifestyle. Questions of social identity also emerge in the section on spiritual themes.

Mental Themes

The term “mental” was somewhat of a *slippery* one for participants in that its meaning was not quite as clear as the meaning of, for example, “physical” or “emotional.” It was interpreted broadly by participants interviewed, according to individual perceptions of how it applied to the core theme of trauma. This ranged 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 post-traumatic stress disorder (PTSD). Included in this continuum was also the notion of mental constructs that are used to interpret one’s experience, such as thoughts and beliefs of our mothers that may have shaped and conditioned those of adult children.

Mental strength. The message that comes through in the majority of interviews, and which has already been reflected in the discussion of emotional themes, is the value placed on mental strength to cope with almost insurmountable circumstances. One adult son described women of this period as “mentally tough” and not paralyzed by their circumstances: “...when they had no food to feed their children, they didn’t despair, they just continued to...do the best they could; when they got raped they pulled themselves together and continued to care for their children....” As one adult daughter put it: “They couldn’t give up, like my grandmother couldn’t, she still had four kids to take care of. She could not fall apart, right.” She went on to say: “Physically, mentally... they were all strong.... [They said:] ‘This is what happened, we can’t change it, we’re starting a new life, we’re going to make the best of it’ None of them ended [up] in a mental institute, none of them, they all functioned....”

One adult son expressed tremendous admiration for women of this period. He suggested that their faith gave them strength of mind, and that this was complemented by their “wits”: “Women in general were so resilient and strong. And of those who made it out, it was by good fortune, and by resilience, and by their wits, and simply by survival skills that they didn’t even know they had.” Mental strength, faith, resilience, and resourcefulness are interrelated themes in many of the narratives of adult children. One adult daughter described it this way:

Her big theme was...faith and resourcefulness.... So you had your faith...[but] you [also] had your resourcefulness. There was always a way of getting out of a situation...for her there was no such thing as a closed door—there just wasn’t...if you are persistent enough...smart enough... and resourceful enough, you can make that door open. There’s a certain agency in there.

One adult son described his mother’s way of reframing traumatic experiences. Firstly, she only shared parts of her story with her family, never condemned aggressors, and always emphasized that there “were also good people.” Thus, an incident that brought severe emotional pain was at least partially transformed because, within that experience, someone had extended a kind gesture such as, for example, protecting one of her children. A similar comment was made by an adult daughter, who said this about her mother: “[She] always said she had never met a bad person in her life...if you treat people nicely, they treat you nicely back.” Given that this mother had been ordered to have her child (with Down’s syndrome) euthanized, this was quite an amazing statement for her to have made. It is important to add that these women were able, to some extent, to reframe their experiences but, nevertheless, suffered from symptoms of PTSD and/or anxiety. A third adult child echoes this ability of

women to reframe past trauma: “I and my family, we tend to very quickly look at the positive side of things, and I think that experience has allowed us to have that kind of optimism in life.”

Mental strength vs. emotional availability. Several adult children indicated that the mental strength of their mothers had come at the expense of “the softer side,” which they experienced as a general lack of “compassion” and emotional availability. In the interests of survival, these women minimized or shut down their emotions, either consciously or unconsciously, in order to function, resulting in emotional distance between mother and child. Some of our mothers replicated the experience they had had with their own mothers. Thus, strength and resilience co-existed with suppressed emotions. One adult daughter recognized this as a family pattern:

...but they *had* to be strong, right. And my daughter, too, she’s incredibly strong, and...partly that is the tradition that comes from having had to live through that history, right, *so that’s definitely been passed on.* Is that strength sometimes at the expense of the softer side of things? That’s true for my grandmother, that’s true for my mother, that’s true for me, and that’s true for my daughter.

The combination of mental strength and emotional distance often made it difficult to engage in authentic dialogue. This was said to be related to a mother’s inability to think outside of certain parameters, embrace different points of view, and negotiate the resolution of conflict. One adult child emphasized that “[w]e never learned to deal with conflict, at home, *never!* It was just, like...the pacifism that pretends it doesn’t exist.” She explained it was not possible to discuss anger or resolve conflict in her family because of “black and white” or “right and wrong” ways of handling things, so there was “denial” about the existence of anger and issues were “swept under the carpet.”

Relationship between emotions, mental strength, and faith. Emotional needs and mental health issues were sometimes linked to “weakness” of character and/or “lack of faith.” One adult daughter made this comment about her mother: “I think she thought that people who had any kind of counseling...[or] went to psychologists were somehow weaker, weak in the head, weak in the faith...” This belief would encourage women to internalize their emotional concerns and deal with them independently as best they could. In the case of one family, the severe mental health issues of a family member were minimized when parents insisted that all that was needed was that their son be “saved.”

In one case, an adult son was not able to acknowledge to me that he had encountered anyone struggling with an emotional or mental health issue. “I wouldn’t know for sure.... I don’t think necessarily in those terms [rather in biblical terms].” He added: “I don’t necessarily even look at [it]...just how people walk through stuff, but not trying to interpret it.”

Resilience coupled with mental health issues. In the case of several women, resilience and strength throughout adulthood masked underlying mental health issues. One mother had been the victim of repeated rape, and had later been plagued with night terrors and other effects of trauma. Because of her resilience and ability to cope with life, her symptoms were minimized and she had struggled with them in relative silence. According to one adult daughter, her mother had been very anxious and this anxiety was easily triggered by bright lights and loud noises that would immediately take her back to the experience of bombings during the war. She described her mother as having been very resourceful during those early traumatic years, “like a chameleon” adapting to a variety of contexts and environments in order to survive. Nevertheless, the impact of cumulative trauma had left its emotional imprint. Another mother had struggled with severe depression for which she had

been on medication for twenty years; this had been known only to her daughter and had remained hidden from all others.

In the case of one grandmother, her resilience and strength throughout adulthood masked anxiety for which she had required “nerve pills.” She later developed an agitated dementia, during which she released much underlying anger. In her nursing home setting, “she kind of had nightmares back to that time” and would frequently put all of her basic possessions onto her walker and announce to visiting family members that they had to leave, as though she was “preparing to flee.” One adult son reported that, while audiotaping his grandmother telling her personal story, her speech had suddenly become “completely garbled.” He also reported that this had been “the most conversation we had ever had.” He queried: “Now was that already the beginning of her aging, or did that have something to do with difficulty with the story? I don’t know that at all.” The family had attributed her reaction to a mini stroke. And one mother, on morphine to ease the pain of her cancer, experienced great anxiety in her state of delirium: “You can’t talk German...they’re listening! They’re listening!” Thus, the effects of emotional trauma can be triggered by further life stressors, and resurface when mental strength is in jeopardy in older age.

Mental health concerns of adult children. Not only did several adult children talk about their mother’s and/or grandmother’s emotional and mental health concerns over the lifespan, but some admitted that they, too, had experienced such distress. Three adult daughters disclosed having experienced symptoms of anxiety, particularly during childhood and adolescence, which they linked to the traumatic birthing experiences of their mothers. The range of symptoms described by these adult children included weakened nervous systems and reduced stress thresholds; heightened sensitivity to light and sound; nightmares; and extreme levels of anxiety and/or obsessive

behaviour triggered by such things as local criminal activity, authority figures, men in uniforms, the maintenance of legal documentation; food wastage; and consumerism. One adult child had experienced symptoms of social anxiety as a child, and developed anorexia linked to the death of several extended family members due to starvation. Another had a chronic fear of being home alone until she reached adulthood, and had slept with “weapons” under her bed for many years. In each case, their parents had demonstrated a tremendous fear of the powers of the Communist state.

Other adult children had struggled with the fallout of their mothers’ challenged emotional and/or mental status, especially in relation to their sense of self-worth, self-confidence, and questions of cultural and religious identity. Such concerns arose primarily out of the lack of emotional availability and validation described in the previous section on emotional themes, and will be discussed further within the context of spiritual themes.

Spiritual Themes

In the case of Russian Mennonites, whose roots date back to the early Anabaptist period, spiritual themes incorporate both the religious and cultural expression of essential Biblical beliefs. Thus, in this section, I will present themes identified by adult children along this continuum, which are related to the experience of Stalinist trauma as well as migration to a new land where Mennonites faced a new dominant culture. For some adult children, their own spiritual experience extended outside the parameters of the Mennonite church.

As the majority of mothers had been children during the collectivization period, there was a common experience of having been exposed to the closure of the churches and the lack of formal religious or spiritual training during their formative years. Several mothers had had the experience of conversion and baptism once they reached Germany and one mother had voiced the belief to her daughter that “[t]he Lord carried us even when we didn’t know Him.” For many, the ability to flee

the oppression of Stalin was regarded as a matter of God's grace, and the opportunity, as refugees in Germany, to participate in church services solidified their growing conviction that "[you] got through with...faith and...prayer." One adult son stated that "their faith was their whole approach to life...and gave them the strength of mind to carry on" and to override their emotions. One adult daughter stated: "So you had your faith. God protects you or maybe not." This implied that you were prepared for whatever your destiny, but also had to draw on your resourcefulness to see you through. On the other hand, one adult son suggested that some women may have felt that God had *not* answered their prayers for protection.

Once in Canada, women needed to adapt to the norms of the established Mennonite church community. One adult child stated that "it was important to exhibit a strong faith, obey church rules, and ensure that children obeyed church rules as well so that you would fit in." He suggested that conforming to the church milieu contributed to healing, but did not necessarily meet all of their needs, as the Mennonite culture was also "domineering" and "narrow." Other adult children added that there had been somewhat of a rift between the Mennonites that had arrived in the 1920s and those of the post-WWII era, in that the former, still preoccupied with their own suffering during the revolution, had lacked adequate compassion for the additional suffering experienced by the latter. One adult child expressed this opinion: "I don't think Mennonites are the most understanding, compassionate people anyway.... I think, at that time, *that was the opportunity that was missed* [in other words, to be more compassionate and acknowledge people's experiences of suffering immediately post-immigration]."

In some cases, women did not feel that they could reach out to their pastor or the church community if personal issues were too controversial, so these stories were silenced. For example, one woman with severe depression and marital problems did not receive adequate support from her

pastor who had merely 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 medication and on her young daughter for emotional support. Furthermore, it was considered to be “a huge shame to have mental illness.” One adult child reported his parents’ initial denial of their other son’s need for psychiatric treatment for schizophrenia, believing “he just needs to be converted.”

Some women were subject to the church’s ban of remarriage if husbands were known to be alive in Siberia, or where their fate had remained uncertain. One grandmother, who was not aware of her husband’s fate, had reportedly had more than one proposal, but had chosen not to remarry. It was common for husbands to have survived *and* remarried but, in such cases, their first wives were expected to take the higher road. However, some women known to adult children had chosen to marry, with the consequence that they were obliged to leave the church; this ban was eventually lifted.

Several adult children reported that their mothers had internalized the rigidity of the Mennonite church doctrine as well as their emotional pain, seeking to “fit in” and to gain favour within the church community and in the eyes of God. One adult child likened this to the “spiritualization of suffering.” An adult daughter stated that her mother was “quite inflexible in her view of religion and how people should live their lives” to the point where it was difficult “to have a conversation about these things because there’s only one view.” Another adult child felt that there was “no joy” in her parents’ spirituality; “they didn’t focus on the love of God, they focused on the rules.” In at least two cases, adult children themselves were heavily critiqued by mothers who were ashamed to have their children be visible to the church community because they were not perceived to be meeting established church standards, thus potentially stimulating gossip and hardship for these mothers. There was much “pressure for these women to live up to all of the

standards set by the Mennonite community to maintain a good reputation in the church.” Some of the adult children mentioned above sought spiritual community in less traditional churches.

One adult daughter spoke of her mother’s strong faith and dedicated service within her church community over the years and agonized over the fact that, as her mother approached death, she lost her assurance of salvation: “I’m not good enough, I can’t go, I’ve done too many bad things, the Lord won’t take me in!” She added that she has also observed such fear and “crisis of faith” in other women at her church as they grow older, and this concern was echoed by other adult children. Reference was made to “the total fear that encompasses these ladies towards the end of their lives....” This observation speaks to the potential for unresolved trauma and related guilt to challenge spiritual resolution at the end of life, as well as the need for greater spiritual sensitivity, validation, and support for these individuals.

Half of the adult children interviewed perceived that their individual identity had not only been influenced by their family history of trauma but, also, by the theology, history, identity, or coping stance of their mothers, parents, and the Mennonite church-community, in both positive and negative ways. One adult son felt that his mother’s and grandmother’s experiences have given him the spiritual understanding “that you can go through some really awful stuff and make it through okay, and survive and, later on, come to a pretty good place in life.” He added that his grandmother’s faith and resilience had a tremendous impact on him personally and on his role as a pastor. “It’s allowed me to enter into people’s lives, who are going through these deep things...with hope...and that God is faithful in the midst of all that stuff...” In some instances, this has involved work with immigrants and/or refugees.

Another adult son described the impact of the church on his life as follows:

...and how this affected me, well, our family, because we had been refugees, it was just *paramount*, you take your desires and you put them second to the needs of the family, and the needs of the family were totally defined by my father, okay, overtly, mother maybe in a quiet way.... It was a total need to submit, to submerge your own desires to the needs of the group, to the family, and to the needs of the church... and then later when we brought ideas home, from school and so on, there would be strong reaction to these by my father especially; mother in a quiet way would take issue.

This comment identifies the topic of power and authority regarding how individual needs are defined and prioritized, and also alludes to the challenges of biculturalism experienced by adult children growing up in Canada post-WWII. Several adult children voiced the concerns of their parents that too much involvement with the dominant culture could risk loss of faith in their children.

Thus, the story of gratitude, faith, and quiet, stoic resilience (on the part of our mothers) despite suffering was universal and church-sanctioned, and tended to overshadow that of residual grief, emotional distress and mental illness. For several women, the spiritualization of suffering coupled with mental strength had provided few safe places to process their emotional pain, and this affected emotional availability to their children. According to adult children, older women tended to focus on security and stasis. Maintaining cultural and religious traditions was a strong theme in the majority of mothers from this period and, in several instances, contributed to strained relationships with adult children who were navigating two worlds and struggling with a bicultural identity. In the case of adult children whose parents were uncomfortable in that gray zone, some had distanced themselves from their parents' church or the Mennonite church in general in order to

discover their own identity and honour their own developmental process. All found much value in their Mennonite heritage, whether they remained in the Mennonite church or not.

Perceived Needs of our Mothers

Adult children identified current needs based on their perception of the lived experiences of their mothers and other Mennonite women who survived the Stalinist era. What follows is a discussion of these perceived needs as well as some recommendations made.

Relationship Needs

First and foremost, adult children felt that mothers need to feel honoured, loved, and emotionally validated within the family context. Several identified the need to bridge the traditional culture of our mothers and our own bicultural reality, as well as the importance of intergenerational relationship and story-telling in order to understand more about who we are in relation to our past. One adult son emphasized the importance of transparency and open consultation with our mothers about potential care needs, so that they maintain independence and control of their own lives as long as possible. If additional supports are required to care for our mothers, then they need to be equal participants in decisions that impact on their lives.

Women benefited from relationships with people who had witnessed and who understood their past, or who had a shared a common history. In some cases, women had been able to maintain strong in-person links with family and friends who also originated from their villages in Ukraine. Where physical contact with family members, such as parents and siblings, had been permanently severed, filling that emotional void had been a tremendous challenge which stimulated emotional or mental health issues and required greater validation from other sources. One mother actually resolved her deep depression and reliance on anti-depressants by exchanging audio tapes with her sister whom she could not visit in person.

Several adult children stated that, in addition to siblings and significant others, there is a need for other safe places where women can process what they have been through. They identified the “need to...tell their story...[to] a safe, accepting, non-judgmental, non-critical [listener].” It was recommended that such a listener be “compassionate,” have some understanding of the historical context, and “not minimize the story.” It was also suggested that women be encouraged to “express their anger or...hurt or whatever they need to get out of their system.”

Closure: Embracing their Story

Two of our mothers were able to visit their homeland and find further healing and closure. It is important to note that not all of our parents either would have or would have had, during their lifetime, the courage to do so because of their tremendous fear of the governing authorities. These mothers visited their home villages and, in one case, reconnected with relatives that had been left behind. As one daughter, who had accompanied her mother, put it: “...when she was standing on that street, she got in touch with...a more vulnerable part of herself.... [Together with her siblings], they remembered...and it was unbelievably healing for them...she often said: It gave me closure.”

In several cases, mothers were drawn to telling their story, and freely shared it, to varying degrees, with those who were interested. Two of our mothers actually had their family story published. One adult daughter gave a moving account of the moment her mother recognized that she *had* a story that needed to be told. In this case, after a pilgrimage to Ukraine, her story had transformed from story fragments that had previously been told out of context to a more coherent and unified story. Two adult children recognized the importance of mothers being able to step outside of their story, to be freed from their story, as well as for others to witness and honour the story now being told and/or in print. But the question remained: How can women be encouraged to share their stories? Are they ashamed of them? Are they afraid to share? Have they repressed

their feelings? One adult daughter stated that “we have nothing set up in society to tell our stories.” Another suggested that we need to create more narrative bridges, both intergenerationally as well as inter-culturally. It was also emphasized that these stories are more readily shared with a “safe” audience.

Adult children identified a sub-group of older women, including a few of our mothers, who continue to carry wounds from the past and are unable or prefer not to release their story. In some cases, they may socially isolate themselves. Feelings of “bitterness and victimization, unresolved anger, depression...[and] an abiding kind of sadness” were some of the emotional states mentioned. In addition, some women, including two of our mothers, have had difficulty coming to terms with past events or behaviours for which they have felt they will be judged and denied salvation. The question here is how to encourage and embrace these stories and these fears—how to facilitate resolution, closure, and deep healing.

Spiritual Needs and Role of the Mennonite Church

Some adult children felt that the church could play a stronger role in reaching out to women and creating venues for meaningful engagement, not only with regard to life review and resolution, but also to the validation of the gifts these women bring to the community and, in this way, facilitate meaningful intergenerational exchange. The Mennonite community was acknowledged by several adult children as having played a critical role in providing social support to our mothers and their peers from the time of their immigration but, in general, it was felt that the emotional and, to some extent, spiritual support had been lacking; the depth of the trauma had not been fully recognized and this had also been exacerbated by gender issues. It was felt that the church needs to respond more creatively to the social, emotional, and spiritual needs of this aging population,

provide more socially engaging programs for seniors, and facilitate access to programs by meeting transportation needs. German language needs were also identified.

Furthermore, it was acknowledged that the Mennonite community needs to learn to better embrace marginalized stories, take an active role in bridging gaps between its members, encourage more meaningful narrative exchange, and respond more creatively to end-of-life crises of faith.

Professional Support Services

A few adult children spoke of the support required by their mothers to access health care services such as doctor's appointments, particularly due to transportation and language barriers. Furthermore, because of the brevity of doctor's appointments and the submissive tendencies of our mothers, much important information may be missed by both parties during a doctor's visit.

Some adult children acknowledged that, with increased physical, emotional, and psychological losses in old age, mothers had required supports beyond what the family could provide, including home support, assisted living, or long term care. There was an almost universal recognition that Mennonite women have a very hard time accepting and trusting home support services, prefer to depend upon in-home support from their own children, and need culturally sensitive home support workers to ease this adjustment. In general, assisted living environments were valued by both generations, particularly if this provided a social environment where women had the opportunity to speak German, develop relationships with others who shared a common Mennonite history, and enjoy other aspects of traditional Mennonite culture. It was also emphasized that staff needs to be educated about the unique history of this population.

The importance of a collaborative relationship between health care professionals, medical teams, older adults, and their families was stressed to ensure appropriate disclosure of and attentiveness to unique emotional or psychological needs that may be present, and that our mothers

may not voice. When the care needs of our mothers and women of their generation lead to long term care placement, particularly because of the presence of cognitive impairment and increased risks of independent living, some adult children felt it particularly important that care providers be aware of early life traumas that may be reflected in their mother's emotional and behavioural presentation in the facility. One adult child commented on the importance of appropriate physical touch to reassure and validate older women, especially if they are in a dementia process and other communication is not effective. "[They] need to know that [they're] still huggable...and loveable." The value of female care providers, in light of the history of rape experienced by this cohort of women, was also highlighted.

One adult child stressed that our mothers need to have relationships that involve "give and take" or reciprocity. They "need to feel like they belong and are still valued in society"—that they have something to offer. This need is strong whether they are still living in their own homes, in assisted living, or in long term care. Another adult child added: "[If women are not given appropriate validation], they are lonely, hurt, and they cost more [to the health care system]."

The importance of emotional support was mentioned, including provision of emotional support for the spouse and family. However, these qualities were reportedly not always present in care providers. One adult child suggested that there is a need for "more comprehensive hiring criterion to screen out people who may not have a love and passion [for working with older adults]." Another emphasized the importance of learning how to lobby the government regarding better policy, and stated that he had become involved with the board of his mother's facility in order to better understand how the system works.

It was felt by two adult children that professional care providers could enhance their services by integrating more narrative approaches into their practice, for example, doctors who often

develop poor personal rapport with their patients, and care providers at every gerontological level of need. This would require the incorporation of narrative methods into the medical, therapeutic, and practical training of all disciplines that touch the lives of older adults.

Self-Perceived Needs of Adult Children

Adult children also identified personal needs that have emerged out of the vicarious experience of their mothers' trauma. Trauma and its effects were experienced through *hearing* and *feeling* their mothers' stories, as well as *witnessing* how their mothers responded and managed over the lifespan, families learned to carry on, and the Mennonite church and community responded to this phenomenon.

Emotional and Mental Health Needs

For the majority of adult children, there was a need to process the emotional residue from their early childhood experience of their mothers' trauma, whether that experience had been conscious or not. For the three adult children who had struggled with various forms of anxiety, there have been ongoing challenges in transcending the limitations anxiety can impose. All have addressed these issues independently through their own spiritual practice and have never sought professional help. One adult daughter has overcome many of her fears, but continues to monitor her environment in order to avoid remaining triggers, thus, has not necessarily reduced the power of those triggers. The second acknowledges the need to let go of obsessions: "That is very hard to break, but I think as we get older, we can also start letting go of things....I noticed that with [my mother] as well." In this case, this adult daughter perceived herself to have somehow internalized her mother's obsessions as well as the gradual letting go of them over the lifespan. She also identified the need to let go of guilt about not living up to perceived expectations her mother had of her, or perhaps not living up to her *own* expectations of herself to emulate her mother, who had

exhibited many very positive attributes as well. This pattern was repeating itself with her son, and the adult daughter recognized the need to interrupt the cycle. Other adult children also identified the need to break family patterns in order to provide an alternate legacy for their children.

Resolution of Fractured or Superficial Family Relations

Several adult children felt the need to be acknowledged, valued, and validated by their mothers, and longed for authenticity and reciprocity in family relationships. Two adult daughters had struggled with the need to let go of the role of “mothering” their mothers—and one felt that she had managed to do so. The latter added that she had not only been *delegated*, but had also *accepted*, the role of being the “problem-solver and the fixer of things” and “making things okay for everyone else.” She realized that the responsibility also lay with her to change that. The former felt a strong need for *space* for her self and her own life, as her mother was particularly dependent upon her to serve as decision-maker as well as a bridge to the outside world.

Despite this longing for deeper connection with their mothers, each adult child recognized that she could not change her mother, and that she needed to accept her mother’s limitations regarding relationship and focus on the strengths she did have. But as one adult daughter said: “To heal that hurt and to forgive, and to understand and to make peace with it is a huge process....” Adult daughters needed to find alternate sources of emotional support and validation in order to meet their need for authenticity and move forward with their lives. Most specified the need to “live our own lives” but, at the same time, recognized and valued their link to a larger historical family identity.

Several adult children voiced the need for more bridges between the world of their parents and their bicultural world. One adult child stated: “...there wasn’t any kind of reference point that

we could talk about because we lived in two very different worlds.” It is also important to understand that adult children themselves have tremendous difficulty *being the only bridge*.

Engaging with our Mothers’ Stories

All adult children who participated in this study were already engaging with their family history to learn more about themselves in relation to that past, because “a lot of who we are was shaped by what they went through.” There was a sense that our mothers had preserved this story, whether in fragments or “snippets,” or in a more coherent form. Many adult children felt a need, and perhaps even responsibility, to *mine* that story and make it available for future generations.

Two adult children identified the need to engage with the story without becoming enmeshed in it. There was recognition that a story is quite powerful and lives on from one generation to another. One adult child identified the need to address the following questions: “Where does the story *free* me? Where does it *limit* me?” A wonderful example of being freed by the story was provided by this adult daughter who, in her childhood, drew from the resilience part of her mother’s story and created something she called “The Survival Game.” Through imaginative play, she essentially simulated problem situations and problem-solved her way through them, thus transferring a stronger sense of agency into her real-life situations. Furthermore, we need to be liberated from the limitations our family story can impose on us. For example, for the second adult daughter, it was critical to overcome the paralysis and lack of agency she felt because her mother’s story had conveyed the sense of having been the victim of outside forces so powerful that they were beyond one’s control. This sense of powerlessness had lived on through the story, and had been playing out in her life. This adult daughter identified the need to recognize “the difference between writing [my] story or the story writing [me].” This breaking free from certain parts of the story may involve identifying new information that refutes what we think we know, discovering

“hidden stories,” or perhaps understanding existing parts of the story in new ways. Thus, each of us has the capacity to “rewrite” the family story and make it more whole—the story need not have power over us. In fact, by rewriting the story, we can transform our lives.

Choosing Professions or Occupations that Facilitate Service to Others and Personal Healing

Several adult children indicated that their choice of occupation was also an important factor in their healing process. For example, one adult daughter spent a number of years on research and publications related to multiculturalism and discrimination. Another currently works with recent immigrants and refugees, supporting them as they transition into western society. She has observed that the current experiences and family dynamics of immigrants and refugees are very similar to those of her own family almost sixty years ago, and her ability to identify with this has facilitated greater self-awareness and healing which, in turn, enhances her ability to serve the needs of this population. A third adult child has engaged in numerous service-oriented positions and recognized that her choices were directly linked to an inner healing process over her lifespan. Several adult children were drawn into occupations that involved service to others, such as teaching or working as a pastor.

Three adult children, in particular, identified the potential for narrative exchange in the larger community facilitated within the context of their workplace. The adult daughter who works with immigrants and refugees was specifically drawn to the idea of linking different cultural groups, building social connections, and finding common ground within different cultural stories and histories. Another emphasized that, regarding cultural diversity, individual attitudinal changes and actions alone are inadequate, and need to be complemented by a structural change in society which is supported by strong policy.

Spiritual Needs and Role of the Mennonite Church

In identifying the role that can be played by the Mennonite church in responding to the needs of older women, adult children implied the corollary that they (adult children) would benefit from that response as well. In light of the needs of many adult children to not be the *only bridge* or *lifeline* for their aging mothers, and given that our mothers' primary source of support and socialization, besides the family, is their church community, it was voiced that the church has an important role to play in developing more bridges to and venues for quality community life. This would not only benefit our mothers and adult children, but it would also offer much to the church community. For example, one adult daughter suggested that older women could be invited to share their stories with youth of the community, perhaps in a Sunday school context.

Adult children had less to say about how the church could *directly* address their own needs. Some expressed that they found support from peers who were experiencing similar challenges with their own mothers, and others found such support in small group settings such as Bible Study groups. One adult daughter yearned for more spiritual mentorship, a deeper connection with church members in her age group and, particularly, a stronger church focus on the application of one's spirituality to critical issues in both the church and the larger community, but did not find these needs being adequately met in her church setting. In general, adult children tended to manage their personal concerns either independently or through personal friendship networks. There was no indication that professional counseling had been sought at any time for support.

Coming to Terms with our Mennonite Roots

Although several adult children were members of a Mennonite church, many expressed having had the need over the years to come to terms with their Mennonite roots and certain oppressive aspects of church practice in relation to the Soviet experience of post-WWII

immigrants. For some, this process was still ongoing. Some adult children had required distance from both their parents and, particularly, the church because of life choices that put them at odds with church norms and put their parents at risk of judgment from fellow church members. These adult children had, in some cases, been drawn to other places of worship and spiritual growth but, in general, continued to value essential components of the Mennonite tradition that had provided them with a foundation. One adult daughter articulated her movement towards “acceptance and being at ease with one’s past.”

Conclusion

For adult children, stepping outside of the story appears to be more of a challenge as it is more difficult to put your finger on what the story actually is. It is less tangible than our mother’s story of suffering and, at times, it seems we are living inside her story. Our story includes the emotional undercurrents attached to her story line, and often our mothers were silent about parts of the story. So how do we step outside of a story we haven’t fully grasped and transcend its unconscious effects? Some adult children are exploring and piecing together their family history and its subjectivity.

Most adult children were very communicative about their personal perceptions and experiences. One adult daughter stated it was “like a catharsis” to share her mother’s story, as it helped her to get more in touch with her self and with emotions linked to the past, such as guilt and anxiety. Others provided similar feedback. Several adult children had not had previous opportunities to give voice to their story in quite this way before. And when one’s family story includes emotional or mental health issues that have been silenced or minimized, safe and non-judgmental ways of breaking that silence are essential.

All adult children interviewed are engaged to varying degrees in a process of self-exploration in relation to their mothers' stories. For some, the self-perceived need for greater understanding of and compassion for their mothers, especially those who had been emotionally unavailable, brings an increasing capacity for more meaningful relationship with and support of mothers in their older age. However, it appears that adult children also require greater understanding, compassion, and support from relevant social and community networks, including the Mennonite church-community, so that they are not emotionally isolated in supporting their aging mothers (and fathers).

Addendum

The above narrative, with the exception of a few statements regarding data description in the opening paragraphs, was given to adult children for their review and feedback. Only one adult child was unable to provide feedback because of caregiver strain related to her mother's recent long term care placement. Adult children tended to provide more reflective feedback than the older generation of women. For the most part, they recognized their story fragments and, in three cases, I was particularly interested in verifying that adult children approved of the inclusion of certain controversial family information regarding their parents or extended families. The incidence of spousal discord because of one husband's involvement with the SS and another husband's refusal to sponsor his wife's family to Canada; and the fact that an extended family member had betrayed many of his relatives during the Great Terror were three such examples. In all cases, adult children chose to have the information remain in the text as they felt it was important not to whitewash the past or the narrative itself.

For the majority of adult children, there was resonance with the collective narrative. They acknowledged the theme of resilience and the emotional repercussions, with the exception of one

adult child who found the emotional repercussions very surprising. This was the individual who had viewed the Russian Mennonite past primarily through the lens of faith and had resisted the use of emotional or psychological terms to describe these experiences. He also expressed having difficulty finding his contributions in the collective narrative, and I explained that, since others had expressed much in the domain of the emotional and psychological, and he had not, his contributions had been limited to only a few sections of the narrative. He understood. On the basis of his feedback, however, I did strive to reflect more of his narrative in the remaining sections.

Many adult children found the collective narrative very interesting and illuminating. One adult daughter expressed that she was “amazed... I didn’t realize we weren’t the only ones that happened to...the themes made sense....” She was referring to the themes of resilience linked with older women, and the emotional and/or psychological impact on several of the adult children. The recognition that her mother’s behaviour and the dynamics in her family were not merely personal and familial issues was very enlightening to her. “[It was] a very interesting read...it certainly reflected things that I said.” She also felt that my comments about the church “could have been stronger...[as] my mom always felt looked down on [by the church].” Another adult daughter expressed her gratitude for “the open communication between my mother and myself” and had empathy for those who had not benefited from such open dialogue. She agreed that “the medical profession needs to make accommodation for the unique experiences of elderly who have been traumatized in this way,” as do pastors “who will be dealing with the fallout as age and dementia weaken the barriers these women have been able to maintain for so long.” This adult child also wondered if it might be possible for me to design workshops for survivors and their children with a view to creating “avenues of communication and healing.” Yet another adult child found the narrative “fascinating...[it was] fascinating to hear the thoughts of others.... I didn’t feel at all

negative about it.” This adult child had been motivated to share the chapter with a Mennonite friend who was still very emotionally impacted by the familial impact of trauma. Two adult children specifically articulated the value of having given a voice to this intergenerational experience, a voice that has been marginalized by the more dominant story of resilience and faith.

CHAPTER VII

NARRATIVE ANALYSIS, INTERPRETATION, AND DISCUSSION

For the purposes of this research, I employed an analytical autoethnographic approach, proposed by Anderson (2006), which maintains a synthesis of classical ethnography and native autoethnography with an emphasis on 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. This approach allowed me to *see* this story through multiple lenses: historical, biographical, and anecdotal text as well as in-person narrative interviews with surviving women and adult children of survivors, all elements of classical ethnography (Wolcott, 1994, 1999, 2005, 2008), coupled with my own personal experience within the Mennonite community as a child of survivors. In-depth interviews have also revealed many layers of this story, including the interplay of physical, emotional, mental, cultural, and spiritual aspects within individual, intergenerational, and collective narratives. By contextualizing the individual trauma experiences, and inviting the perceptions of adult children, what emerged was a wider spectrum of life experiences that may not have previously found, or been given, voice. While there were powerful stories of resilience and intergenerational transmission of strength and faith in a higher power, there were also marginalized life experiences that had been repressed, minimized and/or silenced both individually and collectively which, in some cases, had confined women and their offspring to rigid, and sometimes unconscious, relational patterns and/or emotional and psychological states that were difficult to transcend.

Contextualizing the experience of individual and collective trauma supports the structural analysis of narratives gathered (Fraser, 2004; Phoenix, Smith, & Sparkes, 2010). Such narrative analysis considers relevant political, cultural, religious, and social discourses that individuals and

groups are connected to, which can constrain or empower them in relation to their life task. This touches on matters of identity, physical and mental health, agency, gender, and/or power, and relates the personal to the political (Fraser, 2004; Jaffe, 1997; Reed-Danahay, 1997). In the case of women survivors of Soviet oppression and their adult children, such analysis clearly supports a shift from pathologizing and treating the individual to addressing the larger context.

In further analyzing the data, I will begin by summarizing key themes, patterns, and needs related to lifespan effects on older women that emerged within narratives told by older women themselves as well as adult children. I next summarize the important themes, patterns, and needs related to intergenerational effects of Soviet trauma that were embedded in the narratives of adult children who have lived this experience, including myself. Both lifespan themes and modes of transmission are explored in the light of relevant literature. Although my personal narrative is integrated with that of other adult children, I offer further reflections on how the research process itself has impacted my own personal process in the final chapter.

Russian Mennonite Women: Narrative Analysis in relation to Lifespan Impacts

Throughout the interview process, I was sensitive to the emotional affect of the story teller, whether overt or covert (Fraser, 2004; Hirschauer, 2006). Although women were very open to the interview process, having become involved either independently or as a result of their daughters' initiative, there was a sense that most women were somewhat emotionally guarded. One woman had somatic complaints the morning of our first interview, and suggested that reading her book may provide me with useful information, such that I may not need to spend as much time engaging her in dialogue. After careful checking, it was clear that she wished to participate, but I sensed that she was also worried about her memory, did not want to take up too much of my valuable time, and that the prospect of being audiotaped may be intimidating her. I suggested that her current

perception of her life story was *most* valuable to me, gratefully accepted the loan of her book, and proceeded without recording the interview. Another woman extended an invitation to read a short written account of a particularly traumatic experience in her life, in lieu of talking about it in-depth: “I [already] kind of spilled my guts in there, you know.” I assured her that she need not share anything that may trigger too much emotional pain but, in the course of the interview, she did feel safe enough to disclose some particularly vulnerable moments which moved us both to tears; she did so because she felt that, by sharing her story completely, this may be more helpful to the reading audience. In another case, a participant felt that I may not be interested in her story because she had not grown up on a collective and had not suffered as much as those who had experienced this hardship. Had this woman’s story been devalued by others who felt they had suffered more? She also shared with me the fact that her immediate family is not familiar with all the details of her personal history, and that she has no other living relatives of her generation. These examples demonstrate the vulnerability, apprehension, or lack of worth that women may feel about sharing their personal stories.

As I listened to women’s narratives, I was aware of *how* things were said as much as *what* was said (Phoenix, Smith, & Sparkes, 2010). Women tended to tell a chronological story, and did not compartmentalize it according to the four themes (i.e., physical; emotional; mental; spiritual) outlined in the research questions they received, though all of these domains were woven into their chronology to greater or lesser extents. In general, they preferred to provide an account of their lives in which the prominent themes were about *what had happened* and *how they had put the past behind them*. Interestingly, the majority of women interviewed also resisted identifying themselves as having needs; the question of needs could only be addressed by asking women to consider either the needs they may have witnessed in their own mothers or their peers.

For most women, a chronological presentation of their story in relation to Soviet and subsequent trauma included some reference to pre-trauma family experiences as well as trauma, migration, and post-migration experiences. This reflected to me some degree of *reconciliation* and *coherence* in their life narratives (Burnell, Hunt, & Coleman, 2009). However, the narrative of one woman included very little presentation of pre-trauma memories; rather, it focused sharply on unresolved emotional pain arising out of traumatic occurrences in her life, particularly work in a labour camp, separation from family of origin, and difficulty adjusting to life in Canada—including the lack of understanding and acceptance from her in-laws in Canada. This woman was mired in grief and emotional pain, and demonstrated guilt about critiquing the lack of emotional support she had felt from her in-laws. Her voice was barely audible and her mood seemed very flat, though she appeared to feel quite safe in sharing her story with me. The fact that she was experiencing early signs of cognitive decline was an added stress in her life. It is not entirely clear to me if her emotions were more triggered as a result of her short-term-memory (STM) loss or if she had always shared them openly. My strong sense is that the former is more likely the case.

In her classic book on trauma and recovery, Herman (1992) states: “The fundamental aspects of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community.” Safety not only involves the absence of danger but, also, the availability of a safe, listening audience. In reconstructing the trauma story, the survivor’s memories are potentially transformed, and can be integrated into her entire life story. She becomes able to convey feelings and interpretation of the events, something that may not have been possible before. Chaitin and Bar-On (2002), for example, report that many Holocaust survivors are not able to recall or narrate *emotional* memories. I sensed that the participant described above had not had

the opportunity to process and express emotional memories throughout the course of her life, and that her current cognitive impairment was exacerbating her emotional state.

Burnell, Coleman, and Hunt (2006) suggest that *reconciliation* is demonstrated by the integration of traumatic events into the overall life story, thus increasing *coherence* and removing the threat of traumatic memories (cited in Burnell, Hunt, & Coleman, 2009). White (2006) adds that individuals who have experienced trauma often dissociate memories of critical periods in their lives and are unable to produce a life narrative which connects or unifies past, present, and future. In their study, *Life story coherence and its relation to psychological well-being*, Baerger and McAdams (1999) define *life story coherence* as the presence of a story structure, affect, and integration, and report that there is a statistically significant relationship between life story coherence and psychological well-being (cited in Burnell, Hunt, & Coleman, 2009). This is echoed by Singer and Rexhaj (2006), who state that traumatic experiences can challenge the plot line of the life story and contribute to an incoherent and fragmented narrative. In addition to the woman described above, two adult children reported the incidence of fragmented and de-contextualized anecdotes told by their mothers, accompanied by little or no affect for one, and considerable amounts of triggered anxiety for the other. The latter had been able to find closure by revisiting her homeland, accessing deeply buried emotions, and integrating and then writing her life story, while the former had entered into a dementia process and not achieved such resolution.

A model of narrative analysis outlined by Spector-Mersel (2010) serves as another useful way of exploring *how* women told their narratives. This model presents six mechanisms of selection by which certain biographical information is chosen by older adults for the purpose of supporting a particular *claimed identity* and provides a useful framework with which to further analyze themes that emerged in women's narratives as well as adult

children's narratives about their mothers. A mere reading of both collective narratives strongly suggests that the majority of women claim or prefer an identity of mental strength, faith, and the ability to put the past, including their emotional pain, behind them. This narrative analysis model sheds light on the emergence of claimed identities and narrative construction, both of which have lifespan and intergenerational implications with respect to early life trauma experience, as well as life story coherence. The six mechanisms of selection are as follows:

1. *Inclusion*: Certain parts of the life story are preferred and included in the narrative because they support the identity claim of the story teller.
2. *Sharpening*: This is the act of emphasizing or even exaggerating preferred aspects of the story, and it is often complemented with *silencing*.
3. *Omission*: Certain parts of the story may not be reported because they are deemed irrelevant to the claimed identity and preferred story line.
4. *Silencing*: Parts of the life story that contradict preferred story lines are silenced.
5. *Flattening*: The narrator may express but minimize or condense facts, events, and periods in life history, asserting their insignificance.
6. *Appropriate meaning attribution*: The narrator may, in retrospect, ascribe a different meaning to an event of the past that supports a claimed identity.

Analysis of women's narratives is enhanced by the additional knowledge gained from the narratives of adult children. It must be emphasized that, given the hundreds of pages of transcripts, an exhaustive analysis of women's individual narratives is not possible here, nor is it necessary, and only representative samples will be provided. Claimed identities of older women as well as

structural factors promoting these claimed identities emerge within this discussion, which provides a segue into the subject of lifespan and intergenerational implications.

In terms of *inclusion*, it is quite evident from reviewing the life narratives of older women that the majority focused primarily on the traumas they and their families had endured; the personal losses experienced; reliance on mental strength and faith; resilience; and their ability to reconstruct new lives in Canada. Janoff-Bulman (2004) suggests that through experiencing and coping with debilitating trauma, survivors often discover new competencies, abilities, and possibilities that are empowering and contribute to post-trauma adjustment, and this is reflected in some narrative accounts of older women. However, it is important to bear in mind the distinction between resilience and posttraumatic growth as clarified by Tedeschi and Calhoun (2004). Several women (and their mothers) achieved varying degrees of resilience, but not necessarily posttraumatic growth, which also involves the ability to reconstruct one's assumptive world; integrate past, present, and future; and process feelings and emotions about the past that were often repressed. Additionally, it is important to remember that emotional or psychological issues can coexist with either resilience or posttraumatic growth (Tedeschi & Calhoun, 2004).

Adult children, whose mothers were also research participants, confirmed through their own narratives their mothers' emphasis on mental strength and faith in the midst of strife and turmoil. In two cases, mothers and adult children emphasized or *sharpened* the same traumatic episode(s). For example, one adult son spoke of his maternal grandmother, who "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." His mother had also given a dramatic account of the same traumatic period, emphasizing *her mother's* anxiety about the possibility of losing her children as well as the mental strength and faith her mother had exhibited at that time. But the dominant story or *meaning*

attributed to this experience was that of mental strength and faith overriding emotional anxiety and pain. Interestingly, the grandson, in his entire narrative, totally *omitted* the story and language of emotional pain, seeing everything through the lens of faith.

For many women, the story of mental strength was expressed in very practical terms. They appeared, for the most part, able to set aside emotions and take action, whether they were little girls on the collective or in an orphanage, or young women supporting mothers and families in post-war Germany, Canada, or Paraguay. One woman provided an elaborate description of work she did in Paraguay helping her father clear the land and build the family home, bricks and all!

Several women minimized or *flattened* the effects of these challenging experiences, saying they had not been as traumatized as their mothers, and considering their life, at times, to have been “an adventure.” One woman, however, also expressed hurt about the lack of emotional support she had received from her mother, though she knew her mother had done the best she could. Her mother had been very strict, and much responsibility had been expected of her. “[W]hen I was a child...I saw things, you know, and [said to myself]...when I’m grown up I’m gonna do this better [sic]...but you see I haven’t gone through what she’s gone through.” She went on to say that her mother had also expected her, as the eldest, not to marry, and to look after her in her old age. Her mother had been quite upset when she did marry: “Ya, she was upset [she seems to be getting in touch with deep feelings of hurt], you see, [pause] well, I shouldn’t say that...[silence].” This woman feared that I may write something negative about her mother, and I assured her that I knew her mother had done the best she could under the circumstances. Thus, once again, *felt emotions* were minimized and denied in order to maintain the higher road of mental strength as well as compassion for her mother. What I sensed in her moment of silence was great hurt coupled with guilt for feeling this way about her mother.

One woman projected a strong sense of positivity about her life, again, on the basis of mental strength and faith despite all that had happened. However, her daughter countered this narrative with her own perception of the underlying anger and emotional hardness exhibited by her mother.

In the case of one woman, several mechanisms of selection were operating simultaneously. This woman acknowledged the tremendous emotional cost to her of separation from her entire family of origin, but *flattened* the emotional impact by greatly limiting the facts surrounding this period in her life, reducing the immigration from Paraguay with her husband and children to a simple choice made to join her husband's family in Canada. Upon dialogue with her daughter, it became clear to me that this woman had suffered major depression for many years because of marital issues related to the fact that her husband had refused to sponsor her family to Canada. Because she had remained completely *silent* about her marital issues, depression, and reliance on antidepressants, she also *omitted* the fact that her pastor, whom she had approached for help, had simply told her to "go home and do what your husband tells you." Additionally, she could not speak openly with her peers at church because of the risk of criticism, although the church community continued to be her primary source of socialization besides her family. This woman internalized the judgment of her pastor, had nowhere to turn for emotional support, relied on her eldest daughter to act as a "confidante," and continues to have a dependency on her daughter to this day. It is important to note that, according to the adult daughter, this woman appears to be oblivious to the impact that the above scenario had on her children. Interestingly, this woman had *sharpened* the story of mental strength, resilience, faith, and "positive thinking" and, indeed, according to her daughter, had in later life pulled herself out of her deep depression to some extent.

The above example clearly illustrates the insidious nature of trauma and its potential effects over the lifespan, and how familial, social, and religious structures can exacerbate these effects or

even contribute to re-traumatizing the individual. Although a few of the women survivors spoke of the church's stand against remarriage during the post-war years in the case of immigrant women whose husbands had still been alive in Siberia (and may have even remarried), there was never any indication that they were actually criticizing the church. Indeed, women, in general, seemed to respect the authority of the church and readily conformed to its ethical standards as interpreted from scripture. For the majority, if not all, of women interviewed, the Mennonite community was the primary source of social support besides the immediate family. Hunt and Robbins (2001) suggest social support can help individuals manage painful memories and posttraumatic symptoms by helping to either process or buffer and avoid them. The above examples demonstrate the latter, though it must also be said that some participants had more successfully processed their posttraumatic symptoms, particularly if they had a close circle of family and/or lifelong friends who had shared their personal history.

Women rarely referred to their adult children during the interviews (*omission*) and, when they did, it was often related to whether or not their children attended church, or the nature of the contact and support received from their children. Only two women spoke reflectively about their parenting efforts in a way that acknowledged their own impact on their children. This was in sharp contrast to the very strong feelings expressed by several adult children about the impact of their mothers' experiences on their own lives. In general, women appeared to be unaware of the impact of their mental and/or emotional status on their children.

As reflected by the collective narrative of older women, the *flattening* or suppression of emotions was common and, in some cases, these suppressed emotions were re-triggered by other losses experienced in old age, such as illness, death, or other forms of separation from loved ones. Several cases of dementia were reported, with accompanying delusions, as well as drug-induced

delirium in the case of one mother who had been palliative; each situation had involved difficult behaviours related to the resurfacing of unresolved trauma memories and suppressed emotions. Two respondents appeared to be in the early stages of a dementia process, and required much emotional support from their families. One, in particular, was paralyzed by her unresolved traumatic memories and emotions, and very dependent upon her daughter. There is a considerable amount of literature that speaks to the retriggering of early life trauma as a result of increased losses in old age (Bar-Tur & Levi-Shiff, 2000; Hiskey, Luckie, Davies, & Brewin, 2008; Weintraub & Ruskin, 1999), as well as delayed-onset PTSD (Kuwert, Spitzer, Traeder, Freyberger & Ermann, 2006; Yehuda et al., 2009) and accelerated age-related cognitive decline (Yehuda et al., 2006; Yehuda, Golier, Tischler, Stavitsky, & Harvey, 2005) in survivors of collective trauma.

Reynolds (1997) found that a non-clinical sample of 67 Russian Mennonites, who fled to Canada from the former Soviet Union in the 1920s, exhibited anxiety, somatic complaints, and PTSD at “significant levels above the norm” (p. 70) and “significantly lower levels” of ego-strength than the norm (p. 71) over 70 years post-trauma. It is reasonable to assume that Mennonites who fled post-WWII would have experienced similar outcomes, and this bears out in the current study. Although it appears that at least four of the women (including non-participating mothers) in the current study experienced clinical depression, anxiety, and/or PTSD, based on symptoms described by their children, women’s distress largely remained undiagnosed and may not always have manifest at clinical levels. For example, life review in old age can trigger late-onset stress symptomatology (LOSS) that does not meet the criterion for clinically significant distress (Davison et al., 2006; King, King, Vickers, Davison, & Spiro, 2007).

One common source of distress for aging Mennonite women is related to guilt arising from unresolved moral dilemmas involving discrepancies between personal pre- and post-trauma

behaviours and those exhibited during the period of traumatization, the latter referring to actions taken in the interests of self-preservation that may have broken a moral code (Ayalon, Perry, Arian, & Horowitz, 2007). This relates directly to the preoccupation with unworthiness and fear of God's judgment, mentioned by one adult daughter about her own mother as well as other Mennonite women from this period. There was a sense that *some* women had stoically lived a life of "faith" and service after immigration but, as they neared death, began to doubt that the good they had done had been enough to make them acceptable in the eyes of God. It appears that their focus on *doing good deeds* may have been a substitute for *processing* unresolved trauma, and the church tended to reinforce the former.

Although little research has focused on the mental health of Mennonites (Dick, 1983; Reynolds, 1997), a handful of studies have linked religious values, including a strong moral code and adherence to the principle of pacifism, and the unique manifestation of personality and mental health symptoms in the Mennonite population (Jilek-Aall, Jilek, & Flynn, 1978; Thiessen, Wright, & Sisler, 1969). Thiessen, Wright, and Sisler (1969) comment that, during the 1960s, Winnipeg's psychiatric community was observing unique mental health issues among Mennonites characterized by "depressed affect, strong feelings of guilt, delusions of persecution, and emotional detachment," which they referred to as "Mennonite psychosis" (p. 129-130). This was verified by Jilek-Aall, Jilek, and Flynn (1978), who found that prominent symptom formations among Mennonites, in the Fraser Valley of British Columbia, were general anxiety and depressive mood, with underlying guilt and fear of rejection or punishment by God, low self-esteem, and self-deprecation. These tendencies are evident in the lives of some women mentioned by participants in the current study, and need to be taken into consideration in supporting end-of-life resolution.

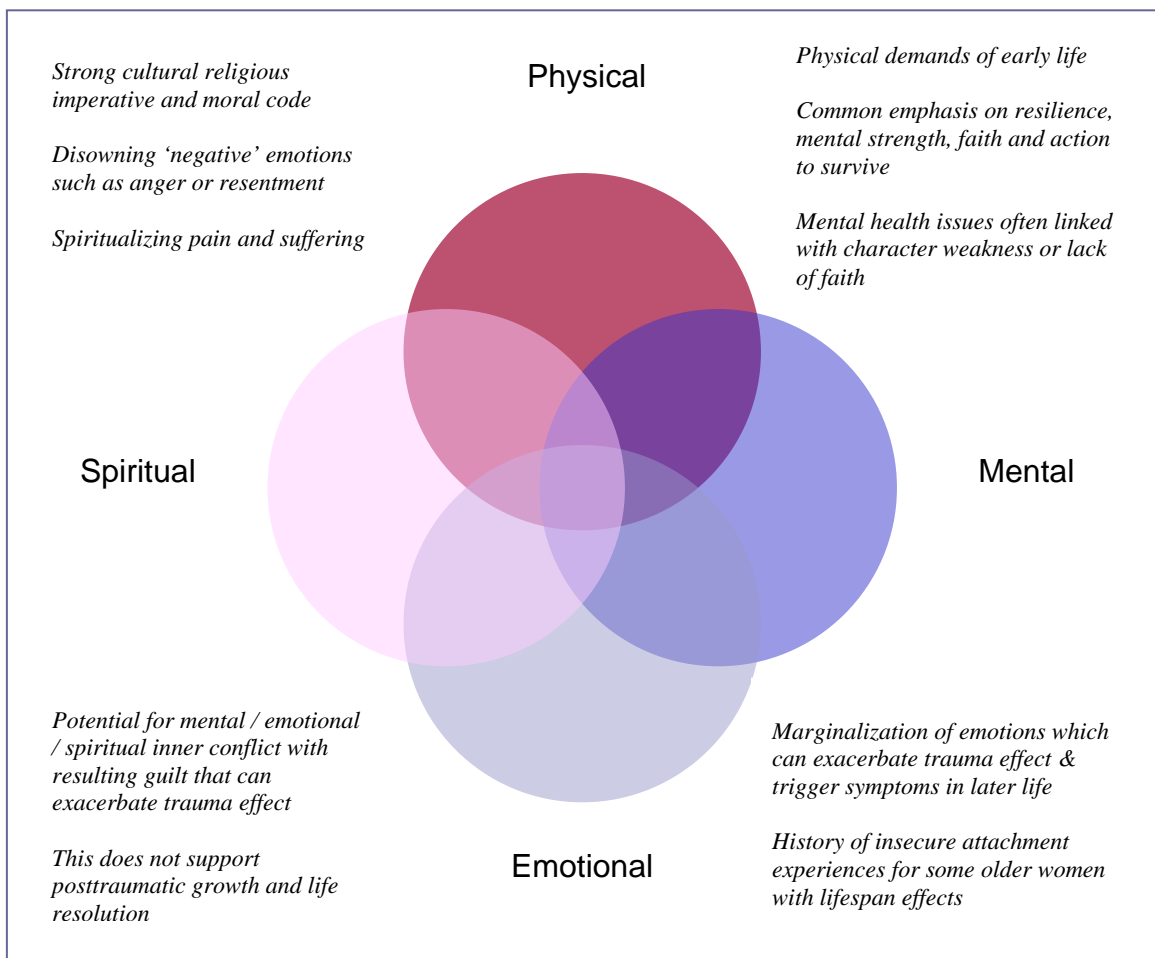
Viewing the lives of women survivors through the lens of attachment theory can also be very helpful. Several women had reportedly experienced significant emotional trauma at a very young age, often involving the physical or emotional loss of their own mothers, as well as their fathers, which, in turn, contributed to the suppression of their own emotions. The occurrence of insecure attachment in early childhood potentially gives rise to increased and more complex attachment behaviour in old age, particularly with increased experience of loss. In the case of illness, such as Alzheimer's disease or stroke, increased vulnerability and loss of executive functioning, fear of separation and, therefore, attachment needs in relation to family members and/or caregivers, increase, and insecure attachment patterns may become more accentuated (Wright, Hickey, Buckwalter, & Clipp, 1995). As adult children are often the primary caregivers of their aging parents, and the lives of Mennonite women of this period primarily revolve around family, insecure attachment styles in older Mennonite women can greatly predict caregiver burden (Magai & Cohen, 1998).

It is interesting to note that three participants reflected on the resilience of women who had experienced a stable and secure early childhood prior to the onslaught of trauma. Two adult children observed that their grandmothers had been much less traumatized than their mothers, and one older woman believed that her secure childhood had provided her with more inner resources for posttraumatic growth as opposed to women who had experienced trauma at an earlier age. However, it is also important to mention that one grandmother and two interviewed women had developed attachments with their eldest daughters out of emotional neediness. This extreme form of insecure attachment created much difficulty in terms of adult daughters individuating and creating their own lives. Several adult children described scenarios that reflect issues linked to

insecure attachment, and these will be discussed later in relation to intergenerational transmission of trauma and attachment.

Interestingly, Cicirelli (2004) discusses the notion of God as the ultimate attachment figure for some older adults. One implication of such an attachment to God is that some Mennonite women could not fully rely on human relationship because of previous losses, insecure attachment, and the inability to trust, and may have stopped investing in such depth in relationship. I can personally relate to this phenomenon, and have experienced it during certain critical phases of my life which retriggered my early childhood experience of alienation.

Table 1: Post-Trauma Lifespan Effects for the Older Generation



Addressing the Needs of Older Women

It is evident from the narratives of mothers as well as adult children that one of the primary needs of older women is to be able to tell their story to an empathic listener. Although four older women shared in very basic terms the value of having written or published their family story, several adult children were much more articulate about the need of their mothers to share the traumatic story, release its emotional hold on them, and find closure. An equal if not more critical need of women was to have safe, meaningful relationships. Five women survivors had been permanently separated from their families of origin, and had struggled to find validating relationships. The fact that several Mennonite women centre their lives around their families and may not have intimate relationships with their peers, also reflects a certain lack of trust in others that can put added strain and responsibility on the lives of their adult children. It follows that there would be a direct relationship between the extent to which a woman is able to share her story and the depth of relationship she is able to create with others.

Herman (2002) tells us that the survivor must tell her story completely, reclaiming her earlier history, values, and dreams and reconstructing traumatic experiences in detail *along with emotions and bodily sensations associated with those experiences*. The next steps are to reconnect with life, reconcile with self, regain trust, and deepen relationships with others. Although the Mennonite community has provided a community experience for our mothers, it has not necessarily supported a complete telling of their stories and, in some cases, their alienation may mirror the alienation that some adult children have felt in their seemingly family-centred parental homes. For example, a male member of the Mennonite clergy, to the best of his knowledge, stated the following about the marginalized story of rape: “The church has never acknowledged rape publicly and found a way to speak these morally bound people free...consider yourself to be free, forgive[n], clean...like a ritual

bath...The spiritual leadership did not know how.... They thought time would heal.... Well, it doesn't always" (Anonymous, 2009).

Tedeschi and Calhoun (2004) stress the importance of crafting complete, coherent narratives that also 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 *posttraumatic growth* as opposed to *resilience*, the latter being one of the claimed identities of most mothers. They also apply the concept of posttraumatic growth to social change in the aftermath of trauma in order to challenge socially and/or culturally shared schemas, for example, Mennonite church perspectives on older women. It must be said that the Mennonite church's perspective on women has evolved to varying degrees within its different churches but, nevertheless, it may be remiss regarding the experience of older Russian Mennonite women who still carry wounds from the past.

The importance of narrative exchange in supportive social environments is also acknowledged by narrative therapists who find that the introduction of appropriate, validating witnesses facilitates the individual, family, and/or community healing process and assists the unification of pre- and post-trauma identity and narrative (Denborough, 2006; Denborough, Freedman, & White, 2008; IHM, 2002; White, 2003, 2006). Weingarten (2004) emphasizes that the most empowering situation for a survivor occurs when a witness is cognizant of the meaning and implications of that which is being witnessed, and is able to respond in validating ways. Peskin and Auerhahn (2000) identify the need for a witness to act as a bridge or create a passageway by which the self of the past can be united with the current self, which facilitates a shift from pathological to life-affirming transmission; they emphasize that this task cannot be fully accomplished without the witness of the larger community.

To this end, some adult children suggest a greater narrative role needs to be taken, not only by the Mennonite church in order to bear full witness to the lives of Mennonite survivors (and thereby also transform the collective narrative), but also by professionals in the health care system that become increasingly involved with older adults as they age and, often, see them primarily through a biomedical lens. The act of being a validating witness also addresses the lifelong need for validation related to attachment insecurities in early childhood. The application of attachment theory and research to the development of more effective interventions for older adults in general as well as those experiencing dementia would address these core needs and facilitate end-of-life resolution (Browne & Shlosberg. 2006). Bradley and Cafferty (2001) speak to the role of attachment bonds in care-giving and chronic illness, coping with bereavement and loss, and adjustment to old age.

It must be acknowledged that the Mennonite community has created rituals to commemorate much of the Russian Mennonite story and hold it in its collective memory, including an international conference celebrating the 50th anniversary of the migration from Germany to the West, which was held in Winnipeg in 1998. However, it has tended to *sharpen* the journey of faith and resilience despite emotional pain and suffering, as opposed to a story of posttraumatic growth that arises out of the embracing and transformation of suffering, as the more vulnerable, psychological aspects of the story have often been relegated to the shadows. Mennonite researchers like Marlene Epp (1997, 2000) have sought to unearth these controversial and marginalized story lines in order to provide a more complete and unified collective narrative. Thus, narrative integration and coherence is not just an individual task, but a collective one as well.

Adult Children: Narrative Analysis in relation to Intergenerational Legacies

Older women tended to provide a more chronological account of their life experience with particular attention to events, hardship, and survival through strength and faith and, for the most part, guarded their emotions in relation to these events. Their *claimed identity* was, in the majority of cases, linked to mental strength, faith, and resilience over the lifespan. Adult children, on the other hand, tended to be more analytical, with attention to the impact of their parents' lives on their own personal development and mental-emotional health. In several cases, though not all, a core issue in their lives had been the claimed identity of their mothers and resulting emotional unavailability. In the case of mother-child dyads, adult children sometimes filled in narrative gaps left by their mothers, particularly concerning emotional issues they may have been silent about. They were also more able to identify their own as well as their mothers' needs and recommend how these might be addressed. Adult children's narratives will next be explored in relation to the narratives of older women.

Modes of Trauma Transmission

Most adult children reported being impacted by the emotional residue of their parents' past trauma. However, some also posed the question: How can one distinguish between: (1) personal characteristics or experiences that stem from past trauma; (2) inherent personality traits; and (3) familial, cultural, and religious influences on personal development? Intergenerational patterns and themes have emerged from the interviews that suggest interplay between these factors over time in relation to past trauma. Dominant patterns and themes are presented here within the following three categories: *familial, cultural, and biological* modes of transmission of trauma effects. I discuss *psychological* transmission within the context of the first and third modes, and it may be reinforced by the second.

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 adult children identified as contributing to intergenerational issues or concerns (Laub & Auerhahn, 1998; Weingarten, 2004). Attachment style and attachment bonds in early life are said to have significant effects on wellbeing in later life (Browne & Shlosberg, 2006; Merz, Schuengel & Schultze, 2007). Felsen (1998) and Weingarten (2004) also report that much empirical and clinical work has found attachment theory useful in accounting for difficulties in parent-child relationships that may include confusing and atypical parental expectations of children, such as fulfilling roles that compensate for traumatic parental losses.

Most adult children vicariously experienced the traumatic effects of their mother's lives. Several internalized emotional undercurrents that permeated the household, such as heightened anxiety, fear, mistrust, difficulty expressing emotions, underlying anger, resentment, guilt, or grief. Although some adult children experienced symptoms of anxiety during childhood, none had ever been given a clinical diagnosis or sought counseling to deal with psychological issues.

In a review of the literature, Rosenthal and Voelter (1998) find that silence, family secrets, as well as family myths are some of the most effective mechanisms ensuring the continued impact of a problematic past, even to the second or third generation. In the current study, silence was a common theme in many families, particularly the silencing of either emotional expression (including the denial of what are perceived to be negative emotions, such as anger or resentment) and/or narrative clarification of emotional undercurrents. For example, for one adult child, silence in her family involved her mother's depression and silent tears, her father's emotional pain and abusiveness, the children's invisibility, and the lack of effective communication to resolve this impasse. In the language of Virginia Satir, family communication lacked congruence, as it took

place on the level of emotional reactivity rather than conscious self-awareness and self-disclosure. Thus, the father adopted a blaming stance, mother a placating stance, and adult daughter was, initially, also a placatory; this painful pattern was sustained until mother and adult daughter were able to reconstruct their roles in this dynamic (Gomori & Adaskin, 2008).

In this and one other family system, adult daughters had not only experienced the silencing of parts of the family narrative, but had also become their mothers' confidantes at a young age, and had been entrusted with certain family secrets. The information shared by mothers regarded critiques of family members including in-laws—matters they felt unable to discuss or resolve appropriately with others. (Note that both older women were permanently separated from their families of origin, and felt very emotionally isolated and invalidated.) Both daughters were deeply impacted by their mothers' stress and inability to be emotionally available to them. One adult daughter also felt that, in addition to being unable to share emotional memories (Chaitin & Bar-On, 2002), her mother had likely also censored parts of the family story to protect both herself and her daughter from the full weight of the past. Her incomplete narratives were emotionally vacant yet also emotionally *loaded*, and contributed to poor emotional development and sense of self on the part of this adult daughter. Though she had eventually been able to free herself from the role of confidante, the emotional disconnect between mother and daughter remained as the mother was unable to make a similar shift.

A third adult child felt that her grandmother's silent stoicism had affected three subsequent generations of women in her family, and that this strength was "sometimes at the expense of the softer side of things." Furthermore, although most participants emphasized family cohesiveness, especially older women who had experienced painful separation from loved ones, family connection on a deeper level was in several cases felt by adult children to be inadequate or absent.

There was a longing as a child to be heard and seen, valued and validated; but parents tended to convey their love in more pragmatic ways through the provision of a secure home, food, clothing, and the opportunity to live in a free country. These examples clearly demonstrate the link between silence and insecure attachment experiences, as well as the intergenerational transmission of insecure attachment (DeOliveira, Moran, & Pederson, 2005).

Several adult children had struggled greatly to transcend these early childhood experiences. Six eldest daughters (from both generations, including two mothers who were not interviewed) had been designated to fulfill parental needs, expectations, and responsibilities beyond the norm for their ages. In the case of the older generation, they had as young girls cared for siblings while their mothers worked long hours on the collective. They had also taken on other challenging tasks that their mothers had been unable to manage, and this loyalty had often extended into the post-immigration years and across the lifespan. One adult daughter said that her mother had literally adopted the self-perception that she was a “little mother” to her younger step-siblings at the age of 6 or 7.

In the case of two adult children, the support they provided to their parents and siblings was related to the challenges and struggles of acculturation experienced after immigration. These daughters described their mothers as having an ongoing dependency on them to have both practical and emotional needs met. One felt that she had “mothered” her own mother since childhood and the other stated that her mother has relied on her support with the family since her youth, and has counted on her for almost all decision-making since the death of her father. Both women speak little English and continue to rely primarily on their daughters and, to some extent their other children, to act as bridges to the outside world.

In *all* of the scenarios identified above, the experience of daughters who adopted such supportive roles had been coupled with emotional pain due to the mother's inability to provide adequate emotional validation, recognition, and support to the child. Byng-Hall (2008) refers to this phenomenon of role-reversal as "parentification," a term originally coined by Boszormenyi-Nagy and Spark (1973) in their paper, *Invisible loyalties: Reciprocity in intergenerational family therapy*. Byng-Hall (2008) reports that negative outcomes of parentification may include loss of childhood, low self-esteem, depression, and other symptoms, particularly when the child does not receive emotional validation for the role she has adopted. Furthermore, there is potential for role reversal and its effects to be repeated trans-generationally, and breaking this cycle requires bringing these patterns in past and present generations to light. This is in keeping with the comments heard from parentified daughters in this study. Furthermore, Jurkovic (1997) finds that girls have a greater tendency to adopt a parenting role than boys.

The stories of older women and adult children also reflected challenging separation-individuation processes in relation to their respective generation of mothers (Felsen, 1998). This involved difficulty letting go of, or breaking free from, designated family roles, identities, and expectations (as in parentification) as well as the emotional issues arising out of traumatic legacies, and moving into adulthood more independently. For example, as the eldest, one daughter was expected to look after her mother and not marry. Though she did not comply with this expectation, a younger sister adopted the role and lived with her mother for many years. When this daughter ultimately left the family home, it triggered separation anxiety in the mother, for whom separation from loved ones had been a core issue since early childhood.

A unique attachment experience occurred between one mother, who had been the victim of repeated rape, and her adult child, whose infant status had served to some extent as protection from

rape. A special emotional bond and loyalty developed between the two, and this adult child very much identified with the mother's emotional sensitivity. For another adult child, a similar emotional bond developed as she had replaced four children who had been lost through miscarriage, death, and medical abortion. Each of these older women had experienced either the physical or emotional loss of her own mother, and enhanced emotional attachment to the adult child had been specifically related to circumstances that elicited special attention that other siblings had not received.

I would like to emphasize that adult children were not experiencing symptoms of emotional or mental distress which they felt required clinical attention at this time. However, some described symptoms experienced during childhood that, though they had remained undiagnosed, may have been of clinical magnitude. Similarly, Schwartz, Dohrenwend, and Levav (1994) found higher rates of past but not current distress or disorder in children of Holocaust survivors and speculate that children experienced greater stress while in close living proximity with their traumatized parents as well as during periods of individuation. Other Holocaust literature suggests that adult children of survivors may experience non-clinical, but statistically significant characteristics such as a higher tendency to experience depressive symptoms; mistrustfulness; heightened anxiety; difficulty expressing emotions (especially anger) coupled with difficulty regulating aggression; increased feelings of guilt and self-criticism; and/or higher incidence of psychosomatic complaints (Felsen, 1998; Reynolds; Solomon, 1998). This certainly bears out in this study. However, I would also like to bring attention to the potential for transforming the lifespan and intergenerational effects of insecure attachment, not only in the context of psychotherapy, but in the process of conscious living and construction of alternate attachments (Mitchell, 2007).

Unresolved issues and patterns as well as personal growth and transformation were evident in participants in this study.

Cultural transmission. The concept of cultural transmission is used here to describe the way in which the Mennonite church-community has framed and responded to this collective experience, and what effect this religious-cultural stance may have had on survivors and their adult children. Volkan's (2001) profound insight bears repetition at this point. He states that, out of a multitude of traumas that groups and cultures may have experienced, one is often selected and others silenced while engaged in maintaining, protecting, and repairing group identity. Meanings are attached to it, influenced by the forces of past collective history and identity, and these meta-narratives are passed on to succeeding generations. I believe it is safe to say that the *claimed identity* of older women reflects the *claimed group identity* of the Mennonite church-community at that time—people of faith and virtue, strength and resilience. These are valuable attributes, but a potential side effect is that experiences, feelings, and emotions that may threaten this claimed identity must be subdued, which can contribute to the repression of grief, emotional pain, resentment, and anger and exacerbate mental health issues (Reynolds, 1997).

Older women tended to minimize their suffering, such as the woman who felt I may not have been interested in her story because she had been raised in an urban centre and believed she had not suffered as much as women who had lived on a collective. This woman had lost all male members of her family during the Revolution and later lost her husband during the period of The Great Terror. Not only did women suffer atrocities, but it seems that many internalized a cultural or spiritual imperative that promotes normalization and spiritualization of long-suffering. Two adult daughters felt that the spirituality and lifestyle of their mothers was somber, rigid, and rule-based, and did not adequately embrace and reflect the God of love, compassion, and joy. My

mother frequently impressed upon me that I didn't know what it was like to suffer and, in retrospect, I can see how I, too, began to embody a theology that *spiritualized suffering*.

It is also important to acknowledge the matter of gender. In general, women's expression of faith, strength, and resilience was linked with a more silent, meek, and submissive role than that of men. Women had been conditioned both under Communism and by their Mennonite upbringing to work hard and carry on without complaining. One woman mentioned that, during immigration to Canada, all the Mennonite women and girls had been given the responsibility of washing the entire ship; they did so while enroute *and* seasick—without complaining. This incident reveals much about the nature of Mennonite women of that period. So, for women, silence applied not only to feelings and emotional pain, but also to other forms of expression, and it meant bowing to authority, including husbands and the church. During my interviews with older women, the story of gratitude, faith, and quiet, stoic resilience despite suffering was universal (and church-sanctioned) and overshadowed that of residual grief, emotional distress, as well as mental illness.

The terms “conspiracy of silence” (Danieli, 1998; Solomon, 1998) and “collective amnesia” (Connerton, 1989) are used to identify mechanisms of societal transmission which involve the forced or unconscious silencing of groups who can bear witness to the past. Unconscious silencing may involve emotionally distancing oneself from the world of the *other*, in this case Russian Mennonite women; this may involve the inability to relate to the deep trauma or suffering carried by women and integrate that experience into our own (Bragin, 2010). Narratives that were silenced or minimized within the family and community included the two cases of schizophrenia; rape; marital conflict and lack of pastoral support; and mental health issues of severe anxiety, depression, and/or PTSD. 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.

Half of the adult children perceived that their individual identity had not only been overshadowed by the family and collective history of trauma but, also, by the collective theology, values, history, identity, or coping stance of the Mennonite church-community. The weight of family and collective trauma impacted the identity formation of adult children in various ways. Despite being born during or after immigration, most adult children had the experience of living in two worlds, the Mennonite world of their parent(s) which dominated the home and social milieu, and the world beyond that which was initially represented by the education system. Some children had difficulty understanding their identity and navigating both worlds, because their parent(s) privileged their own community and did not move very far beyond those parameters. Some children were *left to their own devices* with regard to making sense of the larger world. For example, even a simple matter of homework was experienced differently by children of immigrants, as some parents had very little knowledge of the curriculum, having received little more than a primary school education during their chaotic childhoods. Thus, adult children had a strong drive to fit into the dominant culture and became quite independent. Having originated in what had traditionally been highly ethnocentric village communities with their own local leadership and school system, many mothers had been apprehensive about their children losing their Mennonite tradition in a predominantly non-Mennonite world. Reynolds (1997) found that 62 percent of children born to Russian Mennonite survivors, who migrated to Canada during the 1920s, perceived that conforming to Mennonite norms was more important to their parents than their individuality. This statement likely still holds true for this generation of adult children. Thus,

the process of separation-individuation was not only driven by family attachment dynamics, but was also strongly influenced by cultural factors.

One older woman identified a growing ability to step outside of black and white perspectives and live more in the “gray areas”; for her this had included marrying a non-Mennonite and attending a non-Mennonite church. In the case of adult children, whose parents were uncomfortable in that gray zone and unable to entertain adult children’s divergent perspectives, worldviews, and lifestyle choices which did not conform to the Mennonite meta-narrative, some had distanced themselves from their parents’ church or the Mennonite Church in general in order to discover their own identity and honour their own developmental process.

Biological transmission. One of the most fascinating results for me was that transmission of physical and psychological symptoms was attributed by three adult children (born post-migration) to the impact of maternal trauma on pregnancy. Trauma was linked to losses on many levels, including the previous loss or the near death of children as a result of maternal malnutrition and poor immunity to childhood disease. It is interesting to note that two of the three adult children weighed approximately ten pounds each at birth, reflecting the mothers’ preoccupation with ensuring their children would be physically healthy.

Two adult children had multiple physical health issues, and all three experienced a low stress threshold and symptoms of anxiety throughout childhood and into adulthood. Interestingly, empirical research demonstrates a relationship between maternal trauma and cortisol levels of children born post-trauma, resulting in lower stress thresholds and more exaggerated stress responses to non-dangerous environmental stimuli. This relationship was evident in Holocaust survivors (Yehuda et al., 1998) and mothers exposed to the World Trade Center attacks during pregnancy (Yehuda et al., 2005).

The range of symptoms described by these adult children included weakened nervous systems; heightened sensitivity and anxiety in relation to external triggers; nightmares; obsessive behaviours; and anorexia linked to the death of several extended family members due to starvation. In all three cases, manifestation of these symptoms was more acute during childhood, and somewhat diminished as they moved through adulthood; however, significant remnants of these emotional and psychological patterns remain. It is also important to note that their childhood emotional and psychological distress had been much more intense than that of other adult children.

It can be argued that these adult children may have also experienced insecure attachment as a result of their mothers' mental status. Indeed, two adult children described the emotional unavailability of their mothers, while the third had been a *replacement* child and felt *over-validated*. Interestingly, Dallos (2001) states that many clinicians and researchers find attachment disruptions to also play a central role in the development of eating disorders. This has particularly involved the failure of a child to develop autonomy from parenting figures because of their intrusiveness or over-control, and to develop insecure-avoidant attachment strategies, for example, the avoidance of relationship, particularly emotional investment in relationship, often due to fear of rejection (Dallos, 2001, 2004). This resonates with the experience described by the adult child under discussion.

Empirical research increasingly points to the underlying neurobiology of attachment and parenting behaviour (Bartels & Zeki, 2004; Swain, Lorberbaum, Kose, & Strathearn, 2007) as well as the intergenerational transmission of attachment (Strathearn, Fonagy, Amico, and Montague, 2009). Such research supports the perspective that brain and body development, as well as genetic expression, is dependent upon one's experience, particularly in early childhood, and that this is primarily mediated by the quality of one's attachment bonds and other relationships (Perry, 2002).

Recent findings from epigenetics verify that human development emerges from the co-action of genes, hormones, and neural networks *and* socio-environmental mechanisms (Lickliter, 2008). Eisenberger and Lieberman (2003) have discovered that physical pain and social pain share parts of the same underlying brain processing system, and suggest that we are “hard-wired” to experience distress during social separation and comfort upon reunion (p. 7). Thus, it also makes sense that the effects of insecure attachment are not carved in stone, but are open to further change as individuals continue to interact with and adapt to their social environment over the lifespan.

Table 2: Modes of Intergenerational Trauma Transmission

Biological	Familial	Cultural
<i>Evidence of physical & psychological trauma transmission in 3 participants</i>	<i>Vicarious experience of traumatic effects (i.e., silence; family secrets; internalizing emotional undercurrents)</i>	<i>Religious-cultural stance of the Mennonite church</i>
<i>Literature supports imbalance in cortisol levels in infants born to mothers post-trauma; results in lower stress threshold</i>	<i>Some mothers emotionally unavailable; insecure attachment</i>	<i>Claimed identity of the church community reinforced mental strength, faith, and resilience in women survivors and did not promote emotional processing and post-traumatic growth</i>
<i>Neurobiological implications of maternal trauma as well as insecure attachment</i>	<i>Challenging separation-individuation</i>	<i>This complicated the identity formation of adult children who were living in a bicultural world</i>
	<i>Parentification in the case of two adult children</i>	
	<i>Differential acculturation & adult children living in two worlds</i>	

Speaking within the context of family therapy, Dallos (2001) suggests that it is possible to transcend the effects of insecure attachment histories by developing *coherent narratives* and externalizing the past. Citing Baerger and McAdams (1999), who emphasize that a coherent narrative provides a clear structure, reflects affect, and integrates events, feelings, and meanings, Dallos (2004) suggests that individuals can be released from being a prisoner of the past by breaking family traditions and learning to relate to one another *emotionally*.

This relational transformation is then inputted into the neurobiological system. Jordan (2008) states: “Therapy provides a wonderful relational opportunity to rework...neurological and

psychological consequences of failed connection. This is not re-parenting, but it does in fact involve a reworking of the neurological circuits and psychological meaning-making” (p. 244). He further states: “Through 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” (p. 235). Additionally, the scientific research of Lipton (2005) demonstrates that our “thoughts [and beliefs]...directly influence how the physical brain controls the body’s physiology” (p. 125). Thus, our biology is affected by our perceptions, thoughts, and beliefs, as well as the quality of our intra-familial and intra-cultural relationships. Siegel (2011) discusses the emergence of cultural neuroscience, which works with the relationship between different cultural influences and experiences, brain functioning, psychology, and other social sciences. Any individual and cultural experience, therefore, manifests neurobiologically, and potential neurobiological imbalances can be effectively addressed narratively and relationally rather than pharmacologically.

Table 3: Modes of Transformation

Biological	Familial	Cultural
<i>Neurobiological system is constantly adapting to its internal & external environment (Lickliter, 2008)</i>	<i>Importance of validating witnesses to our life process (e.g., Myerhoff, 1986, 1992; White, 2003, 2006)</i>	<i>Cultural neuroscience (Siegel, 2011)</i>
<i>Genetic expression is dependent upon one’s experience</i>	<i>Importance of validation & developing healthy attachments to rework the neurobiological system (Jordan, 2008)</i>	<i>Any individual or collective imbalance affects neurobiological mechanisms & can be addressed narratively & relationally to effect transformation</i>
<i>Relationships, thoughts & beliefs, and the narratives we create influence & shape our biology (Lipton, 2005; Mehl-Madrona, 2007)</i>	<i>Importance of developing coherent narratives & unifying past, present, & future as well as reclaiming & processing our disowned emotions (e.g.,Herman, 1992; Tedeschi & Calhoun, 2004)</i>	<i>Importance of developing coherent cultural narratives (Tedeschi & Calhoun, 2004)</i>
	<i>Transforming negative family patterns (Dallos, 2004)</i>	<i>Strengthening inter- and intra-cultural relationships as well as inter-generational ones</i>
	<i>Reciprocal relationship between individual & relational transformation & the neurobiological system</i>	<i>Need to recognize the importance of transforming cultural environments & institutions which strongly shape the lives of individuals & groups</i>

So we have arrived at a very interesting convergence of seemingly different and disparate perspectives and modalities, in response to the lifespan and intergenerational effects of our physical, mental, emotional, and spiritual environments on the neurobiological system. I am particularly struck by the power of thought, validating narrative approaches, and social connection to address these neurobiological imbalances! Whether it is the creation of coherent life narratives (Herman, 1992; Tedeschi & Calhoun, 2004); narrative individual, group, or community work (Denborough, 2006; Denborough et al., 2006; Denborough, Freedman, & White, 2008; White, 2003, 2006); narrative medicine (Mehl-Madrona, 2007); family reconstruction (Gomori & Adaskin, 2008); transgenerational psychotherapy (Schutzenberger, 1998); or somatic experiencing (Levine, 1997), this work has the capacity to directly impact and rebalance different levels of the individual and collective mind-body and neurobiological system. We are also in an era where the transformation stimulated by spiritual and/or mystical practices such as mindfulness (e.g., Bennett-Goleman, 2001) and the individual and collective practices of meditation, *inner body* exercises, and loving spiritual community (e.g., Yagan, 2003) can be appreciated and understood through the lens of neuroscience. Indeed, both authors use the term alchemy to describe such transformation, which occurs at once at a neurobiological level as well as a physical, emotional, cognitive, spiritual, and relational one.

Addressing the Needs of Adult Children

Several adult children expressed the need to process the emotional residue of their traumatic family histories and to break negative family patterns that have posed barriers to intimacy and relationship. Those who felt an emotional disconnect with their mothers have recognized the need to accept them as they are, give themselves permission to live their own lives and seek alternate sources of emotional support and validation, while still valuing and finding meaningful ways of

relating with their mothers. Others who continue to experience emotional or psychological symptoms did not express the need for professional intervention such as counseling. However, from my own professional experience it is critical that, if an adult child should seek counseling for other life issues, such as individual, relationship, or family counseling, or is involved in intensive and challenging care-giving of a parent, the counselor and/or social worker contextualize the situation culturally and historically in order to validate and address the core issues involved. In the case of adult children of survivors of trauma, attachment issues may lie at the root of many of life's challenges. Although adult children themselves do not express the need for professional services, they would benefit vicariously from professionals who work skilfully with their mothers, particularly those who are sensitive to their histories; to possible parent-child relational patterns; and to the potential for the manifestation of caregiver burnout that is somewhat unique to children of this long-term immigrant group.

Some adult children recognize the value of rewriting and transforming the family story in order to liberate themselves from its control. This can involve viewing the family experience through many different lenses in order to begin to understand it in new ways, or engaging in new forms of narrative exchange with parents, extended family members, and/or Mennonite community members. Thus far, adult children have managed their lives and their stories independently, as their family experience has largely been individualized and normalized. This has often meant that certain characteristics and relational patterns emerging from the effects of trauma have been attributed to one's personal strengths, weaknesses, or even personality. There is a need to collectively recognize and acknowledge these individualized and hidden narratives because they are invisible symptoms of a larger, collective experience; when one member of the whole is

challenged or distressed, it reflects the condition of the whole. Shadows of the past that we carry individually need to be fully exposed to the light so that they may be transformed collectively.

To this end, the Mennonite church would do well to adopt additional narrative practices to elicit women's narratives and create more opportunities for safe, transformative social experiences, including more meaningful intergenerational engagement. There is still time for the church to recognize more fully the story of Russian Mennonite women survivors as well as the experiences of adult children—time for greater coherence in collectively remembering the past and being released from it.

Summary

Narratives of participants offered many insights into lifespan and intergenerational effects of trauma experienced by Russian Mennonite women who migrated to Canada post-WWII. Claimed identities of older women were explored by using Spector-Mersel's (2010) model of narrative analysis based on six mechanisms of selection, which help to identify what is incorporated into a life story and what is minimized or silenced. Of note is that the construction of the narrative becomes a way of constructing and portraying one's chosen identity. We see that the claimed identity of Russian Mennonite women encompasses mental strength, faith, and resilience at the expense of emotional vulnerability, while the core issue of several adult children was related to their mother's claimed identity and emotional unavailability. Moreover, the prerequisite for posttraumatic growth is the ability to reconstruct one's life story by integrating past, present, and future along with our felt emotions in a way that transforms our lives and the lives of others (Herman, 1992; Janoff-Bulman, 2004; Tadeschi & Calhoun, 2004). Clearly, inadequate posttraumatic growth was a significant issue for several families and/or participants interviewed, with evidence of insecure attachment experiences, mental health issues masked by resilience over

the lifespan, and/or unresolved trauma resurfacing in old age. Moreover, when this age-cohort comes into contact with the health care or long term care system, they tend to be compliant (unless mental status is affecting their behaviour) and are treated for physical and/or mental pathology. When discussing the care of their mothers, women and adult children often mentioned medical, pharmacological, and personal care, but psychosocial interventions were not mentioned, pointing to some structural concerns about elder care.

Intergenerational patterns and themes emerged that suggest interplay between familial, cultural, and biological modes of transmission of trauma effects. Psychological effects were discussed in relation to each of these modes of transmission. Familial transmission had a strong attachment component (DeOliveira, Moran, & Pederson, 2005), and the phenomenon of parentification was a strong theme for eldest daughters in both generations, with potential for this role-reversal and its effects to be repeated trans-generationally (Byng-Hall, 2008). Cultural transmission involved the claimed identity of the Mennonite church-community being reflected in the claimed identity of older women which, in turn, strongly impacted the attachment experiences and identity formation of adult children, who were living in a bicultural world. This was often coupled with silence, which minimized the sharing of emotions as well as experiences that countered the meta-narrative of faith and virtue, strength and resilience. Controversial narratives involved schizophrenia; rape; marital conflict and lack of pastoral support; and mental health issues of severe anxiety, depression, and/or PTSD. The cultural-religious reinforcement of this claimed identity at the expense of posttraumatic growth suggests that narrative integration and coherence is not just an individual task but a collective one as well (Tedeschi & Calhoun, 2004).

Three adult children identified biological transmission of trauma as having impacted their lives. Much evidence now links the effect of all experience, including trauma, to neurobiological

consequences in both mother and child (Bartels & Zeki, 2004; Swain, Lorberbaum, Kose, & Strathearn, 2007), with lifespan neurobiological outcomes for survivors as well as intergenerational effects for adult children, including the intergenerational transmission of insecure attachment (Strathearn, Fonagy, Amico, and Montague, 2009). Moreover, cultural groups may share common neurobiological effects based on their unique cultural experiences (Siegel, 2010). The good news is that the impact of insecure attachment on our biology is not fixed. Rather, it can be transformed through positive attachment experiences, including coherent reconstruction of life narratives and narrative exchange with validating witness(es) (Dallos, 2001), with potential for individual, family, and collective cultural transformation. A wonderful merging of hard science and social science!

These results have many implications for social work practice, as well as other disciplines that touch the lives of older adults. In the next chapter, I share some reflections on how I have been personally affected by the evolution of this collective narrative and move into a discussion of how these collective voices can inform more transformative professional practice.

CHAPTER VIII

PERSONAL REFLECTIONS...

PROFESSIONAL IMPLICATIONS

The autoethnographic methodology employed (Anderson, 2006; Wolcott, 1994, 1999, 2005, 2008) provided much scope within which to gather archival as well as primary narrative data related to lifespan and intergenerational effects of trauma, and was a good fit with a life course approach (Devore & Schlesinger, 1996; Hooyman et al., 2002; Hutchison, 2005). Russian Mennonite survivors and adult children offered rich narratives, providing evidence of the interplay between ethnicity and historical context; political, cultural, and religious institutions; personal and collective traumatic life events; and long-range impacts on the physical and emotional body, as well as that of mind and the spirit.

Through the lens of critical and feminist gerontology, I observed how political and social structures and events interacted and shaped the aging experience of individuals (Chambers, 2004) and how historical, political, and economic forces had a unique impact on women (Hooyman et al., 2002). In the case of Russian Mennonite women, they had been trapped in a political system that saw Mennonites and ethnic Germans as a threat, resulting in an assault on their traditional communities and the tremendous loss of men. This called forth the resilience, agency, and endurance of girls and women in order to survive, but without the capacity to be released from their untenable circumstances. This strength and endurance, as well as faith in God, only increased as they fled to Germany and continued to face threats at every turn—always vulnerable, but not having the luxury, or knowing how, to sufficiently acknowledge and process their emotions.

I was deeply struck by the story of women compliantly washing the ship that transported them across the ocean to Canada! If we were to identify female archetypes representing Russian

Mennonite women, this would be one of them. Women tended to carry their submission, fear, and/or respect of authority into their lives in Canada, and this was reinforced by the Mennonite church which placed the ultimate authority in God, then the church and, lastly, the male family head. In general, women's faith and resilience were valued, but experiences, actions, and narratives reflecting what was perceived as emotional or mental weakness were marginalized. Also, within the parameters of their world, lifespan options were fairly narrow in breadth, influenced by their oft limited education, which had been interrupted by oppression and war, and defined by the church and their role as wife and mother. Imbalance of power was an important element in this dynamic, but it was theologically legitimized. Older women are not necessarily motivated by fulfilling their potential, or achieving posttraumatic growth and healing, but by being a good Christian, as they understand it, and the reward of going to heaven to be reunited with those who have passed before them after a life of service to family, church, and community.

Thus, the ultimate trauma is when women who have been resilient throughout their lives and silently internalized the past, face emotional, psychological, and/or spiritual crisis in old age related to primary trauma experiences that may be compounded by self-judgment and guilt based on their religious experience, and then find themselves exposed to a health care system dominated by a biomedical approach that is now perceiving the end result of this trajectory and merely treating medical symptoms pharmacologically. The medical profession is dedicated to interventions that prolong life, but does not focus on quality of life, meaning, relationship, and life resolution, all determinants of health which critically influence our biology (Lipton, 2005; Mehl-Madrona, 2007).

Adult children, too, are aging and the vicarious trauma they have experienced, largely related to attachment issues, is also subject to lifespan implications that have been influenced and shaped by the same political, religious, and social structures. Additionally, they have faced the challenge of

having one foot in two worlds, the world of their parents and that of the dominant Canadian culture. They have, therefore, also struggled with identity issues arising from the tension between these two worlds. For adult children, these issues have often not been acknowledged, much less understood, either by themselves or by others. A common reflection of adult children was that it is difficult to distinguish between personality, Mennonite cultural identity, and effects of trauma. Some had not previously considered the latter as an option. What is so striking in the case of most adult children is the intensity of their narratives, and the tendency to internalize collective trauma and its intergenerational effects as a personal or family issue or foible and manage it independently.

Before I move into a discussion of implications for social work practice, I would like to share some reflections on how I have been personally affected by the evolution of this collective narrative and by the research process itself.

Personal Reflections

For as long as I can remember I have engaged with my family story, which was primarily imparted to me by my mother. I do not recall ever seeing my mother cry or express emotions during the many hours that she spent writing letters to her siblings who had been repatriated and sent to labour camps in Siberia and other northern regions of the former USSR. Nor did I hear anything about their personalities, or what she loved and missed about them. Regarding those who had died tragically, I knew only who had died and how this had transpired. The word I remember most about these stories is the word *verschleppt*, used in reference to my five uncles (by marriage) who had been arrested by the NKVD, never to be seen again—leaving five widows with children. The other dramatic experience was that of starvation.

What has become clear to me during this research process is that our mothers' traumatic experiences have, in several cases, significantly impacted the attachment experiences of adult

children, including my own. It is also quite possible that I experienced a biological transmission of trauma effects, as my mother had only recently immigrated and had been fearfully unaware of the fate of her family of origin during her pregnancy with me. I was a very introverted and anxious child and, as an adolescent, was preoccupied with my inability to socially engage with others. Having no reference points by which to understand my social insecurity, fear, and social avoidance, I regarded my problems as purely my own. My mother was aware of my extreme introversion, but did not have the insights necessary to assist me in my process; additionally, I unconsciously perceived that she likened me to my paternal grandmother, who had died before my birth, and had been, in some ways, regarded as *mentally unfit or weak*. Along with my social lacks, I was highly disciplined as a child, hid behind my identity as a good student, and was a perfectionist. So I grew up with an active internal process of inquiry, but it remained an internalized and somewhat distorted process, manifesting as anorexia at age 20. I am intrigued by recent literature that links early insecure attachment with anorexia (Dallos, 2001, 2004). My recovery from anorexia was the outcome of a dramatic transformational experience of a spiritual nature that enabled me to integrate heart, mind, and body, as I had been completely shut down emotionally and physically during my childhood. This was the culmination of a very difficult process of individuation. In some ways I felt like I had given birth to my unclaimed self.

Dramatic recovery from anorexia did not end my personal challenges. My parents had been extremely triggered by my weight loss, having survived two famines and ongoing food shortages in Communist Russia, and lost several family members to starvation. But no one in my family, with the exception of one sister, engaged me in dialogue about what was going on in my life. Silence prevailed, and has continued to do so until very recently. My parents simply expressed their desire to have a normal daughter, with a normal job, who could attract a normal husband. I was no longer the

quiet, compliant little girl that I had been; I expressed feelings, had opinions, and dared to move beyond Mennonite parameters.

Doing life has been a challenging and, sometimes, precarious endeavour. Insecure attachment begins during the earliest years and can last a lifetime with one's parents. My mother and I did not reach a place of mutual understanding before her experience of dementia and ultimate death although, by that time, I had reached a place of understanding and compassion, having gained a much deeper appreciation for all that she had been through. Also, being much younger than my siblings, who had all been born either on the collective or during the Trek, I had felt like a misfit in my family; it felt as if all the scripts had been handed out, and that there were no more left by the time I was born (at least none that were acceptable to my parents or made sense to my siblings). Thus, I had created my own identity, developing other attachments outside of the family situation as well as the Mennonite community. This was, in many instances, a positive experience, though I also continued to carry unresolved attachment issues with me into interpersonal, group, and community relations.

So it has been a profoundly moving and enlightening experience for me to witness the personal narratives of survivors and adult children, observe patterns and themes, and recognize story-lines of other adult children that resonate with parts of my own experience. Although I had already begun to understand my personal issues within the context of my mother's life experiences, and had done much *inner work* to process the emotional pain I had felt in relation to these matters, there is added liberation in the recognition that what I have felt is not an isolated, individual experience. Each of the lives of adult children contains the residue of a much larger collective experience of massive political oppression and subsequent cultural discourse and coping styles affecting the whole Russian Mennonite community individually and collectively. Piecing together the historical narrative has

also helped me to grasp more fully the magnitude of the traumatic experience under Stalin. It is amazing how that awareness can become lost, and how easily we can individualize the effects of such a traumatic political and cultural event. I am particularly excited that, just as an individual can attain posttraumatic growth by reconstructing a coherent narrative which encompasses past, present, and future as well as our subjective, emotional, and psychological states (Tedeschi & Calhoun, 2004), it ought to be possible to reconstruct a coherent collective story that can stimulate collective transformation.

This underlines the critical need to view seemingly individual experiences through a structural lens. Such a perspective enables us to see the impact of larger societal forces and systems on individuals, and points to the need to promote not only individual agency but, also, more life-enhancing, anti-oppressive social structures (Mullaly, 2007; Lundy, 2004). If it is possible to stimulate collective effects of trauma, it ought to be possible to also stimulate collective cultural as well as inter-cultural healing and transformation. Indeed, narrative approaches fall within the structural paradigm (Mullaly, 2007); transformed narratives have the power to transform cells, individuals, and social and political structures. Although a structural perspective would be of value, generally speaking, to people from all walks of life, I will be discussing it specifically in relation to social work practice with aging immigrants and refugees and their adult children.

Implications for Social Work Practice

Increased Sensitivity to unique Historical, Cultural, and Socio-political Factors that impact Mental Health of Immigrants and Refugees over the Lifespan

As mentioned in Chapter 1, immigrants comprised more than 25 percent of Canadian seniors in 2001, with 55 percent of the total senior immigrant population having arrived prior to 1961, and the majority from war-torn Europe. In Manitoba, 63.5 percent of all senior immigrants were long-term

immigrants, who had arrived prior to 1961 (Statistics Canada, 2006). It is also important to note that Winnipeg has the largest urban concentration of Mennonites in all of Canada, and a high rural representation in southern Manitoba (Driedger & Epp, 2011). Despite the heterogeneous profile of today's seniors, many Canadian policies, institutions, and services geared to older adults have been designed for members of the dominant culture and remain insensitive to differences in histories, lived experience, needs, and concerns of people from unique cultural backgrounds (Driedger & Chappell, 1987; MacCourt, 2004).

Thus, before we even address the phenomenon of aging with trauma, it is important to emphasize the need for culturally sensitive social work practice that not only recognizes and respects inter-cultural differences related to ethnicity and unique histories, experiences, and values (Devore & Schlesinger, 1996), but also resists essentializing and stereotyping ethnic and cultural identity (Tsang, 2001), and acknowledges additional differences related to, for example, the *culture* of age and gender (Hooyman et al., 2002). Additionally, recognition of and reflexivity about one's own cultural or ethnic identity is essential in learning to resist treating the client as an *other*, in other words, as someone who is located outside of an essentialized and dominant cultural norm which we as the professional may unquestioningly assume to be a part of (Tsang, 2001).

In her book, *Another country: Navigating the emotional terrain of our elders*, Mary Pipher (1999), a practicing psychologist, suggests that to become old is like moving to a foreign country where the language is unknown to younger generations. Besides being shaped by a unique ethnicity and traumatic history, the experience of aging itself can be very traumatizing, isolating, and *otherizing*, and can be magnified by ageist attitudes so prevalent in our society. Payne, Christian, Hall, and Edwards (2005) identify social isolation among the elderly as a "hidden tragedy" (p. 3) that is very difficult to address because the vulnerable are so hard to see. Furthermore, statistics show

that women live longer than men, particularly after the age of 90 (Turcotte & Schellenberg, 2007) and that a greater number of women than men over age 55 live alone (Milan, Vezina, & Wells, 2007), thus compounding their experience of isolation. Also of note, and, given the conditioning of many women of this age cohort, there is a tendency (though it is not the rule!) to be respectful of authority, not complain, and to weather whatever challenge comes their way. Again I am reminded of the women who washed the ship. For example, in their poignant article, *Seen but not heard: Elderly women's experiences in the hospital*, Freeman and O'Connor (2002) note that 11 elderly women between the ages of 70 and 93 seldom had their voices heard, which led to their loss of personal identity while in hospital. To cope with gaps in care, they reduced their expectations of staff and relied upon family members for support. One almost died because she withheld a request for care from the busy nursing staff. Freeman and O'Connor (2002) conclude that hospital social workers need to recognize and redefine the needs of this vulnerable patient population as structural issues rather than personal problems.

It is, therefore, not difficult to imagine potential scenarios that may arise for aging immigrants who are either struggling with the resurfacing of past trauma or engaging in painful life review. This study of Russian Mennonite survivors demonstrates the need to be cognizant of hidden emotional needs regarding unresolved early life trauma in immigrant seniors and their adult children, and underlines the importance of sensitivity to unique historical, cultural, and socio-political factors.

Considering the size of the Mennonite community in Manitoba and recent migrations from Paraguay, Mexico and the former Soviet Union, with their diverse histories, issues, and traumas, the current study may provide some valuable information, knowledge, and insight to mental health practitioners working with these populations. Moreover, the phenomenon of pre-migration political trauma is not confined to the Mennonite population alone, but exists for aging long-term immigrants

of other ethnicities as well as recent immigrants and refugees who will be aging in the future. It is an assumption of this research, and supported by the literature, that a predominantly medical and/or psychiatric approach to these concerns continues to marginalize the individual and undermine posttraumatic growth and end-of-life resolution, and that increased integration of narrative and psychosocial perspectives, which underscore the value of social relationship, supportive community groups, and networks, is highly important within the context of services to middle-aged and older adults.

Value of increased Integration of Narrative, Psychosocial, and Intergenerational Perspectives with Adults of All Ages

Mental health and/or gerontological social workers, skilled in issues related to ethnicity, trauma, and immigration and familiar with psychosocial and narrative approaches, can play a vital role in providing validating individual and group services and support in all existing settings that serve older adults, including mental health centres, home support programs, adult day programs, retirement centres, and supportive living environments. They can also play a critical role in creating new and innovative settings and programs; advocating for critical policy change to promote a wider, more creative scope of services; and facilitating the education of health care professionals who lack this specialization. Such activities play a transformational role, creating social environments that support new opportunities for individual and collective healing and growth.

Existing practice settings. There are many examples in the literature of validating, narrative approaches to working with older adults that can be incorporated into social work practice in existing settings. In the case of individuals who present in any community service setting with a resurfacing of early life trauma, the skilful and empathic use of narrative approaches, and being a witness, as described by Judith Herman (1992), White (2006), Tedeschi and Calhoun (2004), and

Janoff-Bulman (2004) can assist the client in reconciling with past trauma, transforming the life narrative, and finding new meaning and purpose for present and future. Depending on the adequacy or availability of family and/or social support systems, it may be helpful to complement one-on-one sessions with additional psychosocial supports offered either in the community or in formal care settings, where the client may reside, in order to support the experience of meaningful attachments. Where family members are available for consultation, it is important that gerontological social workers be attentive to the narratives of all concerned, including cultural and intergenerational narratives reflecting significant family history, different perceptions and attitudes, as well as underlying family patterns that may influence the kind of care plan that can be developed for an older adult during times of chronic stress or illness (Spira, 2009).

Social workers with a mental health and/or gerontological orientation may have occasion to work with clients who are children of survivors and carry the burden of vicarious trauma. These may be primary clients or caregivers of primary clients, and it is important for social workers to be cognizant of the potential for ongoing attachment issues which may be aggravating the parent-child relationship and/or the caregiver role. Narrative approaches can be particularly helpful in this regard either in a one-on-one or group context. Satir family reconstruction (Gomori & Adaskin, 2008) or narrative approaches with skilful use of outsider witnesses (White, 2007) can effectively reconstruct narratives and break the cycle of themes and patterns transmitted to subsequent generations.

Psychosocial and narrative supports can be provided in many forms. Grimm (2007) reports that reminiscence and life review enables older adults to see difficult life experiences from new perspectives and to build on positive memories of the past. Reminiscence groups can be effectively integrated into many settings such as adult day programs and long term care residences. The facilitator would need to be sensitive to the potential triggering of unresolved traumatic memories.

Narrative therapies have been integrated with expressive arts therapies to support the individual and/or intergenerational life review process of clients. Staude (2005) underlines the value of autobiographical or memoir writing as a tool for personal growth, self-understanding, and the healing of unfinished life issues in older adults. Several women in the current study were drawn to writing their life story, and found this to be a way that their life experience could be witnessed and honoured by others. A project focusing on poetry writing and group storytelling, conducted in Norway by Aadlandsvik (2007), positively affected the lives of the older adults building group cohesiveness, stimulating the mind and senses, and improving self-esteem. Caldwell (2005) recommends expressive arts techniques such as bibliotherapy, journaling, and the creation of memory books, self boxes, life maps, time capsules, and videography as a way of deconstructing problem stories and transforming them.

Ingersoll-Dayton, Campbell, and Ha (2009) found forgiveness groups to be a supportive gerontological intervention effecting long-term improvement in depression. Narrative group therapy in a safe and empathic environment has been used with aging child survivors of the Holocaust to piece together fragments of salvaged memory and restore a sense of continuity of meaning in their lives (Dasberg, Bartura, & Amit, 2001). Approaches such as these can be integrated into social work practice with individuals or groups to enhance personal growth and transformation.

Innovative practices. Social workers are also in the position to engage in practice that supports intergenerational community building. Such initiatives can emerge within or outside of existing community organizations. Intergenerational activities have the capacity to address not only the social isolation of older adults, but also the social education of children as well as negative stereotypes and attitudes about older adults and aging (Lawton, 2004). One intergenerational program involved relationship-building between adolescents and nursing home residents in relation to the painting of a

wall mural, which affected the personal development of adolescents as well as their appreciation of older adults (Zelkowitz, 2003). O'Rourke (1997) promotes the arts and creative expression to strengthen and enrich relationships between old and young in a hospital setting that houses both an Alzheimer's adult day care center and a child-care center. Lawton (2004) reports on the establishment of intergenerational learning service programs, through the collaboration of government and community service organizations, to foster social and moral learning and intergenerational community between young and old.

Intergenerational approaches may have particular relevance in the case of the Mennonite as well as other immigrant communities, and can be tailored to the unique characteristics and needs of different groups. For example, in the case of Russian Mennonite women, prevalent skills are the art of quilting, crochet or needlepoint, and canning. Many of these women have grouped together to make many a blanket for people in developing countries, but inviting them to share their skills with the younger generation may be a wonderful way of building deeper intergenerational connections, understanding, and potentially validating relationships. Older Russian Mennonite women (as well as men) can be invited to share their stories with students in classroom settings, appropriately gearing their stories to particular age groups, and literally telling the subjective story of history. It would be wonderful to be able to bring together Russian Mennonite women and adult children to facilitate a process of witnessing one another's collective narratives!

One social action study involved eight women between the ages of 65 and 89, who met to share their own stories and then incorporated their narratives into a performance shared with the larger community (Serkin, 2006). This not only built group cohesiveness and increased self-esteem, but it raised awareness and respect from the community, as their actions dispelled stereotypes of aging women. Based on this example, an intergenerational approach to consider may be to have

younger generations interview their elders and collaborate on the creation of a performance that can be shared with the entire community. Warkentin (1994) produced a very poignant play based on archived interviews with Russian Mennonite women who had lived in the *Maedchenheim* in Winnipeg between the 1920s and 1950s. Two residences had been established for young single Mennonite women who, often as recent immigrants, helped to support their rurally-based families by accepting employment in the city. Such a production becomes a wonderful tool for intergenerational learning and growth, and can also contribute to intra- and intercultural communication and understanding.

Organizational transformation. Not only can social workers facilitate individual and cultural transformation in client populations, but they have the capacity to promote positive transformation in the workplace as well. A presenter at a psychogeriatric conference that I attended a number of years ago made a comment that I will never forget. He suggested that the first thing to do when observing agitated behaviour in long term care residents is to take a look at what is happening with staff members or management, and to resolve that issue. Structural issues that lie within the organization and/or staff relations will be mirrored by the residents or clients we work with. It is important that social workers not only serve the immediate service needs of their clients, but also shine a light on structural issues that are often left unchallenged.

Kitwood (1997), for example, promotes a transformational or paradigm shift, in the culture of dementia care, which counters a primary focus on dominant biomedical approaches that emphasize the diagnosis rather than the ongoing personhood and growth of individuals with dementia. He recommends a person-centered, narrative, and relational approach that promotes the individual's sense of belonging, recognition, and empowerment. Three qualities of care that are considered to be distinctly psychotherapeutic are validation involving a high degree of empathy; provision of a safe

psychological space where hidden trauma and conflict can be brought out; and facilitation of activities that the individual would otherwise not be able to do independently, in order to stimulate increased agency and meaning. This requires staff and management that are dedicated to this philosophy of care. Kitwood's (1997) approach is an attractive one, particularly when considering the attachment insecurities inherent in life experiences of some aging Russian Mennonite women. This is but one example of a movement towards transformative life-enriching environments for older adults. Much more needs to be done to transform the narratives and cultures we have constructed around trauma and aging from ones that focus on decline to ones that focus on growth.

Policy change. With the exception of the non-profit sector, policies that impact the lives of aging immigrants are largely related to the health care system, community support services, and supportive living options (e.g., assisted living; long term care), all of which fall under the auspices of the local health authorities and have social work practice components. While health care policy is largely defined by the biomedical model, mental health policies are shaped by the biopsychosocial model, which integrates biomedical and psychosocial components of assessment and care and promotes a social model of care which is holistic and focuses on the individual and the social context (see Definition of Terms). The biomedical model dominates health care and allocation of health care dollars, while psychosocial approaches and services are given less weight and support in terms of funding and human resources than medical and/or psychiatric treatment. Social workers working within the mental health system and in interdisciplinary settings within the health care system are, therefore, face-to-face with the dominance of the medical orientation all of the time. Despite the fact that social work philosophy and training increasingly promote a structural perspective, as well as culturally sensitive and anti-oppressive approaches, this location within the medical system poses

ongoing challenges with regard to practicing from a holistic orientation (Bywaters, 1986; MacCourt, 2004, n.d.).

Not only must social workers advocate for critical policy change in order to provide the depth of service required by older adults, including those with mental health issues and/or unresolved early life trauma, but older adults [and adult children] themselves ought to have the opportunity to contribute to a critical examination of the current system of care and be given a voice in deciding how services can be restructured in order to meet their culturally diverse and unique needs (Lai & Chau, 2007b; MacCourt, 2004). At least one adult child in this study was actively involved as a board member at his mother's long term care facility, and had a strong commitment to more person-centered care for residents. Part of our role as gerontological social workers is to facilitate inclusion and agency of our clients in matters which impact on the final years of their lives. A 97-year-old friend of mine headed a committee of nursing home residents who advocated, on behalf of all on their unit, for better food options!

Implications for Education

This autoethnographic research can serve as a learning tool for a variety of lay and professional audiences. In the case of the Mennonite community, this study has the potential to facilitate increased awareness and dialogue regarding the need to externalize the hidden emotional effects of buried trauma and, thus, be a resource to its professional, religious, and lay support systems. Of particular significance is the evidence of insecure attachment experiences in several participant narratives and the implications of that collective insight on future individual and collective growth. The insights gained from this study have been and will continue to be shared with the Mennonite community through presentations and a paper publication, and will hopefully spawn further collective narrative opportunities as well as intergenerational cultural activities such

as the ones described in this section on Implications for Social Work Practice. It is hoped that this living story will continue to expand and contribute to further cultural growth and intergenerational healing.

With respect to the larger community, other ethno-cultural and/or immigrant groups may value the learning and insights that have emerged out of this intergenerational exploration. I have had the opportunity to present my research at the 3rd *Annual Strangers in New Homelands* conference at the University of Manitoba (November, 2010). Other audiences thus far have included long term care social workers as well as professionals with a gerontological orientation from other disciplines. The feedback I am receiving from the Mennonite as well as professional communities is that the insights gained from this study not only reflect the Mennonite experience, but that of other aging immigrants as well. Furthermore, because of the tremendous surge of interest within the professional community in the relationship between neurobiology, attachment, and behaviour, theoretical discussion in this thesis regarding lifespan and intergenerational attachment in immigrant populations may also be of interest to gerontological care providers.

The implications for practice mentioned above call for a strong commitment to a paradigmatic and structural shift reflected in the education of professional service providers of all disciplines as well as those who choose to specialize in gerontological or geriatric services. To that end, students also need to be drawn to the field of gerontology and deconstruct their own philosophy and attitude towards aging. Narrative presentations that reflect the voices of older adults themselves (Shenk, 2008) as well as intergenerational and cross-cultural narratives (Patterson, 2005) can help students to grasp key concepts about aging and the life course. I have had the opportunity on a few occasions to present on the topic of aging and mental health, as well as lifespan and intergenerational narratives regarding early life trauma, to undergraduate social work

students fulfilling practica with a gerontological focus at the University of Manitoba. Furthermore, inviting one or more older adults, who have reached an adequate level of posttraumatic growth to be able to share their story, into a social work seminar, would be very empowering for the teller and enlightening for the students.

It is critical that more professionals who also touch the lives of older adults embrace the equal value of services that fall outside of the biomedical model, and strive to promote a complement of services that seek to meet the needs of the whole person. As mentioned above, social workers or gerontologists with this orientation can take the lead in terms of educating other health care professionals who lack this specialization; this can include being a guest lecturer in university, college, or other educational settings and providing professional development training to professionals from all disciplines.

Implications for Research

It has been noted by social workers in the field of mental health and aging that there is inadequate recognition of the unique characteristics of older adults and their mental health needs, arising from a combination of the biomedicalization of seniors' mental health and ageism, and that this has led to inadequate support and funding for both research in seniors mental health as well as preventive psychosocial programs and practices (MacCourt, 2004, n.d.). This poses an ongoing challenge to the growth of research in this field.

This qualitative study provides a rich description of the lifespan effects of early life political trauma and migration for aging Russian Mennonite women who fled from the former Soviet Union during WWII as well as the intergenerational implications for adult children. Engaging research participants in focus group interviews would add another dimension to the collective narrative. Additional qualitative research concerning the mental health needs of male survivors (e.g., exploring

the impact of the arrest and disappearance of fathers on male descendants), as well as other Mennonite long-term and recent immigrant populations in Manitoba (and Canada), both young and old, would build on the ethnographic intergenerational analysis initiated by this study and better inform future practice with this cultural group. It is important to note that, because of different periods and routes of migration, the Mennonite community in Canada contains much diversity and cannot be essentialized.

Further research to explore the needs of aging immigrants from other ethno-cultural groups who have experienced trauma would also be of value, as would evaluative research to explore the effectiveness of various community-based, psychosocial, narrative, and/or intergenerational approaches to facilitating posttraumatic growth, new attachment styles, and end-of-life resolution. Research regarding the interface of aging, ethnicity, and migration will become increasingly important in this age of increasing immigration and global displacement of large numbers of visible minority populations who will become Canada's future seniors. The phenomenon of population aging adds further urgency to this research agenda (Statistics Canada, 2006).

Limitations of the Study

It was my original intention to do individual interviews with both male and female Russian Mennonite survivors of the Stalinist era, as well as adult children. However, due to the gender-driven experiences of Russian Mennonite female survivors as well as time restrictions, I chose an in-depth focus on the dynamic between female survivors and adult children, although this narrowed the scope of the collective Russian Mennonite narrative. My preference had been to have as many mother-child dyads as possible to better facilitate the exploration of parent-child patterns and themes, and I am pleased to have had four participating dyads. While I highly value the contribution of the remaining participants, there was limited potential to explore intra-family narratives.

Furthermore, this study attracted individuals who had enough self-confidence to come forward for interviews. I was initially concerned that the participants drawn to this study were, for the most part, those who were quite well-adjusted and that the narratives gathered would not reflect a balanced view of the collective experience of Russian Mennonite women and their children. An additional concern was that, although each woman had received a detailed description of the purpose of the study, narrative responses seemed more like the presentation of oral history, in some cases, than personal reflections. However, I chose not to accept these outcomes as limitations. Rather, I regarded them as part of the data and, when later juxtaposed with the narratives of adult children, what had previously appeared to be a limitation became illuminated, to some extent, as a pattern (e.g., the phenomenon of claimed identities vs. emotional unavailability).

To do justice to this research topic, I elicited the narratives of sixteen participants, which required a significant amount of time in the field. Unfortunately, it was not possible for me to engage in participant observation in a collective Mennonite setting, so observation was limited to what I was able to *see* during the interview sessions. Interviews resulted in hundreds of pages of transcripts and comprehensive data analysis which was very labour intensive and time consuming. Having gathered such rich data, there was a sense of regret that more of the data could not be represented in this thesis! Thus, with regard to my autoethnographic approach, I may have somewhat diminished my own voice in my effort to give adequate space to the voices of other participants.

Possibly the biggest potential limitation of this study was my biased position as a child of survivors. My personal history risked the possibility of projecting my own experiences onto the narratives of others and/or privileging data that is in greater resonance with my own experience. It is my hope that the size of the sample and the breadth of the data have reduced that risk.

This research has integrated a narrative style with traditional approaches to writing social science research. It is hoped that this complementary approach will engage both a professional and a nonprofessional audience. However, the autoethnographic and storytelling dimensions of this ethnography may limit the audience for this work, a risk I am willing to take (Creswell, 2007).

Conclusion

I feel that I have just midwived a story which reflects a piece of the Mennonite collective subconscious. It is only in the last fifteen years that I have become more aware of just how much the weight of my mother's personal history has driven my life. Drawing the political landscape allowed me to grasp more fully what these older women, including my own mother, had gone through from their earliest formative years. What became very evident was a tendency for women to shut down their deepest emotions in order to access the mental strength and will to survive and provide for their families during these turbulent times, and for this coping stance to not only be maintained over the lifespan, but also be supported by religious and cultural beliefs. This sometimes resulted in the triggering of unresolved symptoms of trauma by additional losses associated with aging.

Intergenerational transmission of trauma effects occurred through the interplay of biological, familial, psychological, and cultural modes. Contextualizing trauma in this way compels us to rethink the view that trauma is an internal, individual, and pathological experience to be dealt with and overcome solely by the individual.

Most of the older participants demonstrated resilience and a positive attitude about the outcome of their lives, and one cannot help but think that the prevalence of journals and/or memoirs written by many of the women I interviewed attests the contribution of a narrative approach to their healing process. Several adult children stressed the importance of using narrative approaches to promote and enhance interpersonal relationships, and articulated the need for structural changes in social,

religious or spiritual, and professional domains to promote intergenerational exchange and create safer places for Mennonite families and, indeed, people of all cultures and social locations to tell their stories of vulnerability, strength, and resilience. This takes one's story beyond the safety of the written page and into more dynamic engagement with others, and assigns one's personal experience an important place in the larger ongoing collective story. Embracing our stories on personal, familial, cultural, emotional, spiritual, and professional levels can help to promote healthy human development and posttraumatic growth, individually and collectively, over the lifespan and across generations.

This research, therefore, highlights the need for social workers to contextualize their practice within the larger socio-political community and to integrate individual as well as collective orientations and narrative strategies to promote the transformation of social environments and institutions that impact the individual lives of aging immigrants. This requires actively witnessing their lived experiences and needs, and allowing their voices to inform best practice. Innovative education and policy changes guided by a clear transformative vision are required in order to prepare increasing numbers of service providers to operate more successfully within this paradigm.

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According to archivists at the Centre for Mennonite Brethren Studies (Winnipeg), photos from the Helen Dueck Collection are not copyrighted and are not subject to copyright laws as they pre-date 1948. They assured me that any photograph taken before 1948 is in the Public Domain in Canada and free to use without permission, supported use of these photos in my thesis, and requested that they be referenced as below. All other images are personal or family photos.

A-1 Helen Dueck Collection (1943). *Photo # NP128-01-20: The Great Trek.* Courtesy: Centre for Mennonite Brethren Studies, Winnipeg MB.

A-2 Krahn Family Collection (1941). *My mother and two older sisters on the collective during the German occupation, Ukraine, 1941.*

A-3 Personal Photographs (2005). *A typical Mennonite home still standing in many villages, constructed late 19th century, Ukraine, 2005.*

A-4 Personal Photographs (2005). *19th century Mennonite gravestones near my father's birth place, Ukraine, 2005.*

A-5 Personal Photographs (2005). *Memorial at Eichenfeld, Ukraine, 2005.*

A-6 Personal Photographs (2005). *Landscape just outside my mother's village, Ukraine, 2005.*

A-7 Personal Photographs (2005). *Mennonite high school near my parents' childhood villages, Ukraine, 2005.*

A-8 Personal Photographs (2005). *Mennonite church built in pre-Stalinist era, Ukraine, 2005.*

A-9 Anonymous (1943, Fall). *Fleeing from Ukraine: Mennonites waiting for eastward bound trains, Ukraine, 1943.* Private collection.

A-10 Helen Dueck Collection (1943). *Photo # NP128-01-21: The Great Trek, 1943.* Courtesy: Centre for Mennonite Brethren Studies, Winnipeg MB.

A-11 Helen Dueck Collection (1943). *Photo # NP128-01-26: Red Cross ration depot: The Great Trek, 1943.* Courtesy: Centre for Mennonite Brethren Studies, Winnipeg MB.

A-12 Personal Photographs (2005). *A window into the past...my parents and grandparents once lived in this house, Ukraine, 2005.*

Appendix I

Recruitment Poster: English and German

An Invitation to Share Your Life Story

This invitation is extended to (1) Mennonite women (78 to 100 years old) who migrated from Russia to Canada after WWII and now reside in Winnipeg *and* (2) sons or daughters who were born during or after their parents' immigration. (Wherever possible, I would value meeting with mothers and a son or daughter from the same family.)

My name is Elizabeth Krahn and as part of my studies for a Master's degree in Social Work at the University of Manitoba, I am conducting research to learn more about the lives of women who survived the great traumas and hardships in Russia as well as the lives of their sons or daughters who, though they did not experience this period directly, experienced it through the lives of their parent(s).

The title of my research is: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Particularly, I am interested in:

1. how this early individual and collective life experience has affected the lives of older Mennonite women over the years, and how it is being experienced in older age – physically, emotionally, mentally, and/or spiritually;
2. how this has, in turn, influenced and affected the lives of sons and/or daughters – physically, emotionally, mentally, and/or spiritually; and
3. what you may perceive as unmet needs of either generation that require more understanding, recognition, dialogue, and practical supports – both from within the Mennonite community and from the larger community.

Your commitment would include two one-on-one interviews with me that would last 1½ to 2 hours and will take place at a time and a location convenient to you (meetings with parents and son or daughter will be conducted separately). Interviews may be conducted in German or English based on your preference.

If you are willing to participate in this research, or need further information, please phone me at your earliest convenience at xxx-xxxx, e-mail me at xxxx@xxxx, or consult with your pastor if you wish him or her to get in touch with me on your behalf. Thank-you for considering participation in this research. For my supervisor, Dr. Maria Cheung, please contact (204) 474-6670 at the Faculty of Social Work, University of Manitoba.

Einladung Ihre Lebensgeschichte zu erzählen

Diese Einladung ist für mennonitische Frauen (78 bis 100 Jahre alt), die nach dem zweiten Weltkrieg von Russland nach Kanada eingewandert sind und jetzt in Winnipeg wohnen, sowie deren Töchter und Söhne, welche während oder nach der Einwanderung ihrer Eltern geboren wurden. Wenn möglich, würde ich gerne die Mutter und eine Tochter oder einen Sohn von der gleichen Familie treffen.

Ich heisse Elizabeth Krahn und als Teil meiner Studien für einen Master in Sozialarbeit (University of Manitoba) betreibe ich Forschung, um mehr über das Leben von Frauen zu erfahren, welche die grossen Traumata und Leiden in Russland überlebt haben, sowie über die Leben ihrer Töchter und Söhne, welche diese Zeit nicht persönlich erlebt haben, aber sie durch das Leben ihrer Eltern indirekt erlebt haben.

Forschungsproject: Eine autoethnografische Studie über das Erbe kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation

Besonders interessiert mich:

1. wie diese frühe Lebenserfahrung, individuell und kollektiv, das Leben älterer mennonitischer Frauen über die Jahre geprägt hat und wie sie im fortgeschrittenen Lebensalter erfahren wird – körperlich, gefühlsmässig, mental und/oder spirituell;
2. wie dies andererseits das Leben von Töchtern und Söhnen beeinflusst und geprägt hat - körperlich, gefühlsmässig, mental und/oder spirituell; und
3. ob es Bedürfnisse gibt, für welche es bisher keine Angebote oder Lösungen gibt und für die mehr Verständnis, Aufmerksamkeit, Gespräch und praktische Unterstützung nötig ist, sowohl in der Mennonitengemeinde wie auch auf kommunaler Ebene.

Falls Sie Interesse haben, würde ich gerne zwei persönliche Interviews mit Ihnen führen von ca. eineinhalb bis zwei Stunden Länge, wobei Sie Zeit und Ort bestimmen können. Treffen mit dem Elternteil und der Tochter oder dem Sohn würden getrennt gehalten werden. Die Interviews können sowohl in Deutsch wie auch in Englisch gehalten werden, je nachdem was Sie bevorzugen.

Falls Sie an diesem Forschungsvorhaben teilnehmen möchten oder falls Sie weitere Informationen brauchen können Sie mich telefonisch erreichen unter xxx-xxxx, wann immer es Ihnen passt, oder per e-mail unter xxxx@xxxx Sie können auch mit Ihrem Pastor sprechen, falls Sie möchten, dass er oder sie sich an Ihrer Stelle mit mir in Verbindung setzen sollte. Vielen Dank, dass Sie eine Teilnahme an diesem Forschungsprojekt in Betracht ziehen. Falls Sie mit meiner Projectberatungsperson sprechen moechten, rufen Sie bitte Dr. Maria Cheung an – Faculty of Social Work, University of Manitoba – 474-6670.

Appendix II

Mennonite Church Contact Letter

Re: An Autoethnographic Study of the Legacies of Collective Trauma
Experienced by Russian Mennonite Women who Immigrated to Canada after
WWII: Implications on Aging and the Next Generation

Researcher: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
204-xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

Dear

As a graduate student in the Faculty of Social Work at the University of Manitoba, I am conducting research to gather life stories and learn more about (1) the effects of the collective experience of trauma under Stalin on aging Russian Mennonite women who migrated to Canada post WWII and currently reside in Winnipeg; (2) trans-generational impacts on the next generation; and (3) strengths and possible unmet or hidden needs of either generation that may require more recognition, understanding, dialogue, and/or supports – both within the Mennonite community and the community services sector. As the daughter of Russian Mennonite immigrants, I witnessed tremendous survivor guilt and unresolved grief in my own mother, whose entire family had been repatriated to the Soviet Union from East Germany at the end of WWII – and I became more and more cognizant over the years of the effects of my mother’s Soviet experience on my own wellbeing. Additionally, I have worked with elderly clients of various cultural origins who have struggled with early life traumas that resurfaced in their old age, and witnessed the vicarious effects of this trauma on their children.

As the pastor of a Mennonite Church, you have undoubtedly come face to face with the kind of scenarios described above. I would very much appreciate your support in soliciting the participation of (1) Russian Mennonite women in your congregation, 78 to 100 years, who migrated to Canada post WWII; and (2) sons or daughters who were born either during or after immigration (aged 50 to 61). Wherever possible, I am interested in meeting (separately) with mothers and sons or daughters from the same family, but am also prepared to meet with unrelated individuals from each generation. I am looking for a total of 5 to 7 older women and 5 to 7 sons or daughters (not necessarily all from your congregation!), who would be willing to participate in one-on-one interviews. I have included in this package an invitation to potential participants that I ask you to insert into your bulletin, announce, and personally pass on to any individual(s) that you feel may be able to contribute to this research.

By requesting that you pass this information on to potential participants, I will become aware of only those individuals who initiate contact with me – either because they have contacted me personally or have made arrangements to connect with me with the assistance of yourself, a family member, or another member of the congregation. In the event that a prospective participant experiences some degree of cognitive impairment, this does not preclude participation, as he/she may still have much capacity to share about life experiences. However, it may require that a family member with Power of Attorney sign the consent form and facilitate contact with me to ensure maximum ease for the participant. On the other hand, the individual may still have the capacity to make that decision independently. Should this particular type of situation arise, i.e. a prospective participant who is cognitively impaired, your further assistance may be helpful to ensure that everything goes as smoothly as possible. I have taken the liberty to include with this letter a list of important pieces of information to convey to prospective participants that may consult with you or seek assistance from you with regard to participating in this research project – whether cognitively impaired or not. Please feel free to contact me for any clarification.

My German language skills and interest, familiarity, and personal connection to the Russian Mennonite story will enable me to interview with a fair bit of ease in either language. In the event that the interview process triggers a need for emotional support and/or counseling, I will recommend that members of your congregation consult with you and have also made arrangements with Recovery of Hope for follow-up services as necessary (contact information will be provided to participants in their research package).

If you have any questions or concerns, feel free to contact me at your earliest convenience at xxx-xxxx or email me at xxxx@xxxx. Thank-you for your support and assistance with this research process.

Sincerely,

Elizabeth Krahn, BSW, RSW

Appendix III

Correspondence with Prospective Participants

A. Letter of Introduction to Prospective Participants: English and German

~ University letterhead ~

Re: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Researcher: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
204-xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

Dear

Thank-you for your expression of interest in participating in this very important research. I would like to take this opportunity to both review and provide you with some additional information about this project.

As part of the Master of Social Work program at the University of Manitoba, I am conducting research to gather life stories and learn more about the lives of Mennonite women who survived the great traumas and hardships of Stalinist Russia, as well as the lives of sons or daughters born during or after post-WWII immigration to Canada who, though they did not experience this period directly, experienced it through the lives of their parent(s). Wherever possible, I would value conducting one-on-one interviews with a mother and one son or daughter from the same family. As the youngest daughter of Russian Mennonite immigrants who arrived in Canada in 1948, I am familiar with the tremendous strength and resilience as well as emotional burden carried by my own mother – and how this impacted my life on many levels. I have also worked extensively with older adults experiencing physical and emotional health issues, many of them related to challenges and traumas in early life.

I am interested in meeting with Mennonite women who are currently 78 to 100 years old, and sons or daughters who are in the 50 to 61 year age range. Each older woman would have been 17 to 39 year of age at the time of immigration and experienced a span of 12 to 34 years in Russia.

Each interview will be guided by two of the following questions:

1. How have past collective hardships and traumatic experiences in Russia affected your life over

- the years, and how does this influence you in older age – physically, emotionally, mentally, and/or spiritually? (question addressed to older generation)
2. How have you experienced and perceived the influence of the Soviet era in your own mother and how has this, in turn, affected your life as a son or daughter – physically, emotionally, mentally, and/or spiritually? (question addressed to younger generation)
 3. In addition to strengths and resilience, what concerns and needs do you perceive within each generation that may require more understanding, recognition, dialogue, and practical supports - both from within the Mennonite community and from the community services sector? (question addressed to both generations)

Two in-person interviews of approximately 1 ½ to 2 hours duration will be conducted at a time and place convenient to you (meetings with older women and son or daughter will be conducted separately). Interviews will be conducted in either German or English as desired. For the most part, the interviews will be open-ended, meaning that they will not be based on a questionnaire – rather I will ask you to share your personal experience in relation to the three areas of interest listed above (specifically, the questions related to your generation). You are free to answer or decline any clarifying questions that I may ask you during the interview. With your consent, the interviews will be tape-recorded. Original tapes will be available for you as a token of my appreciation of your participation.

In order to protect the confidentiality of your shared stories, taped interviews, transcripts, and any other related research documents will be stored in a locked storage space where only I will have access to them; also, what you share with me will be used for research purposes only, and though I will be consulting with my advisor, I will not be discussing findings with any other parties. If you have a family member participating in this study, there is some threat to confidentiality in that I will also be learning about you and your family story through the eyes of this other family member – this could involve the risk that one of you may share something the other may not want disclosed or even something the other has never known. This risk also applies to third parties, such as non-participating family members or family friends, whose lives may be mentioned during the interviews. Firstly, I will not disclose what one family member has shared when I meet with the other. Furthermore, every effort will be made to ensure anonymity throughout the research process – your identity or that of family members will not be shared with others at any time, including in the final written or oral presentations; and your life experiences and perceptions will be woven into a collection of life stories shared by several other individuals. The only people who may be aware of your involvement in the study are your pastor (if you have included him in this process) and/or family member(s) who are either also participating in the study or aware of your involvement. Following the completion and defense of this thesis (approximately January, 2011), any documentation and data that bears your identification, such as the consent form, will be destroyed. Copies of taped interviews, and the transcripts of these tapes, may be donated to the Mennonite Heritage Centre (Archives), but *only with your consent, and only under certain express conditions to safeguard the identity of yourself and others mentioned by name on the tapes*. More details regarding donation of tapes will be available in a special consent form created for this purpose.

If you immigrated to Canada after WWII, the interviewing process may trigger deeply-felt emotions arising out of the suffering, traumas, and losses you endured in Soviet Russia – emotions that may be hidden because of the ways that you have learned to be strong. Please know that one

of the main objectives of this research is to provide an opportunity for the safe expression of matters that do not always find a place, and that often need a place, for expression – and an opportunity for others to learn from these very valuable life experiences. It is the specific aim of this study to address the question of how the emotional needs of women like yourself, who have experienced early life trauma, can be better understood and addressed by professional and lay people who provide care or services to individuals as they grow older.

If your mother immigrated to Canada after WWII and you were born during the decade after the war, some emotions may surface for you during interviews as well, based on the impact of your mother's Soviet experience on both her life and yours. At this stage in life, you may be a primary support and/or care provider for your mother and have some very important perceptions of both your mother's unique emotional/spiritual strengths as well as needs arising out of her early life experience – and you may be very self-aware with regard to how this has shaped your own personal life on many levels. My intent is to provide a safe venue where some of these perceptions and possible concerns can be expressed or 'sounded out' – and these perceptions and insights may be helpful to professional service providers.

In the event that the interviews stir up some emotional distress that requires follow-up support and/or counseling, several options are available to you. Depending on your situation, you may need to go no further than your church pastor; you may be interested in meeting with a counselor from *Recovery of Hope*, a Mennonite faith-based counseling service (linked with Eden Mental Health) that is located in Winnipeg; or you may seek professional assistance available in the larger Winnipeg community. Contact information would be provided at our first interview should you wish to seek counseling at any time.

In the event that a prospective participant is cognitively impaired, that does not necessarily preclude participation in this study. As this study focuses on perception and meaning related to life experiences, someone experiencing cognitive impairment may provide rich stories of his/her past that would be a tremendous contribution to this study. If this circumstance applies to you or a family member who is interested in participating in this study, you will be provided with further details about how we will proceed in order to make this a comfortable and meaningful experience. Please feel free to contact me in this regard. We will require a proxy signature of a family member with Power of Attorney on the consent form if the interested party is no longer legally able to sign documents.

If you are willing to participate in this research project or would like more information, please contact me at your earliest convenience at xxx-xxxx, e-mail me at xxxx@xxxx, or you may consult with your pastor for assistance in getting in touch with me. I understand that talking about these experiences may bring up emotions and perhaps even some apprehension – and trust that you will make a decision with regard to participation that is appropriate for you. I sincerely appreciate the time you have already taken to consider participating in this research.

Sincerely,

Elizabeth Krahn, BSW, RSW

Forschungsproject: Eine autoethnografische Studie über das Erbe kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation

Forscherin: Elizabeth Krahn
Graduierende Studentin des Fachbereichs Sozialarbeit – Master's Thesis
University of Manitoba
(204) xxx-xxxx

Projektberatung: Maria Cheung
Professor für Sozialarbeit
University of Manitoba
(204) 474-6670

Sehr geehrte Dame, sehr geehrter Herr,

Vielen Dank für Ihr Interesse an diesem wichtigen Forschungsvorhaben teilzunehmen. Ich würde gerne diese Gelegenheit nutzen, um Ihnen weitere Informationen über dieses Projekt zu geben und um Interviews mit Ihnen durchzuführen.

Als Teil des Programms für den Master of Social Work (Sozialarbeit) an der Universität von Manitoba betreibe ich Forschung, welche die Lebensgeschichten mennonitischer Frauen betrifft, die die grossen Traumata und Leiden im stalinistischen Russland überlebt haben, wie auch über das Leben von Töchtern und Söhnen, die während oder nach der Immigration nach Kanada nach dem zweiten Weltkrieg geboren wurden und, obwohl sie diese Zeit nicht persönlich erlebten, sie doch indirekt erfahren haben durch das Leben ihrer Eltern. Wenn möglich würde ich gerne persönliche Interviews führen mit einer Mutter und deren Tochter oder Sohn. Als die jüngste Tochter von russisch-mennonitischen Einwanderern, welche 1948 in Kanada ankamen, bin ich mit der enormen Kraft und Unverwüstlichkeit bekannt, wie auch mit der emotionalen Bürde meiner Mutter und damit, wie diese Erfahrung mein eigenes Leben auf vielen Ebenen beeinflusst hat. Ich habe ausserdem breite Erfahrungen in der Arbeit mit älteren Menschen, welche körperliche und emotionale gesundheitliche Schwierigkeiten hatten, von denen viele Bezug hatten zu den Herausforderungen und Traumata in früheren Phasen des Lebens.

Ich bin sehr interessiert daran, mennonitsche Frauen zu treffen, welche zur Zeit zwischen 78 und 100 Jahre alt sind, und deren Töchter oder Söhne, die jetzt zwischen 50 und 61 Jahre alt sind. Jede der älteren Frauen wäre zwischen 17 und 39 Jahre alt gewesen zur Zeit der Einwanderung und hätte 12 bis 34 Jahre in Russland verbracht.

Jedes Interview würde von zwei der folgenden Fragen geleitet sein:

1. Wie hat das gemeinschaftliche (kollektive) Leiden und die traumatische Erfahrung in Russland Ihr Leben über die Jahre beeinflusst – physisch, emotional, geistig und/oder spirituell? (Dies ist eine Frage für die ältere Generation)
2. Wie haben Sie den Einfluss der stalinistischen Jahre auf Ihre Mutter erfahren oder

wahrgenommen und wie hat dies wiederum Ihr eigenes Leben beeinflusst als Tochter oder Sohn - körperlich, gefühlsmässig, mental und/oder spirituell? (Dies ist eine Frage für die jüngere Generation.)

3. Ausser Kraft und Unverwüstlichkeit, welche Bedürfnisse und Sorgen beobachten sie in jeder Generation, welche mehr Verständnis, Aufmerksamkeit, Gespräch und praktische Unterstützung benötigen, sowohl in der Mennonitengemeinde wie auch auf kommunaler Ebene? (Dies ist eine Frage für beide Generationen.)

Zwei persönliche Interviews von ca. 1½ bis 2 Stunden werden zu der Zeit und an dem Ort geführt, der für Sie am geeignetsten ist. Treffen mit den älteren Frauen und der Tochter oder dem Sohn werden separat geführt. Die Interviews können je nach Wahl in Deutsch oder Englisch geführt werden. Zum grössten Teil werden diese Interviews nicht nach einem Fragebogen geführt werden, sondern ich werde Sie lediglich bitten, Ihre Erfahrungen betreffend der oben geschilderten drei Gebiete zu schildern (im Besonderen zum Thema der Fragen, welche Ihre Generation betreffen). Es steht Ihnen frei, weitere zum klärenden Verständnis gestellte Fragen während des Interviews zu beantworten oder nicht. Mit Ihrem Einverständnis werden die Interviews auf Tonband aufgenommen. Die Originale würde ich Ihnen zur Verfügung stellen, als Anerkennung für Ihre Teilnahme. Ihre Antworten werden vertraulich behandelt und Informationen, welche Sie identifizieren würden, werden nicht mit anderen geteilt.

Um Ihre Lebensgeschichte vertraulich zu halten, werden die Tonbänder mit den Interviews, Abschriften und alles anderen mit dem Forschungsvorhaben verbundenen Dokumente unter Verschluss gehalten, nur ich werde Zugang haben. Was immer Sie mir mitteilen wird ausschliesslich für Forschungszwecke verwendet werden, und obwohl ich mich mit meiner Projektbetreuerin besprechen werde, werde ich meine Ergebnisse mit niemandem sonst besprechen. Es ist allerdings wichtig dass Sie in Betracht ziehen, dass ich, falls ein weiteres Familienmitglied an dieser Studie teilnimmt, über Sie und Ihre Familiengeschichte aus deren Sicht erfahren werde. Es wäre daher möglich, dass das Risiko besteht, dass einer von Ihnen mir etwas mitteilt, was der andere nicht unbedingt offenbaren wollte, oder was der andere noch nicht wusste. Dieses Risiko besteht auch andere betreffend, zum Beispiel Familienmitglieder welche nicht an der Studie teilnehmen oder Freunde der Familie, deren Lebensumstände während der Interviews erwähnt werden könnten. Ich möchte Ihnen versichern, dass ich nicht mit einem Familienmitglied besprechen werde was ich von einem anderen gehört habe, die Interviews werden getrennt gehalten werden und jedes individuelle Interview wird separat bleiben. Des Weiteren wird jede mögliche Anstrengung unternommen zu versichern, dass Ihre Anonymität während des gesamten Forschungsvorganges bewahrt wird. Das heisst, dass Ihre Identität zu keiner Zeit mit anderen geteilt wird, auch nicht in der schriftlich Arbeit oder deren mündlicher Präsentation. Die einzigen Leute die von Ihrer Teilnahme wissen könnten wären Ihr Pastor (falls Sie ihn zu Rate gezogen haben über Ihre Teilnahme) und/oder Familienmitglieder, die auch an dieser Studie teilnehmen oder welche Sie informiert haben. Nachdem mein Projekt abgeschlossen ist und meine mündliche Verteidigung meiner These erfolgt ist (ca. Januar 2011), werden alle Dokumente und Daten aus welchen Ihre Identität entnommen werden könnte, einschliesslich der Einverständniserklärung, vernichtet werden. Kopien der Tonbandaufnahmen und deren Abschriften könnten zu der Zeit dem Mennonite Heritage Centre (Archive) gestiftet werden, aber lediglich mit Ihrem Einverständnis und nur unter bestimmten Bedingungen, sodass sichergestellt ist, dass Ihre eigene Identität und die von anderen auf den Bändern mit Namen erwähnten Leuten nicht offenbart wird. Weitere

Einzelheiten eine Stiftung der Tonbänder betreffend werden Ihnen auf einer speziellen Einverständniserklärung gegeben werden, welche für diese Zwecke kreiert werden wird. Falls Sie nach dem Zweiten Weltkrieg nach Kanada eingewandert sind, kann es möglich sein, dass die Interviews tief sitzende Gefühle aufbringen, die mit Ihrem Leiden, Verlusten und Traumata verbunden sind, welche Sie in Sowjet-Russland erlitten haben – Gefühle welche im Verborgenen geblieben sein könnten, da Sie stark sein mussten. Sie sollten wissen, dass eines der wesentlichen Ziele dieses Forschungsprojektes ist, Gelegenheit zu geben wohlbehalten über Dinge zu sprechen, die selten zum Ausdruck gebracht werden können und welche ausgedrückt werden sollten, damit andere von diesen wertvollen Lebenserfahrungen lernen können. Es ist das spezielle Ziel dieser Studie Antworten auf Fragen finden zu helfen, wie den emotionalen Bedürfnissen von Frauen wie Ihnen begegnet werden kann von professionellen Helfern wie auch Laien, welche alternden Personen Hilfe und Pflege anbieten.

Falls Ihre Mutter nach dem Zweiten Weltkrieg nach Kanada eingewandert ist und Sie im Jahrzehnt nach dem Krieg geboren wurden, könnte es ebenfalls sein, dass Gefühle während der Interviews an die Oberfläche treten, welche von den Erfahrungen Ihrer Mutter in der Sowjetunion herrühren und welche auf Ihrer beider Leben Einfluss hatten. In dieser Lebensphase sind Sie vielleicht die wesentliche Pflegeperson oder Unterstützung für Ihre Mutter und haben wichtige Eindrücke und Erfahrungen über die emotionalen Stärken Ihrer Mutter und ihre Bedürfnisse, welche von ihren früheren Lebenserfahrungen herrühren – und Sie sind vielleicht sich durchaus im Klaren darüber, wie dies Ihr eigenes Leben auf verschiedenen Ebenen beeinflusst hat. Es ist meine Intention, eine Situation zu schaffen, in der diese Eindrücke und Wahrnehmungen sowie mögliche Bedenken Ausdruck finden können oder „laut durchdacht“ werden können. Diese Wahrnehmungen und Einsichten könnten hilfreich sein für Mitglieder von helfenden Berufen.

Falls die Interviews stressvolle Emotionen aufrufen sollten, die weitere Betreuung und/oder Beratung benötigen sollten, so stehen Ihnen verschiedene Möglichkeiten zur Verfügung. Je nach Ihrer Situation brauchen Sie vielleicht nicht weiter zu gehen als zu Ihrem Pastor oder Sie möchten vielleicht einen Berater hinzuziehen von Recovery of Hope, einem kirchlichen mennonitischen Beratungsdienst (verbunden mit Eden Mental Health), welcher in Winnipeg zu finden ist, oder Sie möchten vielleicht professionelle Hilfe in der Umgebung von Winnipeg suchen. Während unseres ersten Gespräches wird Ihnen Kontaktinformation gegeben, falls Sie zu jedweder Zeit Beratungsdienste in Anspruch nehmen können.

Falls Sie eingeschränkte geistige Fähigkeiten haben oder an Gedächtnisverlust leiden, könnten Sie dennoch an dieser Studie teilnehmen. Da diese Studie sich bezieht auf Wahrnehmungen und Bedeutung von persönlichen Lebenserfahrungen, könnte auch jemand mit verringerten geistigen Fähigkeiten die Geschichten seiner/ihrer reichen Erfahrungen beitragen und einen wesentlichen Beitrag zu dieser Studie leisten. Falls dies auf Sie selber oder eines Ihrer Familienmitglieder zutrifft, welche gern an dieser Studie teilnehmen würden, werden Sie weitere Informationen erhalten, wie wir am Besten vorgehen sollten, um eine komfortable und bedeutungsvolle Zusammenarbeit zu gewährleisten. Wir würden dann die Unterschrift eines bevollmächtigten Familienmitglieds mit Power of Attorney auf der Einverständniserklärung benötigen, falls die betreffende interessierte Person nicht länger rechtlich in der Lage sein sollte, Dokumente zu unterschreiben.

Falls Sie an diesem Forschungsvorhaben teilnehmen möchten und mehr Informationen möchten, können Sie mich, sobald Sie möchten, unter xxxx erreichen oder mir eine e-mail schicken an xxxx@xxxx. Sie können auch mit Ihrem Pastor sprechen, damit er mit mir in Kontakt treten kann an Ihrer Stelle.

Ich verstehe, dass es sein kann, dass Gespräche über diese Erfahrungen Gefühle mit sich bringen können und vielleicht durchaus Sorge bereiten können, und ich vertraue darauf, dass Sie beträchtlich Ihrer Teilnahme eine Entscheidung treffen werden, die für Sie die Beste ist. Ich versichere Ihnen, dass eine der wesentlichen Zielsetzungen dieser Forschung ist, eine sichere Gelegenheit zu bieten für den Ausdruck von Gefühlen und Erfahrungen, für die es nicht immer Platz gibt. Auf diese Art haben andere die Möglichkeit, vom Schatz dieser Erfahrungen zu lernen. Ich danke Ihnen von Herzen für die Zeit, welche Sie sich jetzt schon genommen haben, eine Teilnahme an diesem Vorhaben in Betracht zu ziehen.

Mit freundlichen Grüßen

Elizabeth Krahn, BSW, RSW

B. Letter to Family Members of Prospective Participants who are Cognitively Impaired

~ University Letterhead ~

Re: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Researcher: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
204-xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

Dear

Thank-you for contacting me with regard to prospective participant’s (PR’s) interest in taking part in the above-mentioned research. I understand that you have authority with respect to PR’s legal affairs and have, therefore, included for your reference an additional letter, directed to prospective participants, that provides important information about this study and how it will be conducted, as well as the consent forms. If you have any further questions about these documents, please feel free to contact me for clarification.

My purpose here, in this letter, is to articulate the various steps that will be required to involve PR in this research project. As I mentioned on the phone, if a prospective participant experiences some degree of cognitive impairment, this does not preclude participation, as he/she may have a strong desire to share about life experiences, thus making a rich contribution to this research. Four considerations are critical regarding research participants whose capacity is impaired and who are no longer in charge of their legal affairs: (1) that your family member freely chooses or has a desire to take part in this research; (2) that participation in interviews would pose minimal risk and/or stress to your family member; (3) that as the individual with Power of Attorney, you are an integral part of the recruitment and interview process (although your family member may not need you to be present during interviews depending on her/his needs); and (4) as the individual with Power of Attorney, you are the person I would consult with if I have any concerns regarding the wellbeing of your family member.

The first consideration recognizes that your family member maintains the right to have choices, even though she/he may not have the legal right to sign the consent form. As you read through or discuss the consent form with your family member, you may find that certain things raise concerns for her/him which may contribute to your assessment of how well she/he would manage the research process. You may contact me at this point to discuss any concerns you may have, but you

and your family member may decide that participating in the research is not a good idea. If interest is sustained, however, then the assessment of risk or stress to your family member can lead to steps that we can take together to create as stress-free a process as possible. This might include you and your family member determining the most suitable environment to conduct interviews in; choosing an optimal time of the day to do the interviews; having you present for the early portion of the first interview; dealing with some of the concerns stimulated while reading the consent form; and/or giving me a heads-up about any sensitivities your family member may have, i.e. any topics that may come up in her/his narrative that could trigger a particularly emotional response and that is best not to pursue. You may have additional thoughts on how best to minimize stress.

With regard to having you present for the first part of the initial interview: This would provide an opportunity for us to not only have face-to-face introductions, but for you to give me the consent form, and to obtain any clarification that may still be required. After this introduction (about 20 minutes), it would be preferable to proceed with the interview in a one-on-one fashion unless your family member has a strong preference for you to remain. If, during the interviews, I should become aware of any significant concerns or issues either expressed by or affecting your family member, I will contact you about these concerns, with your family member's awareness.

If you have any further questions about the research process, please do not hesitate to contact me either by telephone at xxx-xxxx or via e-mail at xxxx@xxxx. If you and your family member decide to proceed with involvement in this research, I look forward to hearing from you to work out a plan.

Thank you so much for your interest in this project.

Sincerely,

Elizabeth Krahn, BSW, RSW

C. Termination Letter to Individuals who Withdraw from the Research Project during an Active Interviewing and/or Recruitment Process
(This letter would also be addressed to family members with Power of Attorney)

~ University Letterhead ~

Re: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Researcher: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
204-xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

Dear _____participant_____, [Dear _____family member_____,]

Thank-you for the interest you have shown in this research project. I have enjoyed exploring the possibility of having you [or your family member] participate, and respect your decision to withdraw from being involved at this time.

If you had already signed a consent form, please know that it is no longer in effect and a record of it will be kept in a locked file and destroyed after the completion of this research project – approximately January, 2011. If you had already begun the interview process, I am prepared to provide you with the tapes that have been created thus far, and will not retain any of this data for research purposes unless you specifically request in writing that I do so.

It is possible that, although you may feel a need to withdraw from further interviews, you do wish me to use interview data, already obtained, for research purposes. If this is the case, I will retain copies of interview tapes and proceed as described in the consent form, and as described in your supplemental written request.

If I have not heard from you, I will assume that it is your wish that any interview data I may have collected should be destroyed along with the consent form after the completion of the research project – approximately January, 2011. My contact information is as follows:

Phone: 204-xxx-xxxx

E-mail: xxxxxx

Sincerely,
Elizabeth Krahn, BSW, RSW

Appendix IV

Correspondence with Mennonite Heritage Centre

Mennonite Heritage Centre
600 Shaftesbury Blvd.
Winnipeg, Manitoba, Canada R3P 0M4
P: (204) 888-6781 F: (204) 831-5675
E: archives@mennonitechurch.ca
W: www.mennonitechurch.ca/programs/archives
(Special resource) W: www.alternativeservice.ca

May 29, 2009

Elizabeth Krahn
xxxx
xxxx

Dear Elizabeth,

Hello from the Mennonite Heritage Centre. Your oral history project sounds like a very interesting one, with a unique focus. As you know the Mennonite Heritage Centre's mandate is to collect, preserve, and provide access to the story of the Mennonite people. The stories you will collect I am sure will be interesting and perhaps at times difficult to hear. The Heritage Centre would be interested in being the long term home to these interviews after you have used them for your study. While we advocate for open access to materials we fully understand the sensitivity about the materials and have policies in place to restrict access in various ways to sensitive materials. The tapes are kept in a secure vault with access to the vault by staff. We encourage the use of consent forms which allow the interviewee to place conditions on how the interview tapes will be used. Some examples include that the tapes not be used until the person has died, the tapes are not to be duplicated without permission from for 15 years, no quoting allowed. Tapes with restrictions are identified as restricted on the tape itself and in our finding aids.

We believe we have been successful in providing safe storage of sensitive materials in the past and feel confident we can do the same in the future. If you have any further questions please feel free to contact me.

Sincerely,

Conrad Stoesz
Archivist
xxxx@xxxx

Appendix V

Correspondence with Recovery of Hope

May 14, 2009

xxxxxxx

Recovery of Hope
300-309 Hargrave Street
Winnipeg MB

Attn: Joanne Klassen (Program Director)

Dear Joanne,

In a recent contact with your organization to consult about services, I was advised that you would be the person to communicate with. I am currently a graduate student at the University of Manitoba, completing a masters program in social work, and approaching my thesis research (the proposal is being reviewed at this point by my committee and I am preparing for the ethics review, hoping to be able to make my submission by June 2nd at the earliest). My most recent employment has been in relation to 'adult mental health' (nine years) - and primarily with older adults (still living in the community) struggling with mental health issues related to aging. As my (qualitative) research focuses on the influence of early life collective trauma on the aging process as well as intergenerational effects, I will be conducting one-on-one interviews and focus groups with a generation of Russian Mennonite women between the ages of 78 and 100 who migrated from the former Soviet Union via Germany post-WWII as well as adult children born during or shortly after immigration to Canada (approx. 50 to 61 years of age). Given the emotional weight of this early life experience, participants would be considered at "more than minimal risk," and I am arranging potential follow-up supports in the event that they are needed. My sense is that some older Mennonite women may prefer to speak with their pastor rather than a counselor, but I am also aware that Mennonite pastors and church members value the availability of your counseling services. I would like to include contact information for your services in the recruitment information and consent form that I use with participants, but would like to do that with your full knowledge and support.

I look forward to speaking with you further, either in person, by telephone, or e-mail, to answer any questions you may have regarding this research and to obtain your feedback and acknowledgment of my intention to leave your contact information for prospective research participants. You may contact me at xxx-xxxx OR xxxx@xxxx

...look forward to your reply!

Sincerely,

Elizabeth Krahn (BSW, RSW)

May 26, 2009



Elizabeth Krahn

Dear Ms. Krahn:

Re: Thesis Research

Thank you for sharing with me information about the project you are undertaking. Recovery of Hope is a counselling agency owned and operated by 10 Mennonite churches and conferences in southern Manitoba and about 45% of our clients are from Mennonite faith backgrounds. Understandably, the content and scope of your research may stir up old and/or unprocessed material from people's backgrounds and I appreciate your interest in providing some resources for people to use should these issues require some additional support in order to be resolved or managed.

Feel free to use our contact information as one of these possible resources. We have 14 counsellors in 5 locations: Altona, Winkler, Portage la Prairie, Steinbach and Winnipeg, and have recently added a counsellor with facility in High German. Our fees are on a sliding scale based on family income. We have a central intake number (477-4673 or 1-866-493-6202) to book appointments for all our offices, except Winkler, where the number is 325-5355.

Feel free to be in touch with our office to dialogue further about availability of resources or other therapeutic concerns that may arise.

Sincerely,

Joanne Klassen, M.A. (MFT), M.A. (Th.)
Director

300-309 Hargrave St.
Winnipeg, MB R3B 2J8

Manitoba R3T 2C5

T:204-477-4673 TOLL-FREE:1-866-493-6202 F:204-453-7748

rechope@mts.net

TOTAL P.01

Appendix VI

Research Instruments

A. Script for pastors when responding to potential participants as part of recruitment process:

a. Elizabeth Krahn has requested that our church assist with a research project that she is conducting as part of her thesis requirement for the completion of a master's program in Social Work at the University of Manitoba.

The project is entitled: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

She is conducting this research under the supervision of her advisor, Dr. Maria Cheung, who is an associate professor at the Faculty of Social Work (204) 474-6670.

Elizabeth Krahn hat darum gebeten, dass unsere Kirche ihr bei ihrem Forschungsvorhaben behilflich ist, welches sie erfüllt für eine Masters im Studiumgang für Sozialarbeit.

Der Titel ihres Forschungsprojektes ist: Eine autoethnografische Studie ueber das Erbe Kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation.

Sie führt dieses Forschungsprojekt aus unter der Aussicht von Maria Cheung, Professorin an der Fakultät für Sozialarbeit (204)474-6670.

b. Elizabeth is interested in gathering life stories and learning more about the lives of Mennonite women who survived the great traumas and hardships of Stalinist Russia, as well as the lives of sons or daughters born during or after post-WWII immigration to Canada who, though they did not experience this period directly, experienced it through the lives of their parent(s). The term "autoethnographic" refers to the fact that she is researching a group or cultural experience that is part of her personal experience as well (as she is the daughter of parents who escaped from Russia in the Great Trek and migrated to Manitoba, Canada in 1948, and has numerous family members who were repatriated to the Soviet Union from East Germany at the end of the war).

Elizabeth ist daran interessiert, die Lebensgeschichten mennonitiescher Frauen zu sammeln und mehr über das Leben dieser Frauen zu erfahren, die die grossen Traumata und Leiden im stalinistischen Russland überlebt haben, wie auch über das Leben von Töchtern und Söhnen, die während oder nach der Immigration nach Kanada nach dem zweiten Weltkrieg geboren wurden und, obwohl sie diese Zeit nicht persönlich erlebten, sie doch indirekt erfahren haben durch das Leben ihrer Eltern. Das Wort "autoethnographisch" weist auf die Tatsache hin, dass sie eine Gruppe oder Kulturelle Erfahrung erforscht, die Teil ihrer persönlichen Erfahrung darstellt, da ihre Eltern 1943 aus Russland flüchteten und 1948 nach Manitoba, Kanada, einwandereten. Ausserdem wurden viele ihrer Familienmitglieder am Ende des Krieges von Ostdeutschland zurück in die Sowjetunion überführt.

c. She would like you to know that, if you participate in this research, your anonymity would be maintained, that is, your identity would not be disclosed to others at any time throughout the research process or in the completed thesis. Care would be taken to include in her written thesis any information you share with her in such a way that it eliminates as much as possible the linkage of this information to your identity.

Sie möchte gerne dass Sie wissen, dass Ihre Anonymität gewährleistet wäre, das heist dass Ihre Identität zu keiner Zeit anderen offenbart würde, weder während der Forschungszeit noch nach Beendigung der Arbeit. Sie würde dafür sorgen, dass jedwede Informationen die Sie ihr mitteilen auf eine Weise in ihre schriftliche Arbeit aufgenommen wird, die es so weit wie möglich vermeidet, dass man diese mit Ihrer Identität verbinden könnte.

d. She would also like to assure you that any information you share with her would be kept confidential, that is, the information itself would only be used for research purposes and would not be shared outside of the research context; nor would it be shared with other research participants, including myself [the pastor], or family members who may also be participating in this study.

Sie möchte Ihnen versichern, dass jedwede Informationen welche Sie ihr mitteilen vertraulich gehalten wird. Das bedeutet dass die Informationen selber nur für Forschungszwecke verwendet würden und an einem verschlossenen Platz aufbewahrt würden, wo niemand ausser Elizabeth dazu Zugang haben würde. Sie würden auch nicht mit anderen Forschungsteilnehmern geteilt werden, weder mit mir [Pastor] oder anderen Familienmitgliedern, welche an der Studie teilnehmen könnten.

e. In the invitation to participate in this study that you received here at the church, Elizabeth mentioned being interested in one-on-one meetings with older women and one adult son or daughter, if possible. She has indicated to me that your participation in this study is not contingent upon having another family member also participating. If it is not possible for your family member to participate for any reason, Elizabeth would still be very interested in meeting with you.

In ihrer Einladung zur Teilnahme an dieser Studie, welche Sie durch unsere Kirche erhalten haben, beschreibt Elizabeth, dass sie interessiert ist an persönlichen Interviews mit älteren Frauen und, wenn möglich, einem erwachsenen Sohn oder einer Tochter. Sie erwähnte mir gegenüber, dass Ihre Teilnahme nicht davon abhängt, dass ein weiteres Familienmitglied teilnimmt. Falls es nicht möglich sein sollte, dass ein weiteres Familienmitglied teilnehmen kann, wäre Elizabeth dennoch interessiert Sie zu treffen.

f. If you have a family member who is considering participation in this study (either a mother who immigrated or an adult son or daughter), Elizabeth would be happy to communicate with them about this project. Please feel free to share the project and contact information you currently have with them, if they do not have this information already. Your family member may contact Elizabeth themselves to confirm their interest, for more information, and to provide her with their name and contact information so she can contact them with more information about this research project.

Falls eines Ihrer Familienmitglieder überlegt, an dieser Studie teilzunehmen (entweder eine Mutter welche eingewandert ist oder ein erwachsener Sohn oder eine Tochter), würde Elizabeth sich freuen, sich mit ihnen über dies Projekt auszutauschen. Bitte teilen Sie Informationen über dieses Projekt

sowie Kontaktinformationen mit ihnen, falls sie diese noch nicht haben. Sie können mit Elizabeth Kontakt aufnehmen um ihr Interesse kundzutun, um mehr Informationen zu bekommen und um Elizabeth ihren Namen und Kontaktinformationen zu geben, sodass sie weitere Informationen zukommen lassen kann per Post oder Telefon.

g. If either you or a family member, interested in participating, are suffering from cognitive impairment or memory loss, it is still possible to participate in this research and it would be an honour to be able to learn from these life experiences while it is still possible for them to be shared. Before you or your family member sign the consent form, you may need to consult with each other or a trusted friend [or the pastor] to more fully understand the information that Elizabeth has provided. In order to provide signed consent, it may be necessary to have a proxy signature from a family member who has authority to make decisions and to sign legal documents. These matters can be discussed further with Elizabeth.

Falls Sie oder ein anderes Familienmitglied, welches interessiert ist teilzunehmen, verringerte geistige Fähigkeiten hat oder an Gedächtnisverlust leidet, ist eine Teilnahme an diesem Forschungsprojekt immer noch möglich und Elizabeth würde sich geehrt fühlen, von Ihren Lebenserfahrungen lernen zu können. Bevor Sie oder Ihr Familienmitglied die Einverständniserklärung unterschreibt, werden Sie vielleicht gerne miteinander oder mit einem Vertrauten sprechen (oder mit Ihrem Pastor), um alles zu verstehen, was Elizabeth Ihnen an Informationen zukommen lassen hat, bevor Sie unterschreiben. Um Ihr Einverständnis durch Ihre Unterschrift zu geben, könnte es nötig sein, dass ein Bevollmächtigter gegenzeichnet, der in der Lage ist, Entscheidungen zu treffen und rechtliche Dokumente zu unterschreiben, also Power of Attorney hat. Sie können dies gerne mit Elizabeth besprechen.

h. Finally, if you have no further questions at the moment, and are interested in participating in or finding out more about this study, are you interested in contacting Elizabeth independently or would you prefer that I contact her on your behalf? [*One option for the older women*]: Perhaps we can try making a call right now while we are both able to speak on the telephone with her – and see if she is available. If not, would you be willing for me to leave her a message with your telephone number, so that she can call you back? Elizabeth will want to give you more information about this research so that any questions or concerns you have will be answered. She will also need to have contact information for you (telephone number and mailing address) in order to mail you information and a consent form for you to sign. You will be able to speak with her regarding any questions you may have about the consent form. I [the pastor] am also available to you if there is any other way I can be of assistance to you throughout this process.

Falls Sie keine weiteren Fragen haben.... Sind Sie interessiert selber mit Elizabeth Kontakt aufzunehmen oder möchten Sie gerne, dass ich das für Sie erledige? Vielleicht sollten wir jetzt gleich anrufen, sodass wir beide mit ihr am Telefon sprechen können. Wir werden sehen ob sie erreichbar ist. Falls nicht, möchten Sie ihr gerne eine Nachricht hinterlassen mit Ihrer Telefonnummer, so dass sie zurückrufen kann? Elizabeth würde Ihnen sicher gerne weitere Informationen geben über dieses Forschungsprojekt und eventuelle Fragen beantworten. Sie wird auch Ihre Telefonnummer und Postanschrift brauchen, um Ihnen Informationen zusenden zu können und eine Einverständniserklärung, welche Sie dann ausfüllen und unterschreiben können. Ich würde Ihnen auch gerne weitere Unterstützung geben, falls Sie gerne weitere Hilfe hätten während Sie an diesem Forschungsvorhaben teilnehmen.

B. Telephone script when responding to direct calls from prospective respondents:

a. Yes, this is Elizabeth Krahn. Thank-you for your interest in this research project. As you may be aware, I am a graduate student at the University of Manitoba completing the thesis requirement at the master's level with the Faculty of Social Work. I am conducting this project under the supervision of one of the associate professors with the faculty – Maria Cheung. Should you also wish to communicate with her about this project, she can be reached at (204) 474-6670.

Ja, dies ist Elizabeth Krahn. Vielen Dank für Ihr Interesse an diesem Forschungsprojekt. Wie Sie sicher wissen, bin ich eine graduierende Studentin an der Universität von Manitoba und bin gerade dabei die Anforderungen zu erfüllen für eine Masters im Studiumgang für Sozialarbeit unter der Aufsicht einer Professorin der Fakultät. Falls Sie mit meiner Projektbetreuerin sprechen moechten, rufen Sie bitte Dr. Maria Cheung an – Faculty of Social Work, University of Manitoba – (204) 474-6670.

b. I'd like to inform you of some important things for you to know about this study – and if you have any questions at any time, please feel free to interrupt me and ask for clarification.

Ich würde Sie gerne über einige wichtige Dinge informieren, welche Sie über diese Studie wissen sollten. Falls Sie je irgendwelche Fragen haben, können Sie mich jederzeit unterbrechen und um Klarstellung bitten.

c. The title of my research project is: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation.

I am interested in gathering life stories and learning more about the lives of Mennonite women who survived the great traumas and hardships of Stalinist Russia, as well as the lives of sons or daughters born during or after post-WWII immigration to Canada who, though they did not experience this period directly, experienced it through the lives of their parent(s). The term “autoethnographic” refers to the fact that I am researching a group or cultural experience that is part of my personal experience as well (as I am the daughter of parents who escaped from Russia in the Great Trek and migrated to Manitoba, Canada in 1948, and have numerous family members who were repatriated to the Soviet Union from East Germany at the end of the war).

Der Titel meines Forschungs projektes ist: Eine autoethnografische Studie uber das Erbe Kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation.

Ich bin interessiert daran, die Lebensgeschichten mennonitiescher Frauen zu sammeln und mehr über das Leben dieser Frauen zu erfahren, die die grossen Traumata und Leiden im stalinistischen Russland überlebt haben, wie auch über das Leben von Töchtern und Söhnen, die während oder nach der Immigration nach Kanada nach dem zweiten Weltkrieg geboren wurden und, obwohl sie diese Zeit nicht persönlich erlebten, sie doch indirekt erfahren haben durch das Leben ihrer Eltern. Das Wort “autoethnographisch” weist auf die Tatsache hin, dass ich eine Gruppe oder

Kulturelle Erfahrung erforsche, die Teil meiner persönlichen Erfahrung darstellt, da ich die Tochter bin von Eltern welche 1943 aus Russland flüchteten und 1948 nach Manitoba, Kanada, einwandereten. Ausserdem wurden viele meiner Familienmitglieder am Ende des Krieges von Ostdeutschland zurück in die Sowjetunion überführt.

d. I would like to assure you that, if you participate in this research, your anonymity would be maintained, that is, your identity would not be disclosed to others at any time throughout the research process or in the completed thesis. Care would be taken to include in my written thesis any information you share with me in such a way that it eliminates as much as possible the linkage of this information to your identity.

Ich kann Ihnen versichern, dass Ihre Anonymität gewährleistet ist, falls Sie sich entschliessen an diesem Forschungsvorhaben teilzunehmen. Das heisst, dass Ihre Identität zu keiner Zeit anderen offenbart würde, weder während der Forschungszeit noch nach Beendigung der Arbeit. Ich würde dafür sorgen, dass jedwede Informationen die Sie mir mitteilen auf eine Weise in meine schriftliche Arbeit aufgenommen wird, die es so weit wie möglich vermeidet, dass man diese mit Ihrer Identität verbinden könnte.

e. I would also like to assure you that any information you share would be kept confidential, that is, the information itself would only be used for research purposes, and would be stored in a locked place, where no-one but me will have access to it; nor will it be shared with other research participants, including your pastors, or family members who may also be participating in this study.

Ich möchte Ihnen versichern, dass jedwede Informationen von Ihnen streng vertraulich gehalten werden. Das bedeutet dass die Informationen selber nur für Forschungszwecke verwendet würden und an einem verschlossenen Platz aufbewahrt würden, wo niemand ausser mir dazu Zugang haben würde. Sie würden auch nicht mit anderen Forschungsteilnehmern geteilt werden, weder mit Ihrem Pastor oder anderen Familienmitgliedern, welche an der Studie teilnehmen könnten.

f. In the invitation to participate in this study that you received at your Mennonite Church, I mention being interested in one-on-one meetings with older women and one adult son or daughter, if possible. I would like you to know that your participation in this study is not contingent upon having another family member also participating. If you are either a female immigrant or an adult child, but it is not possible for your family member to participate for any reason, I would still be very interested in meeting with you.

In der Einladung zur Teilnahme an dieser Studie, welche Sie von Ihrer mennonitischen Kirche erhalten haben, erwähnte ich, dass ich an persönlichen Interviews interessiert bin mit älteren Frauen und, wenn möglich, einem erwachsenen Sohn oder einer Tochter. Ich möchte dass Sie wissen, dass Ihre Teilnahme nicht abhängig davon ist, dass ein weiteres Familienmitglied auch teilnimmt. Falls Sie eine Einwanderin sind oder ein erwachsenes Kind einer solchen, es aber nicht möglich ist, dass ein weiteres Familienmitglied teilhemen kann, aus welchem Grund auch immer, bin ich immer noch sehr daran interessiert Sie zu treffen.

g. If you have a family member who is considering participation in this study (either a mother who immigrated or an adult son or daughter), I would be happy to communicate with them about this project. Please feel free to share the project and contact information you currently have with them, if they do not have this information already. They may contact me to confirm their interest, for more information, and to provide me with their name and contact information so I can provide follow-up information via telephone or post.

Falls eines Ihrer Familienmitglieder überlegt, an dieser Studie teilzunehmen (entweder eine Mutter welche eingewandert ist oder ein erwachsener Sohn oder eine Tochter), würde ich mich freuen, mich mit ihnen über dies Projekt auszutauschen. Bitte teilen Sie Informationen über dieses Projekt sowie Kontaktinformationen mit ihnen, falls sie diese noch nicht haben. Sie können mit mir Kontakt aufnehmen um ihr Interesse kundzutun, um mehr Informationen zu bekommen und um mir ihren Namen und Kontaktinformationen zu geben, sodass ich weitere Informationen zukommen lassen kann per Post oder Telefon.

h. If either you, or another family member interested in participating, are suffering from cognitive impairment or memory loss, it is still possible to participate in this research and it would be an honour to be able to learn from your life experiences. I am happy to answer any questions you may have about the research process and the consent form so that you are as clear as possible about what the research involves. But you may want to consult with other family members or your pastor before you sign it. If necessary, it is possible for someone with Power of Attorney to sign the consent form on your or your family member's behalf.

Falls Sie oder ein anderes Familienmitglied, welches interessiert ist teilzunehmen, verringerte geistige Fähigkeiten hat oder an Gedächtnisverlust leidet, ist eine Teilnahme an diesem Forschungsprojekt immer noch möglich und ich würde mich geehrt fühlen, von Ihren Lebenserfahrungen lernen zu können. Ich beantworte gerne jedwede Fragen welche Sie über den Forschungsvorgang haben und über die Einverständniserklärung, sodass Sie so gut wie möglich darüber informiert sind, was das Forschungsprojekt alles beinhaltet. Sie können auch gerne Ihre Teilnahme mit anderen Familienmitgliedern besprechen oder mit Ihrem Pastor bevor Sie unterschreiben. Falls nötig, ist es auch möglich, dass ein Bevollmächtigter mit Power of Attorney für Sie oder Ihr Familienmitglied unterschreibt.

i. Finally, if you have no further questions at this time, and are interested in participating in this study, I'm wondering if you would provide me with your name, telephone number, and mailing address (and/or e-mail address) so that I can provide follow-up information as well as send you a consent form to complete prior to starting the interview process. If any further questions arise for you after this phone call and/or with regard to the information I send you, please feel free to contact me.

Falls Sie zu diesem Zeitpunkt keine weiteren Fragen haben und daran interessiert sind an dieser Studie teilzunehmen, hätte ich von Ihnen gern Ihren Namen, Telefonnummer und Postanschrift (und/oder E-mailadresse), sodass ich Ihnen weitere Informationen zusenden kann, wie auch die Einverständniserklärung, damit Sie diese ausfüllen können bevor wir mit den Interviews anfangen. Falls nach unserem Telefongespräch weitere Fragen aufkommen sollten oder nachdem ich Ihnen weitere Informationen geschickt habe, können Sie mich jederzeit anrufen.

j. If the caller is fairly certain about their interest in continued involvement, I will conclude with:

Thanks again for your interest. I look forward to our next contact. Once you have received the follow-up information (which will come in the form of a follow-up letter), feel adequately informed about the research process, and have completed the consent form, we would be able to consider scheduling our first interview.

Nochmals vielen Dank für Ihr Interesse. Ich freue mich schon auf unser nächstes Gespräch. Wir können einen Termin für unser erstes Interview festlegen, nachdem Sie meinen Brief erhalten haben, sich ausreichend informiert fühlen über den Forschungsvorgang und die Einverständniserklärung ausgefüllt haben.

OR

If, at any point during the telephone call, the caller clearly indicates that he/she is not interested in participating and does not wish to continue with the call, I will reply:

Thanks for considering participation in this research. Your decision to be involved is, of course, entirely up to you; should your circumstances change and you decide that you wish to participate, please feel free to contact me again.

Vielen Dank, dass Sie eine Teilnahme an diesem Forschungsvorhaben in Betracht gezogen haben. Es ist natürlich Ihre Entscheidung ob Sie teilnehmen möchten oder nicht. Falls Sie es sich anders überlegen und doch noch teilnehmen möchten, können Sie gerne jederzeit wieder mit mir Kontakt aufnehmen.

OR

If the caller is ambivalent and needs more time to make a decision:

Thanks for considering participation in this research. What I can do is send you more information (in the form of a follow-up letter) about this research project for your further consideration – either by e-mail or Canada Post. If you decide that you are interested in participating, I will mail or e-mail you a formal consent form. You may contact me with any questions you may have; once you feel adequately informed about the research process, and have completed the consent form, we would be able to continue to the next step of scheduling our first interview.

Vielen Dank, dass Sie eine Teilnahme an diesem Forschungsvorhaben in Betracht ziehen. Ich würde Ihnen gerne weitere Informationen über dies Forschungsprojekt zusenden, per E-mail oder per Post. Falls Sie entscheiden, dass Sie teilnehmen möchten, werde ich Ihnen eine offizielle Einverständniserklärung zusenden. Falls Sie irgendwelche Fragen haben sollten, können Sie mich gerne anrufen. Als nächsten Schritt können wir einen Termin für unser erstes Interview festlegen, nachdem Sie sich ausreichend informiert fühlen über den Forschungsvorgang und die Einverständniserklärung ausgefüllt haben.

C. Alternate telephone script when responding to calls from family members (or pastors):

When family members (or pastors) contact me on behalf of a prospective respondent regarding participation in this study, the following communication will take place *and* information will be provided:

- a. Yes, this is Elizabeth Krahn. Thank-you for contacting me on behalf of prospective respondent (PR). As you may be aware, I am a graduate student at the University of Manitoba completing the thesis requirement at the master's level with the Faculty of Social Work. I am conducting this project under the supervision of one of the associate professors with the faculty – Maria Cheung. Should you also wish to communicate with her about this project, she can be reached at (204) 474-6670.
- b. I'd like to inform you of some important things for you to know about this study – and if you have any questions at any time, please feel free to interrupt me and ask for clarification.
- c. The title of my research project is: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

I am interested in gathering life stories and learning more about the lives of Mennonite women who survived the great traumas and hardships of Stalinist Russia, as well as the lives of sons or daughters born during or after post-WWII immigration to Canada who, though they did not experience this period directly, experienced it through the lives of their parent(s). The term “autoethnographic” refers to the fact that I am researching a group or cultural experience that is part of my personal experience as well (as I am the daughter of parents who escaped from Russia in the Great Trek and migrated to Manitoba, Canada in 1948, and have numerous family members who were repatriated to the Soviet Union from East Germany at the end of the war).

- d. I would like to assure you that, if (PR) participates in this research, her/his anonymity would be maintained, that is, her/his identity would not be disclosed to others at any time throughout the research process or in the completed thesis. Care would be taken to include in my written thesis any information she/he shares with me in such a way that it eliminates as much as possible the linkage of this information to her/his identity.
- e. I would also like to assure you that any information he/she shares would be kept confidential, that is, the information itself would only be used for research purposes, and would be stored in a locked place, where no-one but me will have access to it; nor will it be shared with other research participants, including pastors, or family members, including yourself, who may also be participating in this study.
- f. In the invitation to participate in this study that PR received at the Mennonite Church, I mention being interested in one-on-one meetings with older women and one adult son or daughter, if possible. I would like PR to know that his/her participation in this study is not contingent upon having another family member also participating. If they are either a female

immigrant or an adult child, but it is not possible for another family member to participate for any reason, I would still be very interested in meeting with PR .

g. If [you or] another family member [are] is also considering participation in this study, I would be happy to communicate with [you or] them further about this project. Please feel free to share the project and contact information you currently have with other family members, if they do not have this information already. They may contact me directly to confirm their interest, for more information, and to provide me with their name and contact information so I can provide follow-up information via telephone or post. [Do not use the bracketed text when speaking with a pastor].

h. If a prospective research participant happens to be suffering from cognitive impairment or memory loss, it is still possible for her/him to participate in this research, and it would be an honour to be able to learn from her/his life experiences. I am happy to answer any questions they may have about the research process and completing a consent form, with you as an intermediary, so that all concerned are as clear as possible about what the research involves. If this situation applies to your family member [or church member, if speaking with the pastor] then I would like to ask you some more specific questions in this regard...*

** If the caller is a family member, then I will ask the following:*

1. Is your family member (the research participant) still legally capable of signing a consent form?
2. If “yes,” and if your family member chooses to participate, would you have any concerns about his/her ability to manage the research process with minimal distress?

Though you may have some concerns, I will honour your family member’s legal entitlement to make the decision to participate in this study. Should he/she demonstrate any distress or agitation during the process, I will be prepared to end the interview process at any time with his/her agreement. In the event that I detect any significant signs of safety risks or concerns during my time with your family member, i.e. including behaviours that may contribute to safety risks, I will inform you of these concerns and provide you with contact information for appropriate community services or resources. My communication with you would be done with the full knowledge of your family member.

3. If your family member is not legally capable of signing a consent form, does someone else have the authority to do so – and would you be willing to provide me with their contact information so that I can consult with them directly regarding how to proceed?

4. If you are the person with authority, then I can provide you with follow-up information and consent forms to complete with your family member – via Canada post or e-mail. Would you be willing to provide me with your mailing or e-mail address?

5. If you and PR reach the decision to proceed with the interviews, it may be helpful for me to meet face-to-face with both you and your family member in order to establish personal contact. If PR is comfortable, then she/he and I can proceed in a one-on-one fashion with the interviews. In the event that I detect any significant signs of safety risks or concerns during my time with your family member, i.e. including behaviours that may contribute to safety risks, I will inform you of these concerns and provide you with contact information for appropriate community services or resources.

** If the caller is the pastor, I will outline the five questions directed to family members and ask the following:*

1. I will need to know if the prospective respondent is still legally capable of making decisions and signing a consent form or not. Depending on the answer to that question, there will be different courses of action, but it will be important for me to have contact with a family member. It would be best if the prospective respondent is either (a) willing for you to provide me with their contact information so I can speak with her/him personally (telephone) about participating in this research – I would then personally ask her/him for permission to communicate with a family member with whom I can speak further about the recruitment process; (b) willing for you to provide me with contact information for a family member; or (c) willing to speak with a family member themselves and give them permission to contact me to discuss the recruitment process. Your assistance with this would be greatly appreciated.

** If not applicable, then skip the preceding five questions and proceed directly to ‘i’:*

i. When addressing family members: Finally, if you have no further questions at this time, I look forward to hearing back from you once you have spoken with PR. I’m wondering if you would provide me with your name, telephone number, and mailing or e-mail address so that I can provide follow-up information and a consent form to further assist you in considering participation in this research – regarding either PR [and/or yourself if the family member is also interested]. [You or PR is [are], of course, under no obligation to participate. If any further questions arise for you or PR after this phone call and/or with regard to the information I send you, please feel free to contact me.

OR

When addressing a pastor: Finally, if you have no further questions at this time, I look forward to hearing back from you, or the prospective respondent, or his/her family, once you have spoken with her/him. If they are with you right now, and you feel they are ready to talk with me at this time or wish to call back from your office after a short conversation with you, I would be happy to speak with them.

If, at any point during the telephone call, the caller indicates that her family member will not likely be interested in participating, I will reply: Thank-you for consulting with me about participation in this research on PR’s behalf. If it would be helpful, I could mail you some written information about the research as well as a consent form for further consideration. If you are open to this, I would need you to provide me with either your mailing or e-mail address. Should you find that PR is willing to consider participation in the study, please feel free to contact me again.

D. Interview Questions for Older Generation

The following research questions will guide semi-structured interviews with Aging Russian Mennonite women:

I am conducting research to learn more about the lives of women who survived the great traumas and hardships in Russia as well as the lives of their sons or daughters who, though they did not experience this period directly, experienced it through the lives of their parent(s). While you are sharing your life story, I would like you to focus on the following questions:

1. How have past collective hardships and traumatic experiences in Soviet Russia affected the lives of Russian Mennonite women, including yourself, who immigrated to Canada post-WWII, and how is this being experienced in older age – physically, emotionally, mentally, and/or spiritually?
2. What do you perceive as possible unmet needs that require more understanding, recognition, dialogue, and practical supports – both from within the Mennonite community and from the professional and/or healthcare sector?

Die folgenden Fragen werden die teilstrukturierten Interviews mit russisch-mennonitischen Frauen bestimmen:

Ich betreibe Forschung, um mehr über das Leben von Frauen zu erfahren, welche die grossen Traumata und Leiden in Russland überlebt haben, sowie über die Leben ihrer Töchter und Söhne, welche diese Zeit nicht persönlich, aber sie durch das Leben ihrer Eltern indirekt erlebt haben.

1. Wie haben frühe gemeinschaftliche Lebenserfahrungen in der Sovietunion das Leben älterer mennonitischer Frauen geprägt, inclusive Sie selber, welche nach dem zweiten Weltkrieg nach Kanada einwanderten, und wie wird dies im fortgeschrittenen Lebensalter erfahren – körperlich, gefühlsmässig, mental und/oder spirituell?
2. Gibt es Bedürfnisse, für welche mehr Verständnis, Aufmerksamkeit, Gespräch und praktische Unterstützung nötig ist, sowohl in der Mennonitengemeinde wie auch auf der Ebene von sozialen Diensten und/oder dem Gesundheitswesen?

E. Interview Questions for Adult Children

The following research questions will guide semi-structured interviews with adult children of Russian Mennonite women:

I am conducting research to learn more about the lives of women who survived the great traumas and hardships in Russia as well as the lives of their sons or daughters who, though they did not experience this period directly, experienced it through the lives of their parent(s). While you are sharing your story, I would like you to focus on the following questions:

1. How would you say that your mother's traumatic experiences and losses in the former Soviet Union, her migration to Canada, and the manner in which she has been able to live the rest of her life, influenced and affected your life – physically, emotionally, mentally, and/or spiritually.
2. What do you perceive as possible unmet personal needs that require more understanding, recognition, dialogue, and practical supports – both from within the Mennonite community and from the professional and/or healthcare sector?
3. What do you perceive as possible unmet needs of your mother that require more understanding, recognition, dialogue, and practical supports – both from within the Mennonite community and from the professional and/or healthcare sector?

Appendix VII

Consent Forms

~ University Letterhead ~

Consent to Participate

Research Project Title: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Principle Investigator: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
204-xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research project is to better understand (1) how past collective hardships and traumatic experiences in Soviet Russia have affected the lives of Russian Mennonite women who immigrated to Canada post-WWII, and how this is being experienced in older age – physically, emotionally, mentally, and/or spiritually; (2) how this has, in turn, influenced and affected the lives of sons and/or daughters – physically, emotionally, mentally, and/or spiritually; and (3) what you may perceive as unmet needs of either generation that require more understanding, recognition, dialogue, and practical supports – both from within the Mennonite community and from the professional and/or healthcare sector.

Your involvement in the study involves participating in two interviews which focus on your life experience as either a post-WWII female immigrant from Russia via Germany *or* a son or daughter who was born during or after immigration. Each 1½ to 2 hour interview will be scheduled as closely together as possible and will be guided by the research questions specific to your generation; that is, if you are over 78, we will focus primarily on the first and third questions and, if you are from the younger generation, we will focus on the second and third questions. These questions are quite open-ended, meaning that there will be plenty of time for you to share your life experience in relation to each question. I may ask additional questions for purposes of clarification. You are free to raise any concerns that may emerge for you during the research process.

As a graduate social work student at the University of Manitoba, I will be conducting this study under the supervision of the Faculty of Social Work. With your consent, I will be audio-taping the interviews to improve my accuracy in hearing your story and, at the conclusion of this study, the original tapes can be made available to you as a token of my appreciation of your participation. Recording equipment will be as unobtrusive as possible during the interviewing process.

In order to protect the confidentiality of your shared stories – taped interviews, transcripts, and any other related research documents will be stored in a locked storage space and a secure electronic filing system where only I will have access to them; also, what you share with me will be used for research purposes only, and though I will be consulting with my advisor, I will not be discussing findings with any other parties. However, it is important for you to consider that, if you have a family member participating in this study, I will also be learning about you and your family story through the eyes of this other family member. Therefore, there is a risk that one of you may share something the other may not want disclosed or even something the other has never known. This risk also applies to third parties, such as non-participating family members or family friends, whose lives may be mentioned during the interviews. These are important things for you to consider as you share your family story. Any shared family information will remain confidential; that is, I will not share what I learn from one family member with another family member; each individual's interview process will remain separate and distinct. Should any concerns arise during the interview process about what you or a family member may have shared with me and how that information will be used in the written thesis and publication, I am very willing to discuss this with you and work on a satisfactory resolution, but in such a way so as to maintain confidentiality with respect to each family member. Thus, *if you have a family member also interested in participating in this study*, your signature on this consent form will indicate to me that you have considered any possible concerns you may have about this, but are willing to continue as a participant and accept any risks to confidentiality that arise by having your family member involved in the study as well.

Furthermore, every effort will be made to ensure your anonymity throughout the research process – that is, your identity will not be shared with others at any time, including in the final written or oral presentations. The only people who may be aware of your involvement are your pastor (if you have consulted with him or her in this process) and/or family member(s) who are also participating in the study or whom you have informed. Following the completion and defense of this thesis (approximately January, 2011), any documentation and data that bears your identification, including this consent form, will be destroyed. Copies of taped interviews, and the transcripts of these tapes, may be donated to the Mennonite Heritage Centre (Archives) at that time, but *only with your consent, and only under certain express conditions to safeguard the identity of yourself and others mentioned by name on the tapes*. More details regarding donation of tapes will be available in a special consent form created for this purpose. If you prefer not to donate a copy of your tapes and the transcripts, or wish to keep the originals, they will be shredded along with the documents containing personal identifiers.

To protect your identity in the published study and oral presentations, fictitious names will be used for each participating individual and family, and only the researcher will be aware of the relationship between these pseudonyms and actual individual and family identities. All information gathered will be published and presented as a collective narrative with no reference to personal identities of either participants or people you may have mentioned in your life story. Furthermore,

as I will be interviewing several individuals from each generation, parts of your life narrative will be woven into a collection of inter-generational stories in the final published document, and this will also assist in protecting or anonymizing your individual and family identity. Despite the best of efforts, however, it is sometimes possible to detect identity if unique parts of your story are familiar to other community members who may read the published study or attend a presentation of the research.

Despite all efforts to maintain confidentiality, there are certain instances when I would be required by law to report information to the authorities; this would arise if I were to learn of any risk of harm, or abuse to children or other vulnerable persons, such as older adults, during the course of the research process.

Additionally, if you suffer from cognitive impairment or memory loss, initial and ongoing contact with me may involve the assistance of an intermediary such as another family member and/or your pastor. A family member may be signing this consent form on your behalf, and I may also be communicating with this person to clarify the research process and schedule interviews with you. Therefore, it is important for you to know that any major concerns you might share with me or significant safety risks I might notice, I may feel obliged to share with your family member so that they can better assist you. This would mean some loss of confidentiality.

During the interview process, emotions or issues related to painful or challenging life experiences may be more prominent than you may usually experience in your day to day life – for which you may need further support. Your church pastor will be available for such support and additional supportive counseling, should you desire, is available from Recovery of Hope, a division of Eden Health Care Services located in Winnipeg (toll free number: 1-866-493-6202; or e-mail rechope@mts.net). I will also provide information regarding other local counseling resources that may be available in your area or in the greater Winnipeg area. These supports are also available to any family members not involved in this research who may require it.

Once I have completed the interview process, and transcribed and analyzed the taped interviews, you will be provided with a summary of the interview findings specific to your generation for your review and feedback to ensure that my representation of your life experience within the context of the larger story is accurate and appropriate (approximately June, 2010). Ultimately, it is my hope that what you share will be a source of important knowledge for the Mennonite community as well as the professional and/or healthcare sector, which often become involved in our lives when we face physical or emotional health issues or enter into the long-term care system. Mennonites are one ethno-cultural group among many who arrived sixty years ago – each with unique histories, experiences, strengths, and needs.

Your participation will add to knowledge about the lifespan strengths and needs of immigrant women who survived political oppression and trauma and the effects on the next generation. For a more complete overview of how your participation has contributed to this collective analysis, a final summary of all research findings regarding both generations will be available to each participant by e-mail or Canada Post (approximately January, 2011). Also, an overall analysis of the data will be made available to organizations that request it.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

I have read this form, have had the opportunity to ask the researcher any questions I have about the research, understand what my participation in the study entails, and am willing to participate. My signature indicates my agreement and consent to be involved in this study.

Participant's Signature

Date

Researcher and/or Delegate's Signature

Date

Are you interested in receiving a summary of the findings? Yes No

If yes, by what mode of delivery? Please choose one.

e-mail

Please provide your e-mail address: _____

Canada Post

Please provide complete mailing address:

Einverständniserklärung für Teilnehmer

Forschungsprojekt: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Eine autoethnografische Studie über das Erbe kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation

Forscherin: Elizabeth Krahn
Graduierende Studentin des Fachbereichs Sozialarbeit – Master’s Thesis
University of Manitoba
(204) xxx-xxxx

Projektberatung: Maria Cheung
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(204) 474-6670

Diese Einverständniserklärung, von der Sie eine Kopie für Ihre Unterlagen erhalten werden, ist lediglich ein Teil des Prozesses von informiertem Einverständnis. Es sollte Ihnen eine allgemeine Idee über das Forschungsvorhaben geben und darüber, wie Sie daran teilnehmen können. Bitte stellen Sie Fragen, falls Sie detailliertere Information möchten über die folgenden Ausführungen oder über etwas, das hier nicht erwähnt wurde. Wir geben Ihnen gerne weitere Auskünfte. Bitte nehmen Sie sich die Zeit, dieses Formular gründlich durchzulesen, und alle beiliegenden Informationen zu verstehen.

Der Zweck dieses Forschungsprojekts ist es, besser zu verstehen: (1) wie frühere traumatische Lebenserfahrungen und kollektive Leiden das Leben russisch- mennonitischer Frauen geprägt hat und wie diese im fortgeschrittenen Lebensalter erfahren werden – körperlich, gefühlsmässig, mental und/oder spirituell; (2) wie dies andererseits das Leben von Töchtern und Söhnen beeinflusst und geprägt hat – körperlich, gefühlsmässig, mental und/oder spirituell; und (3) ob es Ihre Meinung nach Bedürfnisse gibt, für welche es bisher keine Angebote oder Lösungen gibt für beide Generationen und für die mehr Verständnis, Aufmerksamkeit, Gespräch und praktische Unterstützung nötig ist, sowohl in der Mennonitengemeinde wie auch auf der Ebene sozialer Dienste und/oder des Gesundheitswesens.

Ihre Teilnahme an dieser Studie bedeutet die Teilnahme an zwei Interviews, welche auf Ihre Lebenserfahrung konzentriert sind, entweder als Einwanderin nach dem zweiten Weltkrieg von Russland über Deutschland oder als Sohn oder Tochter, welche(r) während oder nach der

Einwanderung geboren wurde. Die Interviews werden circa 1 ½ bis 2 Stunden dauern und werden zeitlich so nah wie möglich zueinander geplant werden. Sie werden von Forschungsfragen spezifisch zu Ihrer Generation geleitet werden. Das bedeutet, dass wir, falls Sie über 78 Jahre alt sind, uns besonders mit der ersten und der dritten Frage beschäftigen werden; falls Sie der jüngeren Generation angehören, werden wir uns auf die zweite und dritte Frage konzentrieren. Diese Fragen sind offene Fragen, das bedeutet, dass Sie genügend Zeit haben werden, Ihre Lebenserfahrung ausführlich zu besprechen im Bezug auf die einzelnen Fragen. Es kann sein, dass ich zusätzliche Fragen stellen werde um etwas klarzustellen. Bitte sprechen Sie mit mir über jedwede Bedenken, die für Sie in Ihrer Teilnahme aufkommen könnten.

Als graduierende Studentin des Fachbereichs Sozialarbeit der Universität Manitoba werde ich diese Studie betreiben unter der Aufsicht dieser Fakultät. Mit Ihrem Einverständnis werde ich die Interviews auf Tonband aufnehmen, um mein Gedächtnis zu unterstützen und sie so genau wie möglich wiedergeben zu können. Nach Abschluss dieser Studie können Sie diese Tonbänder als Anerkennung für Ihre Teilnahme für Ihre persönliche Nutzung erhalten. Das Aufnahmegerät wird so unaufdringlich wie möglich positioniert werden während des Interviews.

Alle Teilnehmerinformation werden streng vertraulich gehalten. Um Ihre Lebensgeschichte vertraulich zu halten, werden die Tonbänder mit den Interviews, Abschriften und alles anderen mit dem Forschungsvorhaben verbundenen Dokumente unter Verschluss gehalten beziehungsweise in einem speziell gesicherten elektronischen System verwahrt, zu dem nur ich Zugang haben werde. Was immer Sie mir mitteilen wird ausschliesslich für Forschungszwecke verwendet werden, und obwohl ich mich mit meiner Projektbetreuerin besprechen werde, werde ich meine Ergebnisse mit niemandem sonst besprechen. Es ist allerdings wichtig dass Sie in Betracht ziehen, dass ich, falls ein weiteres Familienmitglied an dieser Studie teilnimmt, über Sie und Ihre Familiengeschichte aus deren Sicht erfahren werde. Es wäre daher möglich, dass das Risiko besteht, dass einer von Ihnen mir etwas mitteilt, was der andere nicht unbedingt offenbaren wollte, oder was der andere noch nicht wusste. Dieses Risiko besteht auch andere betreffend, zum Beispiel Familienmitglieder welche nicht an der Studie teilnehmen oder Freunde der Familie, deren Lebensumstände während der Interviews erwähnt werden könnten. Dieses sind wichtige Dinge an die Sie denken sollten wenn Sie Ihre Familiengeschichte erzählen. Ich werde alle mir mitgeteilten Informationen vertraulich halten, das heisst dass ich nicht mit einem Familienmitglied besprechen werde was ich von einem anderen gehört habe, die Interviews werden getrennt gehalten werden und jedes individuelle Interview wird separat bleiben. Falls während der Interviews Bedenken aufkommen sollten darüber, was Sie oder ein anderes Familienmitglied mir mitgeteilt haben oder wie diese Informationen in meiner schriftlichen Arbeit und meiner Veröffentlichung verwendet werden, bin ich gerne gewillt dies mit Ihnen zu besprechen und versuchen, mit Ihnen eine zufriedenstellende Lösung zu finden, damit Vertraulichkeit gewahrt werden kann mit Respekt zu den einzelnen Familienmitgliedern. Falls Sie also ein weiteres Familienmitglied haben, welches auch interessiert ist an dieser Studie teilzunehmen, so besagt Ihre Unterschrift auf dieser Einverständniserklärung für mich, dass Sie alle in Betracht kommenden Bedenken bedacht haben, und dass Sie gewillt sind, weiterhin teilzunehmen und alle Risiken Vertraulichkeit betreffend akzeptieren, welche aus der Teilnahme Ihres anderen Familienmitgliedes an dieser Studie entstehen könnten.

Des Weiteren wird jede mögliche Anstrengung unternommen zu versichern, dass Ihre Anonymität während des gesamten Forschungsvorganges bewahrt wird. Das heisst dass Ihre Identität zu keiner

Zeit mit anderen geteilt wird, auch nicht in der schriftlich Arbeit oder deren mündlicher Präsentation. Die einzigen Leute die von Ihrer Teilnahme wissen könnten wären Ihr Pastor (falls Sie ihn zu Rate gezogen haben über Ihre Teilnahme) und/oder Familienmitglieder die auch an dieser Studie teilnehmen oder welche Sie informiert haben. Nachdem mein Projekt abgeschlossen ist und meine mündliche Verteidigung meiner These erfolgt ist (ca. Januar 2011), werden alle Dokumente und Daten aus welchen Ihre Identität entnommen werden könnte, einschliesslich dieser Einverständniserklärung, vernichtet werden. Kopien der Tonbandaufnahmen und deren Abschriften könnten zu der Zeit dem Mennonite Heritage Centre (Archive) gestiftet werden, aber lediglich mit Ihrem Einverständnis und nur unter bestimmten Bedingungen, sodass sichergestellt ist, dass Ihre eigene Identität und die von anderen auf den Bändern mit Namen erwähnten Leuten nicht offenbart wird. Weitere Einzelheiten eine Stiftung der Tonbänder betreffend werden Ihnen auf einer speziellen Einverständniserklärung gegeben werden, welche für diese Zwecke kreiert werden wird. Falls Sie es vorziehen die Kopien dieser Tonbänder nicht zu spenden, oder Sie gerne die Originale behalten würden, so werden diese zusammen mit den schriftlichen Aufzeichnungen, welche Angaben über Ihre Identität enthalten, vernichtet werden.

Um Ihre Identität zu schützen in der Veröffentlichung über meine Studie und deren mündliche Präsentation, wird jeder teilnehmenden Person und Familie ein fiktiver Name gegeben werden und lediglich die Forscherin wird diese Pseudonyme in tatsächliche Familiennamen und Namen von Individuen übersetzen können. Alle gesammelten Informationen werden als kollektive Erzählung veröffentlicht und präsentiert, welche alle Generationen einschliessen, ohne dass die Identität der Teilnehmer oder von ihnen erwähnten Leuten festgestellt werden kann. Falls einzigartige Teile Ihrer Familiengeschichte anderen Gemeindemitgliedern bekannt sind, welche diese Studie lesen könnten oder an einer Präsentation der Forschungsergebnisse teilnehmen, besteht jedoch die Möglichkeit, dass trotz grosser Sorgfalt die Identität einzelner Teilnehmer herausgefunden werden könnte.

Trotz aller Bemühungen Vertraulichkeit zu bewahren, gibt es gewisse Fälle, wenn es gesetzlich nötig wäre, Informationen an die Autoritäten zu geben. Dies wäre der Fall, falls ich während der Forschungsarbeit von Risiko oder Missbrauch von, zum Beispiel, Kindern oder älteren Personen erfahren würde.

Darüberhinaus könnte es möglich sein, dass eine weitere Person zur Hilfe gezogen werden müsste, falls Sie eingeschränkte geistige Fähigkeiten haben oder an Gedächtnisverlust leiden. Zum Beispiel könnte Ihr Pastor oder ein Familienmitglied in diesem Fall bei der ursprünglichen Kontaktaufnahme und während der weiteren Zusammenarbeit behilflich sein. Ein Familienmitglied könnte diese Einverständniserklärung an Ihrer Stelle unterschreiben und ich könnte mit dieser Person über den Forschungsvorgang sprechen und Termine für Interviews vereinbaren. Sie sollten wissen, dass ich, falls Sie wesentliche Bedenken mit mir teilen oder Sicherheitsrisiken, mich verpflichtet fühle mit dieser Person zu sprechen, sodass sie Ihnen behilflich sein kann. Dies würde einen gewissen Verlust an Vertraulichkeit bedeuten.

Während der Interviews könnte es sein, dass mit diesen schmerzlichen und herausfordernden Lebenserfahrungen verbundene Gefühle mehr zum Ausdruck kommen könnten, als Sie es in Ihrem täglichen Leben erfahren. Es könnte daher sein, dass Sie dies betrefflich weitere Unterstützung brauchen werden. Der Pastor Ihrer Kirche wird dafür zur Verfügung stehen, und falls Sie möchten,

ist zusätzliche unterstützende Beratung verfügbar von Recovery of Hope, einem Teil von Eden Health Care Services in Winnipeg (frei Telefonnummer: 1-866-493-6202, email: rechope@mts.net). Ich werde Ihnen auch Informationen geben über weitere örtliche Beratungsstellen oder für das Gebiet um Winnipeg herum. Diese unterstützenden Dienste stehen auch anderen Mitgliedern Ihrer Familie zur Verfügung, welche nicht an dieser Studie teilnehmen, falls sie es möchten.

Wenn ich das Forschungsvorhaben beendet habe, alle Interviews gehalten habe, die Tonbänder der Interviews abgeschrieben und analysiert habe, werde ich Ihnen eine Zusammenfassung der Interviewergebnisse von Ihrer Generation zukommen lassen, so dass Sie sie durchsehen können und mir Feedback geben können. So kann gewährleistet werden, dass meine Repräsentation Ihrer Lebenserfahrungen korrekt ist im Rahmen der Geschichte (ca. Juni 2010). Ich hoffe sehr, dass Ihre Teilnahme uns wichtige Informationen geben wird – für die mennonitische Gemeinschaft, die sozialen Dienste und/oder den Bereich des Gesundheitswesens. Alle diese Bereiche stehen uns zur Verfügung wenn wir körperliche oder emotionale Probleme haben oder wenn wir Langzeitversorgung benötigen. Mennoniten sind eine ethnokulturelle Gruppe, welche zusammen mit anderen vor sechzig Jahren in Kanada angekommen ist – jede Gruppe mit einzigartiger Geschichte, Erfahrungen, Stärken und Bedürfnissen.

Ihre Teilnahme wird unser Wissen erweitern über die Stärken und Bedürfnisse, welche Einwanderinnen haben, nachdem sie politische Unterdrückung und Trauma überlebt haben, und deren Effekt auf die nächste Generation. Damit Sie einen besseren Eindruck haben, inwieweit Ihre Teilnahme zu dieser kollektiven Analyse beigetragen hat, wird eine Zusammenfassung aller Forschungsergebnisse beide Generationen betreffend für jeden Teilnehmer zur Verfügung stehen, per Post oder email (ca. Januar 2011). Eine Gesamtanalyse der Daten wird ausserdem interessierten Organisationen zur Verfügung gestellt.

Ihre Unterschrift auf diesem Formular bedeutet, dass Sie meinen, ein ausreichendes Verständnis zu haben über Ihre Teilnahme an diesem Forschungsprojekt und einer Teilnahme zustimmen. Dies bedeutet in keiner Weise, dass Sie auf rechtliche Ansprüche verzichten oder die Forscher, Sponsoren oder teilnehmende Institutionen von ihrer rechtlichen und professionellen Verantwortung freisprechen. Sie können sich jederzeit von einer weiteren Teilnahme an dieser Studie zurückziehen oder die Beantwortung von Fragen verweigern, welche Sie auslassen möchten, ohne dass Ihnen Nachteile entstehen. Ihre fortdauernde Teilnahme sollte so informiert sein wie Ihr ursprüngliches Einverständnis, ich bitte Sie daher, mir jedwede Fragen zu stellen, falls Sie etwas klarstellen möchten oder während unserer Zusammenarbeit neue Informationen brauchen.

Diese Studie wurde genehmigt vom Research Ethics Board für Psychologie und Soziologie. Falls Sie irgendwelche Beschwerden oder Klagen haben, können Sie sich an eine der oben erwähnten Personen wenden oder an das Human Ethics Secretariat unter Telefonnummer 474-7122. Sie haben eine Kopie dieser Einverständniserklärung für Ihre Unterlagen erhalten.

Ich habe dieses Formular gelesen und hatte Gelegenheit, der Forscherin jedwede Fragen zu stellen, welche ich die Studie betreffend hatte. Ich verstehe die Bedeutung meiner Teilnahme an dieser Studie und bin gewillt teilzunehmen. Meine Unterschrift bedeutet meine Zustimmung und besagt, dass ich einverstanden bin, an dieser Studie teilzunehmen.

Unterschrift der Teilnehmerin/des Teilnehmers Datum

Unterschrift der Forscherin und/oder einer (eines) Delegierten Datum

Sind Sie interessiert eine Zusammenfassung der Ergebnisse zu erhalten? ___ja ___nein

Falls ja, welche Versandmethode bevorzugen Sie? Bitte wählen Sie eine.

___ e-mail E-mail Adresse bitte: _____

___ Canada Post Postanschrift bitte: _____

Invitation to Donate Audio tapes to the Mennonite Heritage Centre (Archives)

Research Project Title: An Autoethnographic Study of the Legacies of Collective Trauma Experienced by Russian Mennonite Women who Immigrated to Canada after WWII: Implications on Aging and the Next Generation

Researcher: Elizabeth Krahn
Graduate student – Social Work Master’s Thesis
University of Manitoba
(204) xxx-xxxx

Advisor: Maria Cheung
Associate Professor – Faculty of Social Work
University of Manitoba
(204) 474-6670

In addition to being given your original audio tapes and transcripts, an anonymous or unidentified copy may also be donated to the Mennonite Heritage Centre – but this would occur only with your consent. You may choose to give either conditional or unconditional consent regarding donation to their archives – for example, you may wish this information to be used for research purposes only; you may wish it to be used only after a certain date, such as your death; or any other condition. Tapes and transcripts donated to the Mennonite Heritage Centre will not carry any reference to personal identities of participants, family members, or others (for example, any names mentioned on the tapes will be carefully deleted). If you do not wish to keep your audio tapes and transcripts, and do not wish to donate them to the Mennonite Heritage Centre, they will be destroyed following the completion and defense of this thesis (approximately January, 2011).

Would you like your audio taped interviews and transcripts once the research is completed?
__Yes __ No

Would you like to donate a copy of tapes and transcripts to the Mennonite Heritage Centre?
__Yes __ No

If yes, would you like to place any conditions on the use of tapes and transcripts? Please indicate below:

Einladung Ihre Tonbänder dem Archive des Mennonite Heritage Centers zu stiften

Forschungsprojekt: Eine autoethnografische Studie über das Erbe kollektiven Traumas wie es von russisch-mennonitischen Frauen erfahren wurde, welche nach dem zweiten Weltkrieg nach Kanada einwanderten: Auswirkungen auf den Alterungsprozess und die nächste Generation

Forscherin: Elizabeth Krahn
Graduierende Studentin des Fachbereichs Sozialarbeit – Master's Thesis
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University of Manitoba
(204) 474-6670

Zusätzlich zu dem Original Ihrer Tonbänder, welche Sie behalten dürfen, könnten Sie eine anonyme Kopie und Manuskripte dem Mennonite Heritage Centre stiften. Dies würde nur stattfinden, wenn Sie uns Ihr Einverständnis geben. Sie können wählen ob Sie uns Ihr bedingungsloses Einverständnis geben möchten, oder ob Sie Ihr Einverständnis an bestimmte Bedingungen knüpfen möchten. Zum Beispiel könnten Sie die Tonbänder und Manuskripte lediglich für Forschungszwecke stiften oder bestimmen, dass sie lediglich nach einem bestimmten Datum benutzt werden können, zum Beispiel nach Ihrem Tod, oder andere Bedingungen stellen. Tonbänder und Manuskripte welche dem Mennonite Heritage Centre gestiftet werden enthalten keine persönlichen Angaben über die Teilnehmer, deren Familienmitglieder oder andere (zum Beispiel werden Namen, welche in Interviews erwähnt wurden sorgfältig gelöscht). Falls Sie Ihre Tonbänder und Manuskripte nicht behalten möchten und sie auch nicht stiften möchten, werden sie zerstört nach der Beendigung der Studie und Verteidigung der Arbeit. (ca. Januar 2011)

Würden Sie gerne eine Kopie Ihrer Tonbänder und Manuskripte behalten nachdem das Forschungsvorhaben beendet wurde? _____ja _____nein

Würden Sie gerne eine Kopie Ihrer Tonbänder und Manuskripte Dem Mennonite Heritage Centre stiften? _____ja _____nein

Falls ja, möchten Sie Bedingungen stellen, unter denen die Tonbänder und Manuskripte benutzt werden dürfen? _____ja _____nein

Wenn ja, welche? _____

Unterschrift der Teilnehmerin/des Teilnehmers _____ Datum _____

Unterschrift der Forscherin und/oder einer/eines Delegierten _____

Appendix VIII

List of Helping Resources

The following is a list of counseling services available in the City of Winnipeg. They are drawn from a larger pool of listings in the Winnipeg telephone directory (yellow pages) under “Counsellors”. As such, this list should only be used as a reference, and more information about each of these services as well as others not listed here may be found in the telephone directory. The listings below are in no way intended to favour these services more than those not listed here. If you choose to seek counselling, it is recommended that you use your own judgment in selecting a counselling service or counsellor.

Age & Opportunity Inc.
2nd Flr. 280 Smith Street
956-6440

Aspen Counselling Services
786-9251

Assiniboine Family Therapy
2-77 Sherbrook Street
452-0599

Assiniboine Psychological Group
1218 Lorette
989-0646

Associated Christian Counselling Group
656 Broadway
231-2224

Associated Family & Marriage Therapist
810-491 Portage Avenue
943-3741

Aurora Family Therapy Centre
515 Portage Avenue
Winnipeg, MB R3B 2E9
786-9251

Discover Your Uniqueness
2B-2020 Portage Avenue, St. James
885-1000

HaidSmith Counselling
1100 Corydon Avenue
453-2877

Hirst Counselling
81-81 Garry Street
927-8181

Keystone Counselling Associates
1258 Henderson Hwy. North Kildonan
338-3339

Kairos Counselling
200 Thompson Drive, St. James
888-6464

Kildonan Context Counselling
661-2797

Registry of Marriage & Famil
Therapists in Canada
488-8015

Renaissance Mental Health Services
571 Academy
487-0559

The Family Centre
4th Floor, Portage Place
(204) 947-1401

Winnipeg Regional Health Authority – See their WRHA Health Services Directory in the Winnipeg Business, Residential & Government Telephone Listings (contains contact

information for Home Care Services; Mental Health Services; Seniors' Health Services;
Long-term-care support.