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EGLĖ MAŽULYTĖ-RAŠYTINĖ

LONG-TERM CONSEQUENCES OF HISTORICAL FAMILY TRAUMA:
PSYCHOLOGICAL RESILIENCE OF THE OFFSPRING

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VILNIAUS UNIVERSITETAS

EGLĖ MAŽULYTĖ-RAŠYTINĖ

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1. LITERATURE REVIEW

1.1. Historical trauma

Trauma is defined as events or experiences that affect a person or society and involve both physiological and psychological experiences. More specifically, psychological trauma is an experience that arises through events that pose a threat to a person's life or body integrity (Ford, 2009). Historical traumas are called complex collective traumatic events, experienced over a period of time by a large group of people who are characterised by shared identity, dependence on the group or on the general circumstances (Mohatt, Thompson, Thai, & Tebes, 2014).

One of the most salient examples of historical trauma is the Holocaust. Studies regarding the psychological well-being of Holocaust survivors and their descendants after the Second World War were the beginning of research into the long-term psychological consequences of historical trauma. Later on, other groups of people who had experienced historical trauma, such as survivors of the Armenian genocide (Karenian et al., 2011; Lindert et al., 2017), victims of the Khmer Rouge regime in Cambodia (Lindert et al., 2017), etc., were also studied.

Scientific literature distinguishes the following common elements of historical traumas: the specificity of trauma (it being both a collective and not single-event trauma) and its long-term impact, when the psychological consequences are transmitted from one generation to another (Mohatt et al., 2014; Sotero, 2006). The dominant group of people deliberately and systematically traumatizes the target group in the population, and the traumatization is not a single event, but a series of events happening over a period of time. In turn, the extremely high degree of traumatic experience disrupts the normal development of the affected population and leaves a physical, psychological, social and economic footprint noticeable in later generations (Sotero, 2006).

The history of Lithuania of the past century includes two World Wars, occupations by both Nazi Germany and the Soviet Union (the latter lasted almost 50 years) and independence, which was restored only at the very end of the 20th century. These painful and historically significant experiences were accompanied by various repressions by the occupants – persecutions, imprisonments, deportations to Siberia and killings, which directly affected about a third of the Lithuanian population (Kuodytė, 2005). And, of course, totalitarian regimes also had a significant impact on the development of the entire society (Gailienė, 2008).

It is estimated that during the first and second Soviet occupation, around 350 thousand people were directly affected by the repressions carried out by the occupants

(Anušauskas, 2005b). Over 130 thousand people were taken to “eternal” exile, about 150 thousand political prisoners were sent to Siberian labour camps, and approximately 20 thousand partisans were killed. A large number of those exiled or imprisoned in Gulags died of illness, hunger and unbearable physical labour. The brutal repressions of Soviets continued until Stalin’s death in 1953, and then the regime began to mitigate, partly due to the fact that many “enemies of the people” had already been eradicated (Gailienė, 2008). The last Lithuanians were released from exile in the December of 1963; however, a considerable part of them were unable to return home for a long time or did not return to Lithuania at all (Anušauskas, 2005b). Even those who returned to Lithuania were further persecuted – it was difficult to register, get a passport, and find work. The former political prisoners and deportees were constantly tracked, their homes searched, they themselves were interrogated, etc. In order to protect themselves and their families, they were forced to hide their traumatic experiences from other people around them and even from their children (Gailienė, 2008).

The Soviet political repressions experienced by Lithuanian people (killings, deportations, imprisonments and other persecutions) are definitely in line with the definition of historical trauma. It was not a single trauma, but long-term traumatization that affected many people; its psychological consequences for the survivors are perceptible even now, after a quarter of a century after the restoration of Lithuania’s independence; and its repercussions are felt by later generations.

1.2. Long-term psychological consequences of historical trauma

Studies have shown that most of the historical trauma survivors have suffered and still suffer from the experienced traumatization. The most eminent factor in the survivors of the Holocaust, even after a long time since the traumatization, is post-traumatic stress disorder (PTSD) and/or other psychopathological symptoms and poor psychological well-being, along with good adaptation in some areas of functioning (Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010). Similar results have been obtained in studies of groups who had experienced other kinds of historical traumas (Engdahl, Harkness, Eberly, Page, & Bielinski, 1993; Nickerson, Bryant, Rosebrock, & Litz, 2014; Willis, Chou, & Hunt, 2015), including research in the former Soviet Union Block countries, among them also in Lithuania (Bichescu et al., 2005; Gailienė & Kazlauskas, 2005; Kazlauskas & Gailienė, 2003; Schützwohl & Maercker, 2005). Thus, extremely severe traumas, such as genocide, political repressions, persecutions and deportations, have long-term adverse psychological consequences for survivors, including symptoms of PTSD, depression, anxiety and other disorders, poorer psychological well-being and worse adaptation. However, adverse psychological consequences of historical trauma may be

noticeable not only in survivors themselves – severe traumatization also affects their families and society as a whole (Gailienė, 2008).

Scientific literature uses the concepts of secondary traumatization or vicarious traumatization, describing cases in which the second and third generations (children and grandchildren) of the survivors feel the adverse psychological consequences, although they did not experience the traumatic events themselves. Research on the potential psychopathology of the offspring of not only Holocaust, but also other historical trauma survivors, suggests a higher prevalence of PTSD, anxiety, depression and other disorders (Daud, Skoglund, & Rydelius, 2005; Karenian et al., 2011; Rieder & Elbert, 2013; Zerach, Levin, Aloni, & Solomon, 2016). The offspring of historically traumatized families may not have the expressed psychopathology, but may show a higher level of anxiety, have lower self-esteem, perceive more danger and threats, etc. (Bezo & Maggi, 2015; Braga, Mello, & Fiks, 2012; Danieli, Norris, & Engdahl, 2016; Gangi, Talamo, & Ferracuti, 2009; Han, 2005; Iliceto et al., 2011; Rowland-Klein & Dunlop, 1998; Shrira, 2015; Vaskelienė, 2012).

Scientists studying the transgenerational aspects of historical trauma are interested not only in the transmitted adverse psychological consequences, but also in the process of transmission. Summarizing the results of various studies, it is possible to distinguish the following mechanisms of transgenerational trauma transmission: disturbed family communication about the traumatic experiences, manifested in the “conspiracy of silence”, family secrets, fragmented and overly emotional narratives of traumatic experiences (Bar-On et al., 1998; Braga, Mello, & Fiks, 2012; Lichtman, 1984; Liem, 2007; Nagata & Cheng, 2003; Shrira, 2016; Vaskelienė, Kazlauskas, Gailienė, & Domanskaitė-Gota, 2011; Wiseman et al., 2002); excessive identification with the victimized group or family history (Karenian et al., 2011; Lupu & Peisakhin, 2016; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011); damaged parent-child relationships, e.g. insecure attachment, authoritarian and/or overprotecting parenting style, parent-child role reversal (E. M. Brown, 1998; Field, Muong, & Sochanvimean, 2013; Field, Om, Kim, & Vorn, 2011; Fossion et al., 2015; Han, 2005; Kaitz, Levy, Ebstein, Faraone, & Mankuta, 2009; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014; Rowland-Klein & Dunlop, 1998; Schwerdtfeger & Goff, 2007; Schwerdtfeger, Larzelere, Werner, Peters, & Oliver, 2013; Weingarten, 2004; Wiseman, 2008).

Historical trauma is an extremely severe traumatization with long-term psychological consequences for the survivors. These consequences can be transmitted from generation to generation, and the repercussions of historical trauma can be felt by people who have not experienced the traumatization directly. However, the transgenerational transmission of the adverse psychological consequences of historical

trauma and offspring's psychopathology is observed only in clinical samples, but not in the general population. Contemporary researchers are discussing the psychological resilience of historically traumatized families and their ability to adapt and function normally in everyday life (Major, 1996; Shrira, Palgi, Ben-Ezra, & Shmotkin, 2010, 2011; Van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003).

1.3. Psychological resilience

Psychological resilience is gaining more and more scholarly attention, but so far there is no unanimous and universally accepted definition of psychological resilience (Aburn, Gott, & Hoare, 2016). However, researchers agree that essentially psychological resilience is a person's ability to successfully adapt and function despite significant adversities in life (Bonanno, 2004; Hu, Zhang, & Wang, 2015; Yehuda, Flory, Southwick, & Charney, 2006; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Ungar, 2008; Wagnild, 2011).

Existing definitions of psychological resilience and its research methods can be divided into three directions: trait, process and outcome. The concept of *trait resilience* or *resiliency* emphasizes the relatively stable personal qualities, which help a person to cope with difficulties, adapt and successfully function in life (Hu et al., 2015; Luthar et al., 2000; Wagnild, 2011). The *process-oriented* approach emphasizes the dynamics of psychological resilience and explores how people actively adapt to changes and recover from adversities in life (Bonanno, 2004; Luthar et al., 2000; Masten, 2001). The third, *outcome* approach emphasizes the result of psychological resilience – a good mental health, despite significant difficulties in life (Aburn, Gott, & Hoare, 2016). Some authors argue that a positive outcome cannot be directly compared to the proxy for resilience, since resilience does not always coincide with the absence of psychopathology (Bonanno, 2004; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). However, any study of psychological resilience is partly an attempt to evaluate this construct through the result, since the attribution of a certain trajectory of life to the expression of psychological resilience (i.e. the outcome) enables one to explore the resilience itself, both the personality trait and the dynamic processes in which resilience is expressed.

The multiplicity of the construct of psychological resilience also determines the diversity of other psychological constructs with which it is associated and, in some cases, even equated (Yehuda, Flory, Southwick, & Charney, 2006). Psychological constructs associated with psychological resilience are: optimism (Brissette, Scheier, & Carver, 2002; Cherry et al., 2016; Grasso et al., 2012; Kuijer, Marshall, & Bishop, 2013; Segovia, Moore, Linnville, Hoyt, & Hain, 2012), hope (Glass, Flory, Hankin, Kloos, & Turecki, 2009; Kasler, Dahan, & Elias, 2008; Ong, Edwards, & Bergeman, 2006), psychological

coping strategies (Beasley, Thompson, & Davidson, 2003; Hooberman, Rosenfeld, Rasmussen, & Keller, 2010; H. L. Littleton, Grills-Taquechel, Axsom, Bye, & Buck, 2011; Schnider, Elhai, & Gray, 2007; Solomon, Berger, & Ginzburg, 2007) or social support received from others (King, King, Fairbank, Keane, & Adams, 1998; Nishi, Uehara, Kondo, & Matsuoka, 2010; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009; Pole, Kulkarni, Bernstein, & Kaufmann, 2006; Schumm, Briggs-Phillips, & Hobfoll, 2006; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). It is important to emphasize the fact that it is not yet well known to what extent these constructs are different – whether they all root from a common factor that can be called psychological resilience, or each of them is a different component of psychological resilience (Yehuda et al., 2006).

Further on in this dissertation thesis, psychological resilience will be discussed using all three approaches: both as a trait, as a process and as an outcome. At the same time, other psychological constructs related to resilience will be evaluated, such as optimism, hope, coping strategies and social support.

1.4. The strength and psychological resilience of historically traumatized families

Even though the survivors experienced extremely severe traumatization, many of them have managed to endure and adapt. Regardless of the type of historical trauma (genocide or other political persecution), survivors in various studies describe similar factors that helped them: social support (from their relatives or friends with similar experiences), religion, spiritual strength, hope, optimism, bond with the community, political activities, etc. (Kazlauskas, 2006; Prot, 2012; Sousa, Haj-Yahia, Feldman, & Lee, 2013).

Today, researchers discuss the ability of historically traumatized families to adapt and function normally in everyday life or under minor stress, but it is possible that these families are significantly more vulnerable to higher stressors, and therefore psychopathology of the offspring of historically traumatized families is encountered in clinical practice, when in general population transgenerational transmission of the adverse psychological consequences is not found (Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & Van IJzendoorn, 2011; Lindert et al., 2017; Sagi-Schwartz, van IJzendoorn, & Bakermans-Kranenburg, 2008; Shrira et al., 2010; Van IJzendoorn et al., 2003). Research into the general population reveals the psychological resilience and strength of historical trauma survivors in their family life, raising their children and ensuring their successful development, despite the fact that the victims themselves can be severely affected by their traumatic experiences. Moreover, such studies provide the possibility to

assess the potential protective factors of the process of transgenerational trauma transmission.

Although there is not much research analysing the psychological resilience of the offspring of historically traumatized families or the protective factors of transgenerational trauma transmission, it is likely that the same mechanisms involved in the transmission of adverse psychological consequences of historical trauma may also serve as protective factors: open and consistent *family communication* about the historically traumatic events, which often uses humour as a symbolic resource (Braga, Mello, & Fiks, 2012; Canham et al., 2016; Giladi & Bell, 2013; Kiser, Baumgardner, & Dorado, 2010; Vaskelienė, 2012); adequate *identification with the family history*, ensuring strong interpersonal relationships, social support and wider social activity of the offspring (Braga et al., 2012; Kiser, Baumgardner, & Dorado, 2010); caring, warm and flexible *parent-child relationships* (Han, 2005; Punamäki, Qouta, Miller, & El-Sarraj, 2011); adaptive and effective *coping strategies* learned in the family (Beasley, Thompson, & Davidson, 2003; Hooberman, Rosenfeld, Rasmussen, & Keller, 2010; H. Littleton, Axsom, & Grills-Taquechel, 2011; Schnider, Elhai, & Gray, 2007; Wu, 2011). All of this can not only protect against secondary trauma, but also increase the psychological resilience of the offspring.

The psychological resilience of the offspring of historically traumatized families is mainly characterized by a lack of psychopathological responses and similar well-being as of those with no such family history (Fridman et al., 2011; Lindert et al., 2017; Major, 1996; Sagi-Schwartz et al., 2008; Shmotkin, Shrira, Goldberg, & Palgi, 2011; van IJzendoorn et al., 2003). However, some studies suggest that the offspring of historically traumatized families may have a significantly greater satisfaction with life, a better quality of life and be more optimistic (Kazlauskas & Želvienė, 2015; Shmotkin, Shrira, Goldberg, & Palgi, 2011). Other positive psychological characteristics of the subsequent generations of historically traumatized families include prosocial behaviour and values, inherited from the family. The offspring of Holocaust survivors tend to choose health care and social professions or participate in activities of these kinds of organizations (Major, 1996), they indicate the impact of traumatic family history on the formation of their values (Lazar, Litvak-Hirsch, & Chaitin, 2008) and emphasize the importance of educating younger generations about the Holocaust (Chaitin, 2002). Results of research into other historical traumas are similar: the offspring of the Armenian genocide survivors also indicate a tendency of prosocial behaviour, increased stamina and a sense of maturity (Karenian et al., 2011); the descendants of the persecuted Crimean Tartars are more involved in political activities (Lupu & Peisakhin, 2016); the offspring of families, which experienced Stalin's political repressions in rural areas of Russia and Ukraine, view the changes in the society (i.e. the collapse of the Soviet Union, etc.) more positively (Yakushko, 2008); children of

Lithuanian political prisoners and deportees identify having inherited values and personality hardiness from their parents and this having influenced the formation of their psychological resilience and coping strategies (Vaskelienė, 2012), and also, there is a significant link between the sense of coherence of children and their parents, who survived the Soviet political repressions (Kazlauskas, Gailienė, Vaskelienė, & Skeryte-Kazlauskienė, 2017).

1.5. Research question and relevance of the study

Psychological resilience of the offspring of historically traumatized families in former Soviet Union countries, where the communist regime's repressions had been carried out for a long time, is almost unresearched. The vast majority of knowledge is accumulated based on the results of research on long-term consequences of the Holocaust; however, the experience of the former Soviet Union countries is different – here, the historical trauma was caused by the Soviet regime. An important distinction between the Holocaust carried out by the Nazis and the Soviet repressions is that the latter were carried out not on an ethnic basis, but directed at the most active public figures, who could have been able to resist the occupants the most and bring people together for this cause (Anušauskas, 2005a; Gailienė, 2008; Kuodytė, 2005). It is also important to mention that the experience of Soviet repression survivors was very specific – even after the return from exile or imprisonment they were forced to hide their painful past, because for a long time during the Soviet regime they were still discriminated against, persecuted or humiliated in various ways (Anušauskas, 2005b; Gailienė, 2008).

The current research described in this dissertation thesis is one of the first attempts to assess the strength of Lithuanian families who survived the Soviet political repressions and protective factors contributing to the psychological resilience of their offspring. This research is relevant not only in the context of Lithuania, but also in a broader sense, as it contributes to a better understanding of psychological consequences of historical traumas, as there is still a lack of description of the possible model of psychological resilience to historical trauma in the field of Psychotraumatology.

A lot of research on the transgenerational trauma transmission analyses various aspects of this process separately. Despite some attempts of qualitative studies to describe the mechanisms of transgenerational historical trauma transmission (Braga et al., 2012; Kaitz, Levy, Ebstein, Faraone, & Mankuta, 2009; Wiseman, 2008), so far there is no unified model summarizing the possible impact factors. Scientists indicate that the same factors involved in the process of transgenerational transmission may result in both adverse (causing secondary trauma) and positive (protecting from secondary trauma) outcomes (Braga et al., 2012; Giladi & Bell, 2013; Vaskelienė, 2012; Weingarten, 2004;

Wohl & Van Bavel, 2011; Wu, 2011). In addition, many aspects of transgenerational trauma transmission are interrelated. For example, Wohl and van Bavel (2011) have shown that the family's willingness to openly discuss Holocaust experiences affects the link between identification and post-traumatic symptoms. For all these reasons, there is a need to examine various aspects of transgenerational trauma transmission together, since the omission of certain factors, which may have a significant impact on the transmission mechanisms, can affect the overall research result.

According to various research (Bar-On et al., 1998; Braga et al., 2012; Field, Muong, & Sochanvimean, 2013; Giladi & Bell, 2013; Han, 2005; Iliceto et al., 2011; Kaitz et al., 2009; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014; Major, 1996; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Schwerdtfeger & Goff, 2007; Schwerdtfeger, Larzelere, Werner, Peters, & Oliver, 2013; Vaskelienė, 2012; Weingarten, 2004; Wiseman et al., 2002; Wiseman, Metzl, & Barber, 2006; Wohl & Van Bavel, 2011) four aspects of transgenerational historical trauma transmission can be distinguished: 1) family communication about the historical trauma; 2) offspring's identification with their family history or the victim group; 3) aspects of child-parent relationship, affected by the historical trauma: attachment, parenting styles, etc.; 4) coping strategies learned in the family. In turn, this process may affect both the psychological well-being and the traits of psychological resilience of the offspring. The current study covering all these factors could make a significant contribution to a better understanding of the long-term transgenerational consequences of historical trauma.

There are some methodological difficulties in assessing some aspects of transgenerational trauma transmission. One of them is the assessment of the identification with the victim group. This mechanism is mainly analysed in genocide studies (Braga et al., 2012; Karenian et al., 2011; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011) and relies on the offspring's identification with an ethnic or religious community. In the current research, in order to evaluate the long-term psychological consequences of Soviet political repressions in Lithuania, a new instrument was developed to assess the offspring's identification with their family history (not ethnic and/or religious community). In addition, there is no consensus over the construct of psychological resilience in the research of historical trauma and various studies emphasize different aspects of it, such as trait, process or outcome. An advantage of the current study is a multidimensional assessment of psychological resilience in transgenerational trauma transmission. Here, psychological resilience is evaluated both as the absence of psychopathology, as a personality trait along with other related psychological constructs, and as a process in the model of psychological resilience to the transgenerational trauma transmission.

Thus, this research significantly contributes to the understanding of historical trauma (in particular, of Soviet political repressions in Lithuania) and its long-term psychological consequences along with the identification of protective factors related to the psychological resilience of the offspring.

1.6. Aims and objectives of the doctoral dissertation

Aims:

1. To evaluate the possible long-term consequences of historical family trauma on the person's psychological well-being and psychological resilience traits in the general Lithuanian population.
2. To determine the factors related to the psychological resilience of the offspring and to suggest a model of psychological resilience to the transgenerational historical trauma transmission.

Objectives:

1. To compare the psychological well-being and the traits of psychological resilience (resiliency, optimism, and hope) of persons whose families suffered from political repressions during the Soviet occupation in Lithuania and whose families did not have such experience.
2. To evaluate the significance of possible risk and protective factors (knowledge about the traumatic family history, identification with the family history, family communication about the historical trauma, parent-child relationships and coping strategies) in the process of transgenerational trauma transmission.
3. To suggest and evaluate a model of psychological resilience to transgenerational historical trauma transmission.

2. METHOD

2.1. Participants and procedure

The dissertation thesis is partially based on the data of the research project 'Psychological Effects and Coping with Extreme Trauma and Social Transformations' financed by the European Social Fund under the Global Grant measure (VP1-3.1-ŠMM-07-K-02-023, principal supervisor prof. Danutė Gailienė). A permit was obtained from the Vilnius University Committee of Psychological Research Ethics to conduct the study.

In total, 1000 Lithuanian citizens participated in the research, 46.10% male and 53.90% female, from 18 to 80 year old of age ($M = 45.27$, $SD = 16.73$). Quota sampling

(based on age, residential area, gender and educational level) was used, according to the latest available Lithuanian census data of 2011 (Lietuvos statistikos departamentas, 2013). The structure of the research sample fully meets the proportions of Lithuanian population based on the mentioned criteria.

For the analysis purpose, study participants were divided into two groups based on their family member (parent and/or grandparent) experiences of Soviet political repressions. The term ‘offspring’, in this dissertation thesis, describes both the second and the third generation of descendants. Those participants, who indicated at least one of their family members being a former exile (i.e. deported to Siberia), a political prisoner, a member of the armed resistance or having otherwise suffered from Soviet political repressions, were assigned to the group of victim family. Non-victim family group included those, who indicated that none of their family members experienced political repressions or they did not know about such family member experience.

Participants in the victim group indicated from one to 15 different experiences of political repressions. It could be experiences of several family members or different experiences of the same family members (e.g. a grandfather could have been both imprisoned and later on exiled to Siberia or experienced some other repressions). On average, there were up to three different political repression experiences in the victim family group ($M = 2.94$, $SD = 2.35$).

A comparison of demographic characteristics of study group participants is presented in Table 1. There were no statistically significant differences between the non-victim and victim family groups, according to age ($t(717.10) = -0.08$, $p = .939$), gender ($\chi^2(1, N = 1000) = 1.24$, $p = .265$) and residential area ($\chi^2(1, N = 1000) = 2.28$, $p = .131$) of study participants. However, there was a statistically significant larger number of persons with a university degree in the victim family group, $\chi^2(2, N = 1000) = 29.48$, $p < .001$. Although there were significantly fewer participants in the victim family group, the number of people with university degree in both groups were equal – 121.

Table 1. The comparison of demographic characteristics of study group participants

	Family			
	Non-victim		Victim	
<i>N</i>	643		357	
Age: <i>M</i> (<i>SD</i>)	45.24 (16.56)		45.33 (17.06)	
Gender:	Male	Female	Male	Female
	288 (44.79%)	355 (55.21%)	173 (48.46%)	184 (51.54%)
Residential area:	Urban	Rural	Urban	Rural
	422 (65.63%)	221 (34.37%)	251 (70.31%)	106 (29.69%)

Notes. *N* = sample size; *M* = mean; *SD* = standard deviation.

2.2. Instruments

2.2.1. Psychological well-being

The World Health Organization Well-being Index (WHO-5) is a short scale that assesses various aspects (mood, activity, etc.) of psychological well-being during the previous two weeks (World Health Organisation, 1998). WHO-5 total score varies from zero to 100, reflecting 100% of possible well-being. The Cronbach's alpha of WHO-5 in this study was .85.

The Life Events Checklist (LEC) – is a list of 17 potentially traumatic events (Gray, Litz, Hsu, & Lombardo, 2004). Participants are asked to indicate their own or witnessed experiences of the listed events.

The Trauma Screening Questionnaire (TSQ) is a short 10-item scale for current PTSD screening (Brewin et al., 2002). Participants are asked to indicate the PTSD symptoms they have experienced at least twice during the previous week. Higher TSQ scores indicate more PTSD symptoms. The Cronbach's alpha of TSQ in this study was .85.

Subjective happiness in this study was evaluated by one item, asking participants to assess how happy they are feeling recently from 'very unhappy' (0) to 'very happy' (5).

2.2.2. Trait resilience

The 14-Item Resilience Scale (RS-14) is a short version of the Resilience Scale that was designed to assess trait resilience, i.e. resiliency (Wagnild, 2011). RS-14 total score ranges from 14 to 98, higher score indicated higher resiliency. The Cronbach's alpha of RS-14 in this study was .90.

The Revised Life Orientation Test (LOT-R) is an instrument aimed to assess a dispositional optimism (Scheier, Carver, & Bridges, 1994). Total LOT-R score ranges from zero to 24, higher scores indicated higher optimism. The Cronbach's alpha of LOT-R in this study was .70.

Subjective hope in this study was evaluated by one item, asking participants to assess how they see their future from 'hopeless' (0) to 'full of hope' (5).

2.2.3. Risk and protective factors of transgenerational trauma transmission

Family member experiences of political repressions and **not knowing about the family member experiences of political repressions** in this study were assessed summing the participant answers of 'yes' and 'I don't know' about each of their parents' and

grandparents' experience of Soviet political repressions: being a former exile (i.e. deported to Siberia); a political prisoner; a member of the armed resistance; having otherwise suffered from Soviet political repressions. As participants were able to indicate four options of different Soviet political repressions for the six of their family members, total scores ranged from zero to 24. A higher score of family member experiences of political repressions indicates more historical trauma experiences. A higher score of not knowing about the family member experiences of political repressions indicates less knowledge of family historical trauma experiences.

Identification with the family history is a short questionnaire specifically designed for this study to assess a persons' identification with the family history during the Second World War and post-war years in Lithuania. Participants are asked to assess: 1) how much they want to tell other people about their family history during the indicated period; 2) if they want to know more about their family history; 3) if they want to distance themselves from their family history; 4) if their family history is important to them in understanding who they are. Confirmatory factor analysis confirmed a one-factor structure for the identification with the family history: although $\chi^2(2) = 16.69$, $p < .001$, but CFI = .995, TLI = .985 and RMSEA = .087 (90% CI .052-.128). A factor loading of the third item was .37, whereas all other factor loadings were no less than .69. Cronbach's alpha of a 4-item scale was .69; however, removing the third item resulted in a significant increase of Cronbach's alpha to .77. Therefore, the third item was removed from the scale. Total score of the finalized version of the questionnaire ranges from three to 15; higher score indicates higher identification with the family history.

Family communication about historical trauma in this study was assessed in two stages. First, participants were asked to indicate whether their parents and/or grandparents talked about their or other people traumatic experiences during the Second World War and post-war period in Lithuania. If there was such communication in their family, then participants were asked to evaluate how these events were recounted: 1) restrained and distant; 2) in an intimidating manner, threateningly; 3) expressing much sadness; 4) expressing much anger; 5) through the use of symbols and/or humour; 6) with a sense of despair and helplessness; 7) with a sense of strength and pride (Mažulytė & Rakovas, 2014).

The Parental Bonding Instrument (PBI) is an instrument aimed to retrospectively assess the parental practices of subject's mother and/or father (Parker, Tupling, & Brown, 1979). Originally authors indicated two PBI factors of parental care and control; however, later studies showed a better fit of a three-factor model (Tsaousis, Mascha, & Giovazolias, 2012). Thus, PBI separately assesses parental care, overprotection (psychological control) and authoritarianism (behavioural control). The original scale of 25 statements was

shortened to nine, based on the research by Tsaoasis and colleagues (2012), when the statements which had the least weight after performing factor analysis were eliminated (Skeryte-Kazlauskienė, Mazulyte, Eimontas, Kazlauskas, & Gailienė, 2015). PBI scores of each subscale range from 0 to 9; higher scores indicated more parental care, more overprotection and more authoritarian behaviour. The Cronbach's alpha of PBI subscales in this study ranged from .69 to .84.

Coping with difficulties was assessed by separate questions about how often from 'not at all' (0) to 'very often' (5) study participants: 1) try to overcome difficulties by themselves, without the help of others; 2) turn to work or other activities to distract themselves from their difficulties; 3) consume alcohol as a means to suppress thoughts and feelings; 4) use antidepressants, sedatives or hypnotics; 5) think that they could attempt suicide in times of difficulty; 6) turn to family members or friends when they are having a hard time; 7) pray; 8) turn to mental health professionals for help (Mažulytė, 2015).

2.3. Data analysis

Statistical data analysis was carried out using a software environment for statistical computing and graphics R 3.4.1 (R Core Team, 2017) along with RStudio 1.0.153 (RStudio, 2017) – an integrated development environment for R. Additional R packages used in the study included *haven* (Wickham, Miller, & RStudio, 2016), *dplyr* (Wickham, Francois, & RStudio, 2016), *psych* (Revelle, 2016), *effsize* (Torchiano, 2017), *lavaan* (Rosseel, 2012), *ARTool* (Wobbrock, Findlater, Gergle, & Higgins, 2011), and *lm.beta* (Behrendt, 2014).

The comparison analyses of the study groups were carried out using a Student *t* test and its nonparametric equivalent the Mann-Whitney *U* criterion. Meanwhile, the Chi-square (χ^2) criterion was used to compare sample proportions. Cohen's *d* or Cliff's *delta* (for ordinal variables) criteria were used to evaluate the observed effect sizes. Additional ANOVA analyses were performed to evaluate the explanatory power of the university degree variable for the found group differences. In case of ordinal variables, nonparametric ANOVA analyses were conducted on aligned rank transformed data. The relationship between the main study variables was assessed using a Pearson or where appropriate Spearman correlation coefficients. SEM model fit was evaluated according to the guidelines by Brown (2015). CFA and SEM analyses were performed using a diagonally weighted least squares (DWLS) evaluation method, because the models included separate ordinal variables. Model fit was evaluated by chi-square (χ^2) and its degrees of freedom, Root Mean Square Error of Approximation (RMSEA) index with 90% confidence intervals, Comparative fit index (CFI) and Tucker-Lewis (TLI) index. Due to the large sample size, the latter indices were considered more important than χ^2 , because it is known

to get inflated by sample size and thus often suggests to reject large sample models (Brown, 2015). Good model fit was considered when RMSEA < .05, CFI and TLI > .95 (Brown, 2015). Finally, a five-step hierarchical regression analysis was performed.

3. RESULTS

3.1. The comparison of psychological well-being and trait resilience between the study groups

The results comparing psychological well-being and trait resilience between the study groups are presented in Table 2. They showed that study participants whose families suffered from Soviet political repressions on average experienced nearly one potentially traumatic event in their lives more than those who did not have such family history. However, the post-traumatic reactions of these two study groups did not differ significantly. Participants from victim families had significantly higher well-being scores and were subjectively happier than those from non-victim families. In addition, offspring of the victim-families showed significantly higher levels of resiliency, optimism and hope than those from families without the experience of Soviet political repressions.

Table 2. Comparison of the main study variables between the study groups (part 1)

	Family		<i>t</i> (<i>df</i>) or <i>U</i>	<i>p</i>	<i>d</i>
	Non-victim	Victim			
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			
LEC	3.68 (2.48)	4.12 (2.59)	-2.64 (707.92)	.007	0.17
TSQ	1.18 (2.16)	1.20 (2.19)	104860	.544	0.01
WHO-5	53.73 (21.76)	57.27 (21.16)	-2.49 (753.60)	.013	0.17
Happiness	3.31 (1.13)	3.48 (1.08)	96365	.018	0.09*
RS-14	73.53 (13.65)	75.86 (12.22)	-2.71 (785.32)	.007	0.18
LOT-R	16.10 (4.37)	17.37 (4.38)	-4.31 (705.78)	< .001	0.29
Hope	3.64 (1.16)	3.89 (1.12)	96658	< .001	0.14*

Notes. WHO-5 = WHO Well-being Index, LEC = Life Event Checklist, TSQ = Trauma Screening Questionnaire, RS-14 = The 14-Item Resilience Scale, LOT-R = The Revised Life Orientation Test, *M* = mean, *SD* = standard deviation, *t*(*df*) = Student *t* test value (degrees of freedom), *U* = nonparametric Mann-Whitney test value, *p* = statistical significance, *d* = Cohen's *d* or *Cliff's *delta* (for ordinal variables) effect size value.

3.2. Risk and protective factors of transgenerational trauma transmission

The results of the study indicated that participants from non-victim families had significantly less knowledge about the experiences of their family members, i.e. these individuals more often indicated the answer 'I don't know' about the specific Soviet political repression experiences of their parents and grandparents (Table 3). A significant

difference was found when comparing the scores of identification with the family history between the study groups. Identification with the family history was significantly greater for participants from victim-family group compared to those who did not have political repression experiences in their family history (Table 3). Results of this study revealed that the majority (66.32%) of participants indicated having had some conversations within the family about the political repressions and other traumatic events during the Second World War and the post-war years. There were significantly more family discussions of historical trauma in victim-group (84.98%) than in non-victim group (55.77%), $\chi^2(1) = 85.82$, $p < 0.001$. Then the responses of those indicating such family discussions were analysed exploring the nature of such conversations. It turned out that communication about the historical trauma in victim families included significantly more expression of sadness, more usage of symbols and humour, and more sense of strength and pride (Table 3).

Table 3. Comparison of the main study variables between the study groups (part 2)

	Family		<i>t</i> (<i>df</i>) or <i>U</i>	<i>p</i>	<i>d</i>
	Non-victim	Victim			
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			
Not knowing about the family experience	3.55 (6.00)	2.38 (4.36)	3.56 (928.20)	< .001	0.23
Identification with the family history	9.54 (3.35)	11.31 (3.25)	-8.03 (743.17)	< .001	0.54
Communication:					
Distance	2.48 (1.63)	2.51 (1.64)	49214	.809	0.01*
Intimidation	1.11 (1.48)	1.27 (1.52)	43790	.131	0.07*
Sadness	2.33 (1.73)	2.69 (1.71)	42379	.011	0.12*
Anger	1.55 (1.66)	1.68 (1.59)	44308	.154	0.06*
Symbols and humour	1.20 (1.51)	1.48 (1.62)	42820	.036	0.09*
Hopelessness	1.75 (1.67)	1.77 (1.67)	47061	.839	0.01*
Strength and pride	1.62 (1.68)	2.47 (1.76)	35210	< .001	0.27*
PBI mother:					
Care	6.90 (2.23)	7.03 (2.09)	102700	.556	0.06
Overprotection	4.45 (2.47)	4.01 (2.36)	2.63 (723.54)	.009	0.18
Authoritarianism	3.03 (2.11)	2.92 (2.14)	0.76 (681.41)	.448	0.05
PBI father:					
Care	5.50 (2.76)	5.84 (2.40)	-1.97 (749.02)	.049	0.14
Overprotection	3.65 (2.63)	3.47 (2.38)	1.06 (721.56)	.288	0.07
Authoritarianism	3.35 (2.46)	3.11 (2.27)	1.48 (702.26)	.139	0.10

Notes. PBI = The Parental Bonding Instrument, *M* = mean, *SD* = standard deviation, *t*(*df*) = Student *t* test value (degrees of freedom), *U* = nonparametric Mann-Whitney test value, *p* = statistical significance, *d* = Cohen's *d* or *Cliff's *delta* (for ordinal variables) effect size value.

Results of the study also showed that participants from historically traumatized families rated their mothers as significantly less overprotective and their fathers as significantly more caring than did participants from non-victim families (Table 3). Meanwhile, there were no significant differences between the study groups in terms of mother's care, father's overprotection and both mother's and father's authoritarian behaviour ratings.

Assessment of the coping strategies used by the participants in the study revealed that offspring of historically traumatized families were significantly more likely to turn to family members and friends for help and pray than individuals from non-victim families. The frequency of other coping strategies used was similar in both study groups.

Table 4. Comparison of the main study variables between the study groups (part 3)

	Family		<i>t</i> (<i>df</i>) or <i>U</i>	<i>p</i>	<i>d</i>
	Non-victim	Victim			
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			
Coping					
Aiming to cope without the help of others	2.76 (1.03)	2.86 (1.04)	105030	.131	0.06*
Engaging in work or other activities	2.50 (1.14)	2.56 (1.21)	106830	.258	0.04*
Alcohol consumption	0.70 (0.94)	0.63 (0.93)	116990	.156	0.05*
Use of medication	0.42 (0.91)	0.44 (0.90)	108980	.404	0.02*
Thoughts of suicide	0.25 (0.69)	0.19 (0.61)	116680	.054	0.04*
Turning to family members or friends for help	1.56 (1.14)	1.76 (1.14)	100210	.008	0.10*
Praying	1.47 (1.30)	1.69 (1.41)	103390	.032	0.08*
Use of mental health services	0.22 (0.65)	0.20 (0.58)	111310	.872	0.004*

Notes. *M* = mean, *SD* = standard deviation, *t*(*df*) = Student *t* test value (degrees of freedom), *U* = nonparametric Mann-Whitney test value, *p* = statistical significance, *d* = Cohen's *d* or *Cliff's *delta* (for ordinal variables) effect size value.

As there was a significantly larger proportion of persons with a university degree in the victim family group than in the non-victim group, an additional ANOVA analysis was carried out in order to evaluate the explanatory power of the education level (with or without a university degree) for the observed group differences. The result of this analysis confirmed that none of the observed group differences was directly attributable exclusively to the education level differences.

3.4. Relationship between the main study variables

In order to assess the relationship among the main study variables with observed group differences, the correlation among these variables were calculated (Table 5).

Table 5. Correlations among the main study variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
1. WHO-5	-														
2. Happiness [†]	.54***	-													
3. LEC	-.05	-.09***	-												
4. RS-14	.55***	.41***	.01	-											
5. LOT-R	.40***	.38***	-.04	.47***	-										
6. Hope [‡]	.43***	.54***	-.03	.46***	.44***	-									
7. Identification with the family history	.09**	.03	.17***	.11***	.14***	.10***	-								
8. Family member experiences of political repressions	.09**	.07*	.09***	.09**	.14***	.11**	.30***	-							
9. Not knowing about the family member experiences	.01	-.02	.03	-.06	-.09**	.02	-.15***	-.04	-						
10. Sadness [‡]	.02	.01	.05	.06	.03	.00	.26***	.13***	.01	-					
11. Symbols and humour [‡]	.10*	.05	.10*	.02	.07	.08	.10*	.08*	.00	-.07	-				
12. Strength and pride [‡]	.03	.05	.09*	.06	.14***	.12***	.24***	.25***	.00	.16***	.39***	-			
13. Mother overprotection	.01	.00	-.02	-.02	-.16***	-.03	-.09**	-.08*	.08*	.01	-.02	-.04	-		
14. Father care	.14***	.12***	-.11***	.18***	.06	.13***	.05	.08*	-.10***	.07	-.03	-.04	.11***	-	
15. Turning to family members and friends for help [‡]	.06	.02	.06	.06	.11***	.10***	.05	.09**	.02	.11**	.08*	.16***	-.03	.03	-
16. Religious practices (praying) [‡]	-.01	-.03	.00	.03	-.05	-.01	.11***	.06*	-.07*	.23***	-.11**	.02	.16***	.16***	.12***

Notes. WHO-5 = WHO Well-being Index, LEC = Life Event Checklist, RS-14 = The 14-Item Resilience Scale, LOT-R = The Revised Life Orientation Test. [†]Spearman correlations. * $p < .05$, ** $p < .01$, *** $p < .001$.

The analysis of the associations among the main study variables revealed that identification with the family history correlated with almost all variables of the psychological well-being and resilience traits, as well as to the majority of the protective factors for transgenerational historical trauma transmission. In addition, the link between family member experiences of political repressions and the identification with the family history was the strongest compared to the links among with the all other variables. Therefore, the identification with the family history was chosen as the main variable in the possible models of the process of psychological resilience to the transgenerational trauma transmission that were further tested with SEM analysis.

3.5. The model of psychological resilience to the transgenerational trauma transmission

In order to confirm the protective function of identification with the family history in the process of transgenerational trauma transmission, a structural equation model was formulated (Fig. 1). As expected, because of a large sample size ($N = 836$), a significant value of χ^2 was observed; however, the CFI, TLI and RMSEA indices indicated good model fit (Table 6). Thus, it can be concluded that the SEM1 model explained the observed data very well.

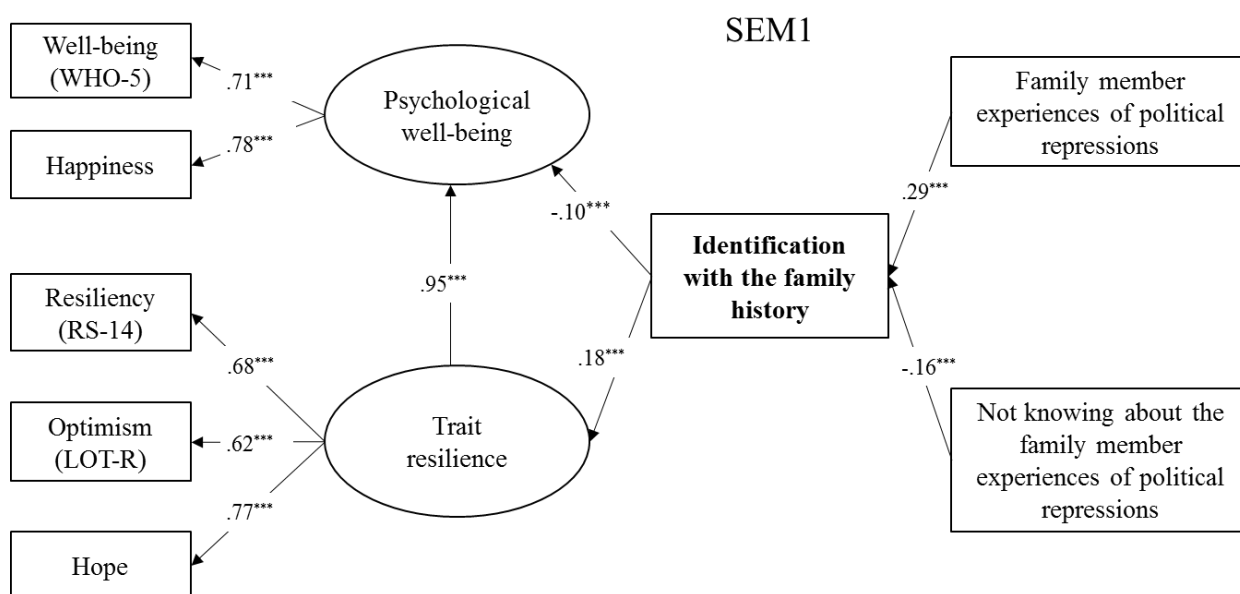


Fig. 1. Structural equation model along with the standardized coefficient values

Notes. * $p < .05$, ** $p < .01$, *** $p < .001$

The results of the structural equation modelling showed that all predicted relationships between the variables were statistically significant (Fig. 1). In the SEM1 model, higher scores of the identification with the family history were directly predicted by more family member experiences of political repressions and more knowledge about

the family member experiences. The direct link between the identification with the family history and psychological well-being was weakly negative. Meanwhile, the indirect link of identification with the family history and well-being through the trait resilience was positive. The prognostic power of the latent factor of trait resilience to the latent factor of psychological well-being was very high.

Table 6. Model fit indices of the formulated structural equation models

Model	χ^2	<i>df</i>	<i>p</i>	CFI	TLI	RMSEA [90% CI]
SEM1	42.35	17	.001	.990	.984	.042 [.026, .058]
SEM2	59.50	22	< .001	.986	.977	.045 [.032, .059]

Notes. *N* = 836, χ^2 = Chi-square value, *df* = degrees of freedom, *p* = statistical significance, CFI = Comparative fit index, TLI = Tucker-Lewis index, RMSEA = Root Mean Square Error of Approximation index.

The second structural equation model SEM2 (Fig. 2) formulated to assess the impact of university degree factor to the psychological resilience process to the transgenerational trauma transmission model. The SEM2 model fitted the observed data well (Table 6). Again, due to the large sample size the χ^2 got inflated; however, the CFI, TLI and RMSEA indices indicated good model fit.

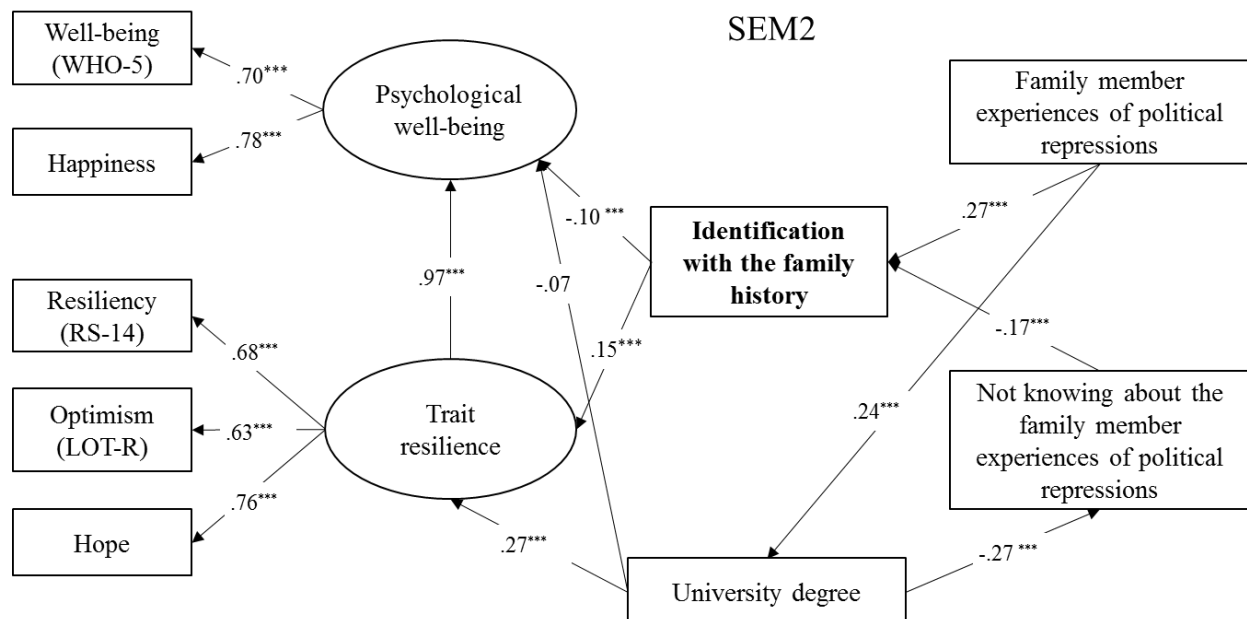


Fig. 2. Structural equation model along with the standardized coefficient values

Notes. * *p* < .05, ** *p* < .01, *** *p* < .001

The results of structural equation modelling showed that, after the addition of the university degree variable, all the relationships in the initial model retained the statistical significance (Fig. 2). The direct negative predictive power of identification with the family history to psychological well-being remained the same, while the positive predictive power of the former variable to trait resilience has slightly decreased from .18 to .15, but

remained statistically significant. The SEM2 model revealed that an indirect positive predictive power to the psychological well-being through trait resilience was strengthened following the university degree variable addition. The direct prognostic effect of the university degree factor to the psychological well-being was not statistically significant. Addition of the university degree variable to the model resulted in a slight increase of the already very strong relationship between the trait resilience and psychological well-being. With the introduction of the university degree variable in the second model, the predictive power of the family member experiences of political repressions to the identification with the family history has slightly decreased from .29 to .27. Also, the predictive negative power of not knowing about the family member experiences of political repressions to the identification with the family history has slightly increased from -.16 to -.17. The SEM2 model indicated a statistically significant positive predictive power of family member experiences of political repressions to the participants' university degree and a significant negative predictive power of university degree to the not knowing about the family member experiences of political repressions. In summary, the model fit indices of both SEM1 and SEM2 models were very similar ($\Delta CFI = .004$; $\Delta TLI = .007$; $\Delta RMSEA = .003$). Thus, both models fitted the observed data very well.

3.6. The analysis of prognostic factors of the identification with the family history

In order to assess the prognostic power of other risk and protective factors of transgenerational trauma transmission to the identification with the family history, a five step hierarchical regression analysis was conducted with the identification with the family history as the dependent variable (Table 7). The regression model included only those variables, which were found associated with the identification with the family history and showed between-group differences.

The first step of the hierarchical regression analysis showed that family member experiences of political repressions and the lack of knowledge of such experience explained only a very small part (6%) of the variation in the identification with the family history variable, $R^2 = .06$, $F(2, 561) = 17.79$, $p < .001$. Introducing the university degree variable in the second step explained an additional 2% of the variation in the identification with the family history, $R^2 = .08$, $F(3, 560) = 16.49$, $p < .001$. After the introduction of the three styles of family communication about the historical trauma in the third step, regression model explained an addition of 8% of the variation in the identification with the family history, $R^2 = .16$, $F(6, 557) = 17.76$, $p < .001$. In the fourth step, the variable of mother overprotection was introduced in the regression model and it overall explained 17% of the variation in the identification with the family history, $R^2 = .17$, $F(7, 556) = 15.95$, $p < .001$.

Table 7. Coefficients of the hierarchical regression analysis for variables predicting identification with the family history

	Step 1		Step 2		Step 3		Step 4		Step 5						
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β			
Family member experiences of political repressions	.32	.06	.24***	.29	.06	.21***	.22	.06	.16***	.21	.06	.16***	.20	.05	.15***
Not knowing about the family member experiences	-.04	.03	-.06	-.02	.03	-.04	-.02	.03	-.02	-.01	.03	-.02	-.01	.03	-.01
University degree	-	-	-	1.02	.28	.15***	.94	.27	.14***	.89	.27	.13**	.90	.27	.13***
Sadness	-	-	-	-	-	-	.41	.07	.22***	.42	.07	.23***	.37	.07	.20***
Symbol and humour	-	-	-	-	-	-	.13	.08	.07	.14	.07	.07	.15	.08	.08
Strength and pride	-	-	-	-	-	-	.22	.08	.12**	.22	.08	.12**	.22	.08	.13**
Mother overprotection	-	-	-	-	-	-	-	-	-	-.11	.05	-.08*	-.13	.05	-.10*
Praying	-	-	-	-	-	-	-	-	-	-	-	-	.27	.09	.12**

Notes. *B* = Unstandardized coefficient, β = Standardized coefficient, *SE* = Standard Error.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Finally, in the fifth step, a variable of coping strategies (i.e. praying) were added. Together all eight independent variables accounted for 18% of the variance in the identification with the family history, $R^2 = .18$, $F(8, 555) = 15.27$, $p < .001$. In the final model, six out of eight predictor variables were statistically significant, with sadness in family communication exhibiting the highest prognostic value.

Comparing the hierarchical regression steps with each other, it turned out that introduction of new predictors resulted in a statistically significant change of R^2 , i.e. the extent to which models explained the variation in the identification with the family history (all p 's $< .05$). However, the most significant change of R^2 was observed in the third step, after the introduction of family communication variables. The expression of sadness in family communication about historical trauma was the most significant predictor of the identification with the family history. Other three most significant predictors were family member experience of political repressions, university degree and the sense of strength and pride felt in family communications about historical trauma.

4. DISCUSSION

The purpose of this dissertation thesis was to assess the long-term consequences of historical family trauma on the person's psychological well-being and psychological resilience traits in the general population of Lithuania, as well as to identify the factors related to the psychological resilience of the offspring, and to propose a model of psychological resilience to the transgenerational historical trauma transmission. Quota sampling, according to the Lithuanian census data (Lietuvos statistikos departamentas, 2013), was used, therefore the structure of the study sample fully meets the proportions of Lithuanian population based on age, gender, residential area and educational level. Carefully collected data allows us to rely on the results of the study and to make significant conclusions about the long-term consequences of the historical trauma for the offspring in Lithuania.

4.1. Psychological well-being and trait resilience of the offspring of historically traumatized families

Results of this study showed that the offspring of historically traumatized families have, on average, experienced significantly more potentially traumatic events in their lives than those who did not have such family history. Nevertheless, they did not differ from the control group in their post-traumatic reactions. As in scientific literature, exposure to more potentially traumatic events is associated with more PTSD symptoms (Darves-Bornoz et al., 2008), some sort of psychological resilience of the historically traumatized

families can be implied. Large scale meta-analytical studies of non-clinical samples do not confirm secondary traumatization of the offspring of Holocaust survivors (Sagi-Schwartz et al., 2008; Van IJzendoorn et al., 2003). Similarly, in this study, the descendants of politically repressed families in Lithuania also do not report signs of secondary traumatization, which would be reflected in more pronounced PTSD reactions. Moreover, in this study, the offspring of victim families indicated significantly higher well-being scores and were subjectively happier than the comparison group. All of this suggest the outcome of psychological resilience – good mental health, despite the significant difficulties in life.

Results of this study also showed that the offspring of politically repressed families in Lithuania have more pronounced traits of psychological resilience than those with no family experience of historical trauma. First, they scored significantly higher in the RS-14 scale, which indicate resiliency. Second, the offspring of historically traumatized families were significantly more optimistic and more hopeful than the comparison group. The additional analysis conducted to evaluate the potential explanatory power of the university degree variable showed that the found differences between the non-victim and victim group are not solely determined by the higher education of the offspring of politically repressed families. Thus, this research confirmed the psychological resilience of historically traumatized families both from the perspective of the outcome and personality trait approaches.

Similarly, as in the meta-analysis of Holocaust studies (Sagi-Schwartz et al., 2008; van IJzendoorn et al., 2003), in this study no signs of secondary traumatization in the offspring of politically repressed families were observed. However, despite the rare occurrence of secondary traumatization in the clinical samples, many researchers primarily focus on the adverse consequences of historical family trauma. There is a great deficit of research on psychological resilience to the transgenerational trauma transmission. Bonanno (2004) emphasize that when scientists ignore or underestimate the psychological resilience and aim to research only psychopathological reactions despite their rarity, the key factors that ensure adaptation and successful functioning remain obscure. According to Bonanno and Mancini (2012), it is likely that theories, which describe not only risk but also protective factors, are the most valuable in trauma psychology. Giladi and Bell (2013) argue that the absence of secondary traumatization does not mean that there is no transgenerational trauma transmission, but merely indicates the psychological resilience or post-traumatic growth. Denham (2008) also emphasizes that people experience, interpret and transfer the effects of traumatic experiences to later generations very differently, unfortunately, alternative manifestation of historical trauma consequences or psychological resilience are rarely described in scientific literature.

A superior quality of life, a higher satisfaction with life and a stronger sense of optimism and hope were observed in a study by Shrira and colleagues (2011). The authors of the study explained this result by a special role that the offspring of Holocaust survivors had in the family – they were their parents’ extension for a hopeful life, social integration, and goal fulfilment. There are almost no research on the psychological resilience of the offspring of historically traumatized families in post-Soviet countries. One of the few, a study by Kazlauskas and Želvienė (2015) showed a greater psychological well-being of the offspring of politically repressed families, and the higher well-being estimates were better explained by the historical family trauma than the potentially traumatic experiences of the participants themselves. Similarly, in our study, the offspring of politically repressed families had a superior psychological well-being and more trait resilience, despite having experienced significantly more potentially traumatic events. Kazlauskas and Želvienė (2015) suggest several explanations for the psychological well-being of the offspring of historically traumatized families. First, the survivors of Soviet political repressions were more likely to adapt to social changes after the restoration of the independence of Lithuania, because they were eager to start a new life after a long period of persecution during the Soviet rule. Meanwhile, the non-victim families could have been more adapted and functioned better under the Soviet regime and could encountered more difficulties in the event of major social change. Second, the social recognition of the victims’ contribution to Lithuania’s independence may have promoted their psychological well-being due to the particularly important and curative power of reparative justice. All of this could have strengthened the resilience of the whole family, and, at the same time, the psychological well-being of the later generations (Kazlauskas & Želvienė, 2015).

It is known that reparative justice – a favourable social context, acknowledgment of the trauma, efforts to compensate for the experienced harm and to restore justice – is a very important factor in helping the survivors to accept and cope with the psychological consequences of historical trauma (Danieli, 2009). Social recognition is one of the important factors predicting the PTSD reactions and possible trajectories of psychopathology of survivors, and can therefore be considered a protective factor for historical trauma (Maercker & Horn, 2013; Maercker, Povilonyte, Lianova, & Pöhlmann, 2009). On the one hand, social recognition and efforts of reparative justice after the restoration of the independence of Lithuania could have contributed to the well-being of victim families. On the other hand, it is important to keep in mind that many victims have lived for a long time in a disadvantaged social context under the Soviet rule and this could have impaired their coping with traumatic past. Therefore, the impact of reparative justice on the psychological well-being of politically repressed families in Lithuania may be ambiguous. The psychological resilience of the subsequent generations of politically

repressed families in our research could also be related to the specifics of the historical trauma itself: Soviet repressions in Lithuania and other countries were conducted not on the national or religious basis, but aimed at the most active part of the society. Those repressed first were the most educated, most accomplished, most politically active people, who could actively oppose the Soviet occupation and mobilize others for this cause (Anušauskas, 2005a; Gailienė, 2008; Kuodytė, 2005). It may be that those who survived persecutions had more psychological resources and this psychological strength could later be passed on from one generation to the other.

4.2. Protective factors of the transgenerational historical trauma transmission

Results of this study revealed that the offspring of historically traumatized families in Lithuania have significantly more accurate knowledge of their family member experiences than those from non-victim families. This could be also related to the other result of this study that in the former families there were significantly more discussions about the traumatic events occurring in Lithuania during the Second World War and the post-war years. Around 85% of victim families discussed the topic of historical trauma, compared to 56% of non-victim families. It is understandable that during these conversations the offspring also learn about their family member experiences of political repressions. It is important to emphasize that this reflects general knowledge about the experiences of family members, irrespective of presence or absence of Soviet political repressions in the family history. Inaccurate knowledge reflects the participant inability to indicate whether their family member suffered political repressions or not.

Many adverse consequences of transgenerational trauma transmission are associated with the conspiracy of silence, i.e. avoidance to talk about the traumatic experience, family secrets (Bar-On et al., 1998; Braga et al., 2012; Liem, 2007; Nagata & Cheng, 2003; Wiseman et al., 2002). The fact that the offspring of politically repressed families indicated significantly more family discussions about historical trauma and had more accurate knowledge of family member experiences of political repressions may indicate that there were less secrets and silence in these families. Other studies also found that the offspring of historically traumatized families, whose families were openly talking about the traumatization, did not report poorer psychological well-being than those from non-victim families (Wiseman et al., 2002). According to the insights of Braga and colleagues (2012), family conversation about the painful historical experiences, perhaps also about the political persecutions of the family members, could help the descendants to achieve both a psychological and a biographical integration of the historical family trauma. Tarakeshwar, Hansen, Kochman, Fox and Sikkema (2006) also argue that more positive attitudes of victims towards sharing their painful experiences are linked to greater

psychological resilience. According to Cohen, Meek and Lieberman (2010), psychological resilience of the Holocaust survivors enables them “to remember the past, to share meaningful stories with others, to understand how and why they survived, and to find the meaning in the aftermath of such injustice”.

Another important result of the study was the offspring’s of politically repressed families significantly greater *identification with the family history* (i.e. a desire to always learn more about family history, to tell others about it and the importance of family history in understanding who they are) than those from non-victim families. Contrary to our research, the identification with the victim group is associated with group victimization and the adverse consequences of transgenerational trauma transmission in other studies (Karenian et al., 2011; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011). However, our study used a new instrument to measure participants’ identification with their family history, necessitated by the specifics of historical trauma in Lithuania, which differed from Holocaust and other genocides. The questionnaire used in this study aimed specifically at identification with the family history rather than the ethnic community, since the Soviet political persecution was directed not towards the whole nation, but to a particular part of society. Therefore, results of this study cannot be directly compared to the results of other studies that assess identification with ethnic group or religious community. However, some authors point out that identification may also protect against the victimization through strong interpersonal relationships, social support, and a wider social activity of the offspring, which goes beyond the limited role of the victim group (Braga et al., 2012; Kiser et al., 2010). Our research shows that family history is extremely important for the later generations of politically repressed families. At the same time, since the questionnaire used in the study included items about the willingness of the participants to learn as much as possible about their family history, as well as telling and sharing this story with others, it can be assumed that these narratives of the family history are not taken passively, but the offspring themselves make active efforts to cherish them.

Comparison of *family communication* about traumatic events during the Second World War and the Soviet regime in Lithuania revealed that there were significantly more expression of sadness, more use of symbols or humour, and more expression of strength and pride in conversations of victim families than of non-victim ones. Apart from the more frequent expression of sadness, other excessive emotional, accusatory or frightening communication, which would be associated with the adverse effect of transgenerational trauma transmission (Braga et al., 2012; Lichtman, 1984; Shrira, 2016; Wiseman et al., 2006), was not found in this study. The more frequent use of symbols or humour, as well as the sense of strength and pride in family conversations, could mean that the traumatic

experiences of victims were psychologically processed and integrated into a consistent narrative of life (Canham et al., 2016). According to Braga and colleagues (2012), psychological resilience can be transmitted from one generation to another through an open, warm communication and personal storytelling, in which humour is used as a symbolic resource. It is more difficult to explain the association between resilience of the offspring of victim families and the more frequent expression of sadness in their communication. The ability to grieve, to be open to sadness could reflect the processing of trauma; hence, the more frequent expression of sadness in family conversations could be attributed to the healing process, which takes place during these talks (Kiser et al., 2010). Alternatively, it could represent an already processed trauma. For example, in one of the evidence-based psychotherapies for PTSD, clients often say that they become “sadder, but wiser” (Gersons & Schnyder, 2013).

Results of our study showed that the descendants of historically traumatized families retrospectively evaluate their mothers being significantly less overprotecting and fathers being more caring during their childhood. Thus, this study also did not reveal the more disturbed *parent-child relationships* in victim families, which would be associated with the adverse consequences of transgenerational trauma transmission (Fossion et al., 2015; Han, 2005; Kaitz et al., 2009; Schwerdtfeger et al., 2013; Weingarten, 2004). Parental overprotection in childhood is considered one of the risk factors of psychosocial development, and when it occurs less, children are encouraged to a healthier development (Parker, 1983). According to Field and colleagues (2011) overprotection, received from mother in childhood, is a significant mediator of the association between parental traumatic symptoms and the symptoms of depression or anxiety in children. Thus, the less frequent mother overprotection in victim families can be associated with well-being and resilience of the offspring in our study. Significantly more caring behaviour of fathers may have directly contributed to the offspring resilience as well. Research shows that greater parental care, warmth and support contributes to children’s better mental health and greater sense of coherence (Han, 2005; Punamäki, Qouta, Miller, & El-Sarraj, 2011).

Finally, a comparison of the study groups of victim and non-victim families has highlighted the differences in certain strategies of *coping with difficulties*. The offspring of politically repressed families significantly more frequently turn to their family members or friends for help in addition to praying. Again, this study did not find more non-adaptive or avoidant coping, associated with the adverse consequences of transgenerational trauma transmission (Giladi & Bell, 2013; Wu, 2011). Participants of victim families did not differ from the control group in terms of turning to work or other activities to distract themselves from their difficulties, using alcohol as a means to suppress thoughts and feelings, using medication (antidepressants, sedatives or hypnotics), and thinking of suicide. This is

consistent with other findings of this study that the offspring of victim families did not show signs of secondary traumatization. The more frequent contact with family members or friends for help among the participants from victim families is consistent with the scientific literature, in which adaptive coping strategies, such as social support, strengthens the psychological resilience of the whole family, and has a positive impact on later generations (Wu, 2011). Social support is widely recognized as having a protective effect in the face of traumatic experience (Flannery, 1990), so the active search for support may be associated with psychological resilience.

The tendency to contact family members or friends for help and more frequent praying was observed in earlier studies of survivors of Soviet political repressions as well. Results of the study by Kazlauskas (2006) revealed that the most commonly used coping strategies of Lithuanian political prisoners and deportees were faith in God, the support of families and relatives and spiritual strength. In a qualitative study by Vaskelienė (2012), children of survivors of Soviet political repressions also point out that social support and faith in God helped their parents to survive. The second generation of political prisoners and deportees also identified that they inherited values and personality hardiness from their parents, which could have influenced the formation of their coping strategies. Thus, it can be assumed that these coping strategies, which have been tested and proven to be helpful in particularly difficult times, could be transmitted from one generation to another, contributing to the psychological resilience of the offspring.

4.3. The model of psychological resilience to the transgenerational trauma transmission

Looking at the effect sizes of observed group differences in the current study, it was clear that *identification with the family history* is the most significant factor differentiating the victim and non-victim family groups. An analysis of the associations between study variables has also shown that identification with the family history could be the main protective factor in transgenerational trauma transmission, because it relates to almost all variables of psychological well-being and trait resilience, as well as with most risk and protective factors of transgenerational trauma transmission. The identification with the family history had the strongest link with the extent of family member experiences of Soviet political repressions – their correlation coefficient was the highest compared to other protective factors of transgenerational trauma transmission. Thus, a model of psychological resilience to transgenerational trauma transmission was formulated, in which family member experiences of political repressions and not knowing of such experiences were understood as the risk factors, the main protective factor of transgenerational trauma transmission is the identification with the family history, while

psychological well-being and trait resilience are understood as the consequences of transgenerational trauma transmission. A good model fit was confirmed by the results of structural equation modelling analysis.

The negative link between identification with the family history and psychological well-being identified in the model is comparable to the association between identification with victim group or ethnic community and adverse consequences of transgenerational trauma transmission, which is found in other research (Karenian et al., 2011; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011). Nevertheless, our model indicates a positive relationship between identification with the family history and trait resilience, which basically determines psychological well-being in this model. In this way, identification with the family has an indirect positive relationship with psychological well-being through trait resilience. One of the possible explanations could be the protective function of identification with the family history, mentioned by the authors of other studies, through strong interpersonal relationships, received social support and social activity of the offspring (Braga et al., 2012; Kiser et al., 2010), which, in turn, could enhance the psychological resilience and optimism, give the purpose of life and contribute to better psychological well-being.

So far, there is no universally agreed consensus among scholars about the impact of identification with traumatic family history on psychological well-being. Bernard, Whittles, Kertz and Burke (2015) argue that it depends on the main event (that could be a positive or a negative one), which is chosen as a central figure for the identity formation. If the descendants of politically repressed families choose a positive event, for example, the fact that their family members fought for the independence of Lithuania, or that they managed to survive in the extremely difficult environment of exile, the identification with the family history could strengthen their psychological well-being.

Again, it is important to note that in this study, identification is associated not with a broad ethnic group or religious community, as in other research of historical trauma (Braga et al., 2012; Karenian et al., 2011; Kiser et al., 2010; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011), but with a narrow family circle. Thus, it can be assumed that the importance of family is especially high in the psychological resilience to transgenerational trauma transmission. Fossion and others (2014) have shown that Holocaust survivors who had children were more resilient than those, who did not have children. Results of qualitative research reveal how Holocaust survivors give meaning to their traumatic experiences in seeking to cherish their family, to transfer values, and to contribute to the building of community and the upbringing of younger generations (Canham et al., 2016; Cohen et al., 2010). It is possible that the perception of family importance is also transmitted from one generation to another. For example, some

studies, regarding the psychological resilience of the offspring of historically traumatized families, describe their prosocial behaviour, sense of maturity, the obligation to educate others about the historical trauma, and more active participation in political activities (Chaitin, 2000; Karenian et al., 2011; Lazar et al., 2008; Lupu & Peisakhin, 2016; Major, 1996). Identification with the family history can also be understood as a narrative of family history. According to Kiser and colleagues (2010), traumatic stories can help to strengthen both personal and family identity. Many authors emphasize the adverse effect of silent, fragmented and inconsistent narrative of family history on psychological well-being (Crawford, 2013; Goodkind, Hess, Gorman, & Parker, 2012) and the need for later generations to construct a consistent narrative of family history in order to achieve psychological resilience and well-being (Denham, 2008; Stein, 2009).

Further analysis using the structural equation modelling explored the role of the education level in the model of psychological resilience to transgenerational trauma transmission. It showed that the addition of the university degree variable did not diminish the significance of the protective function of identification with the family history in the model. Nevertheless, the links between resilience and the *university degree* suggest it may be considered as another protective factor of transgenerational trauma transmission. The higher education of the political repression survivors and their descendants is also found in previous studies in Lithuania. In the large scale study of political prisoners and deportees by Kazlauskas (2006), 15% of participants had university degree, whereas according to the data of Lithuanian Department of Statistics, only 8% of general population of Lithuania of this age (70-year-olds) had a university degree. A follow-up study by Vaskelienė (2012) showed that 54% of the second generation of survivors had a university degree, compared to the 24% found in general Lithuanian population of this age (40- to 60-year-olds). Higher education of the survivors of political repressions is also found in other post-Soviet countries (Bichescu et al., 2005; Rebassoo, 2008). On the one hand, the Soviet regime aimed persecutions precisely to the most intelligent people; on the other hand, many young people, who were at the time studying at school or university, were deported and imprisoned (Anušauskas, 2005a; Gailienė, 2008; Kuodytė, 2005). According to Kazlauskas (2006), historical trauma survivors may have had a high motivation to study or complete their interrupted studies, after they came back from exile or imprisonment in labour camps. It may also be that more intelligent individuals have better adapted and survived the difficulties of persecution, since higher level of education is associated with psychological well-being (Kazlauskas, 2006). The pursuit of education and knowledge may be one of the values of the victim families, which is transmitted from one generation to another, thereby contributing to the psychological resilience of the offspring.

Finally, in this study, a hierarchical regression analysis was conducted to identify the significant predictors of identification with the family history. Results of the analysis showed that in each step, with the addition of new variables to the predictive model, both family member experiences of political repressions and university degree factors kept their predictive significance. An unexpected result of the analysis was that the greatest predictive power to the identification with the family history belonged to expression of sadness in family communication about the historical events. Perhaps the identification with the family history may be seen as a formation of a coherent family narrative, since the expression of sadness is associated with the healing process of family communication (Gersons & Schnyder, 2013; Kiser et al., 2010). However, more research is needed to explore this relationships further and suggest potential mechanism explaining it.

4.4. Limitations of the study and guidelines for further research

Despite the significance of this study in contributing to a better understanding of long-term consequences of historical family trauma, it is important to discuss the limitations of the study and to propose guidelines for further research. First, the effect sizes of the observed differences between the non-victim and victim families of Soviet political repressions were rather small. However, it should be emphasized that the transgenerational trauma transmission is a complex phenomenon, which involves many different factors and has an impact on many aspects of the offspring's life. Thus, looking at the general population rather than the clinical samples, delicate yet significant differences can be expected.

Second, the analysis of family member experiences of Soviet political repressions in this study was based not on the factual information, but on the participants' knowledge about the experiences of their parents and grandparents. Hence, the assessment of historical family trauma could have been influenced by the subjective perception of study participants, especially when they were asked to evaluate if their family members have otherwise suffered from Soviet political repressions. Future studies could incorporate the official factual information about the experiences of Soviet political repressions. At the same time, we assume that it is the offspring's knowledge that is more important for the transgenerational trauma transmission. It is likely that the main protective factor identified in our study (i.e. identification with the family history) is much more related to the offspring's knowledge, than the factual information of family member experiences of political repressions, because identification with the family history is partially described by the persons' willingness to learn as much as possible about family history and to tell others about it.

Third, due to the specifics of historical trauma of Soviet political repressions, a new instrument to evaluate the identification with the family history was developed. Hence, it is difficult to compare the obtained results with other research. More studies in other populations with similar experiences, for example, in Latvia, Estonia, Poland and other post-Soviet countries, are needed to fully understand the importance of identification with the family history for the psychological resilience to transgenerational trauma transmission.

Fourth, in the absence of longitudinal data, it is not possible to evaluate the process of transgenerational trauma transmission directly. Therefore, the transgenerational trauma transmission described in this study is based on the observed consequences and assumptions about the process itself. Future studies could use longitudinal data to assess the model further. It has to be acknowledged, though, that longitudinal research on general populations, rather than clinical or select samples, would require enormous resources.

Fifth, the unexpected result that more frequent expression of sadness in family discussions about the traumatic historical events had the most significant predictive power to the greater identification with the family history requires more research. Future studies, aimed at the more detailed analysis of communication in politically repressed families, should examine the association between expression of sadness and identification with the family history.

Finally, in order to better understand the long-term consequences of historical family trauma, more research aimed at the psychological resilience and protective factors of transgenerational trauma transmission is needed. The general population research is of no lesser practical significance than studies involving only clinical samples, because it also helps to understand the trajectories of psychopathological reactions and to formulate the preventive measures.

CONCLUSIONS

1. In the Lithuanian population, the second and third generation offspring of politically repressed families do not differ in their post-traumatic reactions from those, who do not have such historical trauma experience in their family, but they are characterized by higher estimates of psychological well-being, subjective happiness, resiliency, optimism and hope.
2. Significant protective factors involved in transgenerational trauma transmission in Lithuanian population are the following: more accurate knowledge of family member experiences of political repressions; greater identification with the family

history; more frequent expression of sadness, use of more symbols or humour, and more frequent expression of strength and pride in family communications about historical events; less frequent mother overprotection and more frequent father care in childhood; more frequent contact with family members or friends for help and praying.

3. A model of psychological resilience to transgenerational trauma transmission was formulated and evaluated, in which:
 - a. The main protective factor of transgenerational trauma transmission is identification with the family history;
 - b. Family member experiences of political repressions predict a greater identification with the family history, while inaccurate knowledge of family member historical trauma experiences predicts lesser identification.
 - c. Identification with the family history directly predicts higher resiliency, optimism and hope, as well as poorer psychological well-being and subjective happiness. The positive link between identification with the family history and well-being is only indirect – through the traits of resilience.
 - d. The factor of holding a university degree in the complementary model does not change the described prognostic links, but can also be seen as an additional protective factor in the process of transgenerational trauma transmission.
4. The factors that predict greater identification with the family history include: family member experiences of political repressions, university degree, more frequent expression of sadness, strength and pride in family communication about the historical events; less frequent mother overprotection in childhood, and more frequent praying. The most significant predictor of identification with the family history is the expression of sadness in the family conversations about historical traumas.

DISERTACIJOS IŠSAMI REZIUMĖ

Eglė Mažulytė-Rašytinė

ŠEIMOS ISTORINIŲ TRAUMŲ ILGALAIKIAI PADARINIAI: VĖLESNIŲ KARTŲ PSICHOLOGINIO ATSPARUMO TYRIMAS

Traumų psichologijos srityje vis dar trūksta gilesnio supratimo apie istorines traumas patyrusių žmonių ir jų palikuonių atsparumą bei šeimos stiprybes, sušvelninančias traumavimo padarinių poveikį vėlesnėms kartoms ar užkertančias kelią perduoti neigiamas traumavimo pasekmes iš kartos į kartą ir užtikrinančias pozityvią raidą. Taip pat vis dar trūksta tyrimų, galinčių paaiškinti pasitaikančią istorinių traumų paliestų šeimų palikuonių geresnę psichologinę savijautą bei funkcionavimą nei jų bendraamžių be trauminės šeimos patirties.

Istorinių traumų paliestų šeimų vėlesnių kartų atsparumas buvusiose Sovietų Sąjungos šalyse, kuriose ilgą laiką vykdytos komunistinio režimo represijos, yra iki šiol beveik netyrinėta tema. Didžiaja dalimi turimos žinios sukauptos remiantis Holokausto padarinius tyrinėjančių studijų rezultatais, tačiau buvusių Sovietų Sąjungos valstybių patirtis kitokia – čia ilgalaikį traumavimą daugiausia vykdė sovietinis režimas. Svarbus sovietinių represijų skirtumas nuo nacių vykdyto Holokausto – represijos vykdytos ne tautiniu pagrindu, bet nukreiptos į pačius aktyviausius visuomenės veikėjus, galėjusius labiausiai priešintis okupacijai ir tam telkti kitus (Anušauskas, 2005a; Gailienė, 2008; Kuodytė, 2005). Svarbu paminėti ir tai, kad Lietuvoje okupantų vykdytas represijas išgyvenusiujų patirtis yra labai specifinė – net ir pasibaigus tremties ar įkalinimo laikui, nukentėjusieji ilgą laiką buvo priversti slėpti savo skausmingą praeitį, nes per visą sovietmetį buvo vienaip ar kitaip diskriminuojami, persekiojami ar žeminami (Anušauskas, 2005b; Gailienė, 2008).

Šioje disertacijoje aprašomas tyrimas yra vienas pirmųjų bandymų įvertinti sovietines politines represijas išgyvenusių Lietuvos šeimų stiprybę ir apsauginius veiksnius, prisidedančius prie vėlesnių kartų psichologinio atsparumo. Tačiau mūsų tyrimas aktualus ne tik Lietuvos kontekste, bet ir plačiąja prasme, kadangi prisideda prie geresnio istorinių traumų bei jų padarinių supratimo psichotraumatologijoje, kur vis dar trūksta galimo šeimos istorinių traumų psichologinio atsparumo proceso modelio aprašymų.

Daugelis sunkaus traumavimo psichologinių padarinių perdavimo tarp kartų tyrimų atskirai vertina skirtingus šio proceso aspektus. Nepaisant kai kurių autorių bandymo kokybinių studijų pagalba atrasti galimus tarpgeneracinio istorinių traumų padarinių

perdavimo mechanizmus (Braga et al., 2012; Kaitz et al., 2009; Wiseman, 2008), iki šiol nėra vieningo modelio apibendrinančio galimus poveikio veiksnius. Traumavimo padarinių perdavimą tarp kartų tyrinėjantys mokslininkai pabrėžia, jog tie patys veiksniai, dalyvaujantys traumavimo padarinių perdavimo procese gali turėti neigiamas, antrinį traumavimą paskatinančias, arba teigiamas, nuo tokio traumavimo apsaugančias, pasekmes (Braga et al., 2012; Giladi & Bell, 2013; Vaskelienė, 2012; Weingarten, 2004; Wohl & Van Bavel, 2011; Wu, 2011). Tuo pačiu daugelis traumavimo padarinių perdavimo tarp kartų aspektų yra tarpusavyje susiję. Antai Wohl ir van Bavel (2011) savo tyrime parodė, kad šeimos noras atvirai diskutuoti apie Holokausto patirtį turi įtakos identifikacijos ir potrauminių simptomų ryšiui. Dėl šių priežasčių kyla poreikis tirti įvairius traumavimo padarinių perdavimo proceso aspektus kartu, įvertinant jų tarpusavio sąveiką. Atskiras šių aspektų vertinimas gali apsunkinti tokių studijų rezultatų apibendrinimą, kadangi tam tikri į analizę neįtraukti veiksniai gali turėti reikšmingos įtakos tyrinėtiesiems mechanizms ir dėl to paveikti bendrą rezultatą.

Remiantis įvairių autorių tyrimais (Bar-On et al., 1998; Braga et al., 2012; Field et al., 2013; Giladi & Bell, 2013; Han, 2005; Iliceto et al., 2011; Kaitz et al., 2009; Letzter-Pouw et al., 2014; Major, 1996; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Schwerdtfeger & Goff, 2007; Schwerdtfeger et al., 2013; Vaskelienė, 2012; Weingarten, 2004; Wiseman et al., 2002, 2006; Wohl & Van Bavel, 2011) galima išskirti keturis istorinių traumų psichologinių padarinių perdavimo tarp kartų proceso aspektus: 1) komunikacija šeimoje apie trauminę patirtį; 2) palikuonių identifikacija su šeimos istorija ar nukentėjusiųjų grupe; 3) trauminių išgyvenimų paveikti santykio tarp tėvų ir vaikų aspektai: prierašumas, šeimoje naudojami auklėjimo stiliai ir pan.; 4) šeimoje išmolti psichologinės sunkumų įveikos būdai. Savo ruožtu šis procesas gali paveikti tiek vėlesnių kartų psichologinę savijautą (psichologinę gerovę ar psichopatologines reakcijas), tiek psichologinio atsparumo savybes, optimizmą ir viltingumą. Disertacinis tyrimas, apimantis visus šiuos veiksnius, galėtų reikšmingai prisidėti prie geresnio tarpgeneracinio istorinių traumų psichologinių padarinių perdavimo supratimo.

Esama tam tikrų metodologinių sunkumų įvertinti kai kuriuos iš aukščiau išvardintų istorinių padarinių perdavimo tarp kartų aspektų. Vienas jų – tai identifikacijos su nukentėjusia grupe įvertinimas. Šis mechanizmas daugiausiai tyrinėtas genocido studijose (Braga et al., 2012; Karenian et al., 2011; Perlstein & Motta, 2012; Rowland-Klein & Dunlop, 1998; Wohl & Van Bavel, 2011) ir remiasi palikuonių identifikacija su etnine ar religine bendruomene. Mūsų tyrime, siekiant įvertinti Lietuvoje sovietų vykdytų politinių represijų ilgalaičius psichologinius padarinius, naudojamas specialiai kurtas instrumentas, kuris leidžia įvertinti vėlesnių kartų identifikaciją su savo šeimos būtent istorine praeitimi.

Galiausiai iškyla psichologinio atsparumo supratimo psichotraumatologijoje problema. Vieningo psichologinio atsparumo vertinimo mokslinėje literatūroje nėra, skirtingi autoriai akcentuoja skirtingus psichologinio atsparumo kaip savybės, proceso ar rezultato aspektus. Taip pat randamos ryškios psichologinio atsparumo sąsajos su kitais psichologiniais konstruktais, tokiais kaip optimizmas, viltingumas, psichologinė sunkumų įveika ar socialinė parama. Tiek psichopatologijos nebuvimo, tiek psichologinio atsparumo, kaip asmeninės savybės bei su psichologiniu atsparumu glaudžiai susijusių kitų konstrukto įvertinimas, tiek psichologinio atsparumo proceso modelio aprašymas yra mūsų tyrimo privalumas leidžiantis įvertinti skirtingas psichologinio atsparumo sampratas tarpgeneracinio istorinių traumų padarinių perdavimo kontekste.

Taigi, ši disertacinis tyrimas reikšmingai prisideda prie šeimos istorinių traumų – konkrečiai Lietuvoje vykdytų sovietų politinių represijų – ilgalaikių psichologinių padarinių supratimo bei veiksnių, susijusių su vėlesnių kartų psichologiniu atsparumu, nustatymo.

Tyrimo tikslai:

1. Įvertinti galimus šeimos istorinių traumų ilgalaikius padarinius asmens psichologinei savijautai ir psichologinio atsparumo savybėms bendrojoje Lietuvos populiacijoje.
2. Nustatyti veiksnius susijusius su istorines traumas patyrusių šeimų vėlesnių kartų psichologiniu atsparumu ir sudaryti psichologinio atsparumo proceso šeimos istorinių traumų padariniams modelį.

Tyrimo uždaviniai:

1. Palyginti asmenų, kurių šeimos nukentėjo nuo politinių represijų sovietų okupacijos metais Lietuvoje, ir kurių šeimos tokios patirties neturėjo, psichologinę savijautą (gerovę, laimingumą) bei psichologinio atsparumo savybes (psichologinį atsparumą, optimizmą, bei viltingumą).
2. Įvertinti galimų rizikos bei apsauginių veiksnių (tapatinimasi su savo šeimos istorija, komunikacijos apie šeimos istoriją pobūdį, tėvų-vaikų ryšius bei naudojamus psichologinės sunkumų įveikos būdus) reikšmę šeimos istorinių traumų tarpgeneraciniame procese.
3. Numatyti ir įvertinti galimą psichologinio atsparumo proceso šeimos istorinių traumų padariniams modelį.

Šis tyrimas – vienas pirmųjų tokio pobūdžio tyrimų Lietuvoje ir kitose posovietinėse šalyse, patyrusiose specifines istorines traumas, kuomet sovietų politinės represijos buvo vykdytos ne tautiniu pagrindu, bet nukreiptos prieš reikšmingą populiacijos dalį – pačius aktyviausius visuomenės veikėjus, galėjusius labiausiai priešintis okupacijai ir tam telkti

kitus (Anušauskas, 2005a; Gailienė, 2008; Kuodytė, 2005). Tyrimas, kuriame pasitelkta kruopščiai surinkta bendrosios populiacijos imtis bei atlikta plati duomenų analizė, kartu vertinant daugelį galimų tarpgeneracinio traumų psichologinių padarinių perdavimo veiksnių, leido geriau suprasti Lietuvos gyventojų patirtų sovietinių politinių represijų psichologinius padarinius vėlesnėms kartoms.

Nepaisant to, kad sovietines represijas išgyvenusieji Lietuvos gyventojai iki šiol jaučia ilgalaikius neigiamus istorinio traumavimo padarinius (Kazlauskas, 2006), o jų vaikai pastebi tam tikrą šeimos istorinių traumų patirties neigiamą poveikį jų pačių psichologinei sveikatai (Vaskelienė, 2012), mūsų tyrimo rezultatai parodė, kad bendrojoje populiacijoje neigiamų šeimos istorinių traumų padarinių vėlesnėms kartoms nerandama. Atvirkščiai, pastebimas nukentėjusių šeimų vėlesnių kartų psichologinis atsparumas – geresnė savijauta, didesnis laimingumas, labiau išreikštos psichologinis atsparumo savybės, optimizmas bei viltingumas, palyginus su asmenimis, kurių šeimoje nėra sovietinių politinių represijų patirties.

Daugelį tarpgeneracinio istorinių traumų padarinių perdavimo veiksnių įtraukianti analizė atskleidė ypatingą asmens tapatinimosi su savo šeimos istorija reikšmę. Tą patvirtino ir sudaryto struktūrinių lygčių modelio, kuriame psichologinio atsparumo šeimos istorinių traumų padariniams procese tapatinimasis su šeimos istorija yra pagrindinis apsauginis veiksnys, tinkamumas stebėtiems duomenims. Savo ruožtu, pats reikšmingiausias tapatinimosi su šeimos istorija prognostinis veiksnys pasirodė esanti liūdesio emocijos raiška šeimų pasakojimuose apie istorines traumas.

Taigi, šio tyrimo rezultatai patvirtina sovietines politines represijas išgyvenusių šeimų vėlesnių kartų psichologinį atsparumą bendrojoje Lietuvos populiacijoje bei pabrėžia ypatingą tapatinimosi su šeimos istorija vaidmenį.

Išvados:

1. Istorines traumas (t. y. sovietines politines represijas) išgyvenusių šeimų vėlesnės kartos nuo tokios patirties neturinčių asmenų nesiskiria potrauminio streso sutrikimo reakcijomis, bet pasižymi geresne savijauta, laimingumu bei labiau išreikštomis psichologinio atsparumo savybėmis, optimizmu ir viltingumu.
2. Reikšmingi apsauginiai veiksniai, dalyvaujantys tarpgeneracinio istorinių traumų psichologinių padarinių perdavimo procese Lietuvos populiacijoje, yra šie: turimos tikslesnės žinios apie šeimos narių nukentėjimo nuo sovietinių politinių represijų patirtis; didesnis tapatinimasis su šeimos istorija; šeimos pasakojimuose apie skaudžius istorinius įvykius dažniau reiškiamas liūdesys, naudojami simboliai ar humoras bei juntama stiprybė ir pasididžiavimas; retrospektyviai vertinama vaikystėje rečiau patirta mamos perdėta globa ir dažniau patirtas tėvo

- rūpestingumas; dažnesnis kreipimasis į šeimos narius ar draugus pagalbos, kai sunku bei meldimasis.
3. Sudarytas ir patvirtintas psichologinio atsparumo proceso šeimos istorinių traumų padariniams modelis, kuriame:
 - a. Pagrindinis tarpgeneracinio istorinių traumų psichologinių padarinių perdavimo apsauginis veiksnys yra tapatinimasis su šeimos istorija;
 - b. Šeimos narių politinių represijų patirtis prognozuoja didesnę tapatinimąsi su šeimos istorija, o netikslios žinios apie šeimos narių nukentėjimą – mažesnę;
 - c. Tapatinimasis su šeimos istorija tiesiogiai prognozuoja labiau išreikštas psichologinio atsparumo savybes, optimizmą bei viltinę, bet prastesnę psichologinę savijautą (gerovę ir subjektyvų laimingumą). Tapatinimosi su šeimos istorija pozityvi sąsaja su vėlesnių kartų geresne psichologine savijauta yra tik netiesioginė – per psichologinio atsparumo savybes.
 - d. Universitetinio išsilavinimo faktorius sudarytame papildomame modelyje nekeičia aprašytų prognostinių krypčių, tačiau taip pat gali būti vertinamas kaip papildomas apsauginis veiksnys psichologinio atsparumo proceso šeimos istorinių traumų padariniams.
 4. Tapatinimąsi su šeimos istorija prognozuojantys veiksniai apima: šeimos narių politinių represijų patirčių mastą; universitetinį išsilavinimą; dažnesnę liūdesio bei stiprybės ir pasididžiavimo raišką šeimos pasakojimuose apie skaudžius istorinius įvykius; retrospektyviai vertinamą retesnę mamos perdėtą globą; meldimosi dažnumą. Vertinant visus veiksnius kartu, reikšmingiausias tapatinimosi su šeimos istorija prognostinis veiksnys yra liūdesio raiška šeimos pasakojimuose apie istorines traumas.

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AUTHOR'S PUBLICATIONS ON THE RESEARCH / AUTORĖS PUBLIKACIJOS
DISERTACIJOS TEMA

- Mažulytė, E.** (2016). Psychometric Evaluation of the Lithuanian Version of the 14-Item Resilience Scale (RS-14). *Jaunųjų mokslininkų psichologų darbai*, 5, [6 p.]. doi: 10.15388/JMPD.2016.5.4
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- Mažulytė, E.**, Skerytė-Kazlauskienė, M., Eimontas, J., Gailienė, D., Grigutytė, N., Kazlauskas, E. (2014). Trauma Experience, Psychological Resilience and Dispositional Optimism: Three Adult Generations in Lithuania. *Psichologija*, 49, 20-33.

MAIN PRESENTATIONS AT INTERNATIONAL CONFERENCES /
PAGRINDINIAI PRANEŠIMAI TARPTAUTINĖSE KONFERENCIJOSE

- Mazulyte, E.**, Gailiene, D. „Transgenerational Trauma Transmission: Positive Mediating Effect of Identification with Family History on Offspring Resilience“. 33rd Annual Meeting of International Society for Traumatic Stress Studies (Chicago, Illinois, USA, 2017).
- Mazulyte, E.**, Gailiene, D. „Identification with the Family History as a Protective Factor in the Intergenerational Trauma Transmission“. 15th Conference of European Society for Traumatic Stress Studies (Odense, Denmark, 2017).
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ABOUT THE AUTHOR

Eglė Mažulytė-Rašytinė received a degree of Bachelor of Psychology at Vytautas Magnus University in 2010, and then continued studies at the University of Glasgow (Scotland, United Kingdom), where in 2011 she obtained a MSc degree in Psychological Studies. Finally, in 2013 she graduated from Vilnius University with distinction (*Magna Cum Laude*) and obtained a Master's degree in Clinical Psychology. During 2013-2017, she continued her doctoral studies in psychology at Vilnius University.

Since 2013 Eglė Mažulytė-Rašytinė is an active participant in the Trauma Psychology Research Group of Vilnius University, and since 2016 – in the Suicidology Research Group of Vilnius University. Together with her colleagues, she conducts research, organizes scientific conferences, prepares journal articles and presents research results at national and international conferences. Eglė Mažulytė-Rašytinė is a member of the Lithuanian Psychologists' Association, board member of the Lithuanian Society for Traumatic Stress Studies, a member of the European Society for Traumatic Stress Studies (ESTSS) and a member of the International Society for the Study of Behavioural Development (ISSBD).

Her field of interest in clinical practice is crisis and trauma psychology. At Vilnius University Eglė Mažulytė-Rašytinė provides psychological treatment to individuals experiencing symptoms of post-traumatic stress disorder.

TRUMPAI APIE AUTORE

Eglė Mažulytė-Rašytinė įgijo Psichologijos bakalauro laipsnį Vytauto Didžiojo universitete 2010 m., toliau studijas tęsė Glazgo universitete (Škotija, Jungtinė Karalystė), kur 2011 m. įgijo psichologijos studijų magistro laipsnį. Galiausiai 2013 m. įgijo klinikinės psichologijos magistro laipsnį su pagyrimu (*Magna Cum Laude*) Vilniaus universitete bei 2013-2017 metais čia tęsė psichologijos doktorantūros studijas.

Nuo 2013 m. Eglė Mažulytė-Rašytinė aktyviai dalyvauja Vilniaus universiteto Traumų psichologijos tyrimų grupės veikloje, o nuo 2016 m. ir Vilniaus universiteto Suicidologijos tyrimų grupės veiklose – kartu su kolegomis mokslininkais vykdo mokslinius tyrimus, organizuoja mokslines konferencijas, rengia mokslinius straipsnius bei pristato tyrimų rezultatus nacionalinėse ir tarptautinėse konferencijose. Eglė Mažulytė-Rašytinė yra Lietuvos psichologų sąjungos narė, Lietuvos traumų psichologijos asociacijos valdybos narė, Europos potrauminio streso tyrimų draugijos (ESTSS) narė bei Tarptautinės elgesio raidos tyrimų draugijos (ISSBD) narė.

Eglės Mažulytės-Rašytinės praktinio psichologo darbo sritis – krizių ir traumų psichologija, Vilniaus universitete ji teikia specializuotą psichologinę pagalbą asmenims patiriantiems potrauminio streso sutrikimo simptomų.