Lifespan and Intergenerational Legacies of Soviet Oppression: An Autoethnography of Mennonite Women and their Adult Children

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Introduction

In post-war Germany during the late 1940s, the Mennonite community experienced yet another of its dramatic periods of migration when approximately 12,000 men, women, and children, who in 1943 had fled from Stalinist Russia with the retreating German army, embarked on a journey that took the majority to Canada and the remainder to Paraguay (Loewen, 2003; Regehr, 1996). During the 1950s, many who had first settled in Paraguay chose to pull up their roots again and build a new life in Canada (Epp, 1962). Approximately 3,000 Russian Mennonites settled in Manitoba after the Second World War, primarily in Winnipeg, where the Mennonite population during the 1950s rose to 7,000 (Krahn & Ens, 1989). My parents and older siblings were part of this migration. Russian Mennonite immigrants who were adolescents or young adults at that time are now in their old age.

Many anecdotal accounts regarding older adults of Russian Mennonite origin who have struggled with the resurfacing of past trauma have come to my attention through personal communication with Mennonite pastors, chaplains, care providers, and adult children. Having also been impacted by my mother's complex grief due to a fifty-year separation from immediate family members, I have long been drawn to a deeper exploration of lifespan and intergenerational effects of trauma in Russian Mennonites of this period. It seems that history secretly embeds itself in the hearts and minds of those who live it, and this subjective experience of history is a story that needs to be told.

I have also witnessed the lifespan and intergenerational legacies of early life trauma in my role as a community mental health social worker. Thus, in researching this topic, I am merging my personal and professional worlds. My work has brought me face to face with older adults (65 years and over) who were frequently diagnosed and treated for depression, anxiety, or dementia. In several cases, a psychosocial assessment uncovered a history of unresolved trauma triggered by current losses and health issues – trauma related to atrocities of war, political oppression, and migration. However, in my work experience (1998-2007), mental health program resources and psychosocial supports were rarely sufficient to adequately meet the special needs of these individuals. Moreover, standardized policies regarding services to older adults tend to reflect the notion of homogeneity within a population of diverse ethnic origins, comprised of multiple generations of individuals ranging in age from 65 to100 or more years (Driedger & Chappell, 1987; MacCourt, 2004).

Based on the literature, it is evident that a predominantly medical or psychiatric approach to lifespan or intergenerational effects of trauma is not sufficient to support meaningful healing and resolution. Also evident is the value of using narrative and psychosocial approaches which underscore the importance of personal validation, social relationship, and supportive, culturally sensitive community groups and networks (Kellerman, 2000; Walsh, 2007). Therefore, I have devised a narrative-based methodology in order to hear from older people and adult children themselves their perceptions and reflections about personal life experiences, possible emotional or mental health effects of trauma, and what they regard as preferred outcomes or solutions in their lives. I chose to focus on women between the ages of 78 and 100 or more, who were adolescents or young adults upon arrival in Canada, and adult sons or daughters born during or after the migration.

My central research question is as follows: How do Russian Mennonite women who immigrated to Canada after the Second World War, and their adult children, perceive the effects of Soviet trauma on their quality of life and emotional or mental health today, and what do they

identify as strengths and possible areas of emotional need that require greater understanding and support from the Mennonite and the health care communities?

Trauma Literature

The literature affirms the experience of intergenerational transmission of trauma for a wide range of cultural groups who have experienced war, genocide, and other political oppression (Danieli, 1998; Menzies, 2007). Psychological (Felsen, 1998; Reynolds 1997; Solomon, 1998); familial (Rosenthal and Voelter, 1998; Weingarten, 2004); cultural and societal (Connerton, 1989; Danieli, 1998; Rousseau & Drapeau, 1998); and biological (Yehuda et al., 1998; Yehuda, Engel, Brand, Seckl, Marcus, & Berkowitz, 2005) modes of trauma transmission have been identified. There is also evidence that early life trauma can be retriggered by the losses of old age (Bar-Tur & Levi-Shiff, 2000; Hiskey, Luckie, Davies & Brewin, 2008; Kuwert, Spitzer, Traeder, Freyberger & Ermann, 2006; Weintraub & Ruskin, 1999). Both pathology and resilience are addressed in the literature, and it has been demonstrated that adequate narrative and social support as well as validating witnesses to one's lived experience pre- and post-trauma – on an interpersonal, family, and community level – can counter or ameliorate late-onset stress, loss of meaning, and psychological or stress symptomatology that can arise in old age (Dasberg, Bartura & Amit, 2001; Kellerman, 2000; Myerhoff, 1992; Peskin & Auerhahn, 2000; Weingarten, 2004).

Though traditional perspectives regarding trauma assessment and treatment offer relevant knowledge to the field and have a place in human service, an overview of the literature demonstrates the importance of moving beyond individualizing trauma and, rather, contextualizing it, thus working with community systems to facilitate healing and change on many levels (de Jong, n.d.; Denborough, 2006; Denborough, Freedman & White, 2008; Lapsley, 2002; Walsh, 2007; White, 2003). My research bias has been to: (1) move away from individualizing and pathologizing trauma; (2) consider trauma and its effects within a larger social context; and (3) use a narrative approach to 'witness' people's lived experience.

Autoethnographic Methodology

I have a strong personal sense, as a child of Russian Mennonite survivors, of being a witness and a bridge that stands between two worlds – the world of my parents in Stalinist Russia, which I absorbed

and internalized, and the world I was born into, where I have never quite found a fit. It is this insider-outsider experience that attracted me to an autoethnographic approach, which allows me to participate in this study as both researcher and researched – and to reconstruct my identity and narrative in relation to the ongoing collective narrative of other participants who went on this research journey with me (Anderson, 2006; Coffey, 1999; Reed-Danahay, 1997).

My intention was to listen to and integrate the voices of Mennonite women whose stories have often been only partially or selectively told, and the voices of adult children, including myself, affected by the imprint of these story fragments on our lives (Anderson, 2006). I looked for lifespan and intergenerational patterns, themes, and meaning-making in this collective story (Wolcott, 2008), and explored physical, emotional, spiritual, or mental health issues experienced or marginalized by members of either generation in order to illuminate unmet personal needs.

One aspect of classical ethnographic research which is useful in the current study is the examination of archived documents, historical writings, and anecdotal literature to provide a broad, cohesive historical context or landscape upon which further ethnographic study involving the gathering of current meaning-making narratives from survivors can take place (Wolcott, 2008).

Another important feature of ethnographic research is that, although there is usually an idea or theory guiding data gathering and description, the latter tends to be an inductive process, with themes emerging or becoming clear during the course of the research through careful observation and the privileging of participants' voices (Anderson, 2006; Wolcott, 2008). Although I have a specific research focus and integrate certain guiding concepts into the discussion of the results, I do so when these concepts are in resonance with what I have heard from participants. Thus, my discussion of the results emphasizes what participants found meaningful and important with regard to the research question; and certain theories and concepts found in the literature allow me to view and understand these results through another lens. This emphasis on participants' voices counters the risks of researcher bias or the privileging of my own personal experience (Anderson, 2006).

In depth one-on-one interviews were conducted with eight women between the ages of 78 and 96, and eight adult sons or daughters between the ages of 50 and 68. Four older women and four adult children were part of family dyads. All voices are presented in story fragments woven together into a collective story to ensure anonymity. My own voice as adult child is woven into this fabric. This paper highlights some of the more dominant patterns and themes that

emerged. Note that my reference to these patterns and themes is not intended to suggest that they can be standardized or were common to all participants. Rather, they were identified because they were experienced by enough participants and parent-child dyads to render them worthy of mention. They are presented in such a way that the voices of participants, whether quoted or paraphrased, speak for themselves.

Results

Historical Context

A brief historical overview provides the political landscape upon which these Mennonite women spent their earliest formative years. In 1914 the First World War broke out and for one participant, as well as my own mother, this marked the dramatic beginning of their lives. What followed was the Bolshevik Revolution and subsequent state of anarchy from 1917 to 1920 (Kroeger, 2007; Reimer, 1977; Toews, 1989). The latter involved the occupation of some Mennonite villages, and the brutal rape and murder of hundreds of community members, particularly wealthy landowners, by anarchist forces. A dreadful typhus epidemic, which infected thousands of Mennonites (Loewen, 2000), was followed by the famine of 1921-1922 (Reimer, 1977; Toews, 1989). It was just at this point that a second participant was born. An estimated 25% of the Russian Mennonite population (25,000) emigrated between 1918 and 1930 as a direct result of the political instability and trauma experienced – a tremendous loss for those left behind (P. Letkeman, Personal communication, November 1, 2010). After this period, further migration was not permitted by the state.

Remaining women participants were born between 1927 and 1932. It was during this period, specifically in 1929, that collectivization and the ongoing arrest and exile of community leaders, and their families, to forced labour camps began (Conquest, 1986; Neufeldt, 1998; Solzhenitsyn, 2002). This was coupled with indoctrination in the schools through Communist organizations for children and youth (Epp, 1962; Solzhenitsyn, 2002). The year 1933 brought a widespread 'artificial famine' due to the forced export of all grain grown on collectives (Bargen & Bargen, 1991; Conquest, 1986). Closure of churches and increased Sovietization of school curriculums occurred throughout this period as well. The traditional Russian Mennonite village was no more, and all older participants interviewed experienced this dramatic change.

By the mid-1930s, Stalin had unleashed a wave of terror against all possible enemy elements, calling for mass arrests and executions by

the NKVD (precursor to the KGB); each region was given a quota for the number of people to be imprisoned or executed (Martin, 2001). This came to be known as the period of The Great Terror and an estimated 8,000 to 9,000 Mennonite fathers, husbands, and sons disappeared during this period (Letkemann, 1998). With the German invasion of Russia in 1941, thousands of Russian Mennonites were forcibly moved to eastern locations to prevent potential collaboration with approaching German forces, and the German army occupied the western Mennonite Colonies that had avoided evacuation (Epp, 1962; Martin, 2001). The flight from Russia to Germany in 1943 with the retreating German army, known as The Great Trek, included 35,000 Russian Mennonites, many of them women, children, and elderly because of the tremendous loss of men under Soviet rule (Epp, 1998; Lohrenz, 1982; Martin, 2001). Conscription into either the Soviet or German armies also contributed to the loss of men (Epp, 1962; Loewen, 2000; Lohrenz, 1982). Though all were vulnerable, the plight of women was particularly severe as they were also subject to a high incidence of rape on the eastern front, particularly by Red Army troops (Dyck & Dyck, 1991; Epp, 1997, 2000). While the majority of Russian Mennonites were repatriated to the Soviet Union at the end of the war and sent into exile, approximately 8,000 migrated to Canada and 4,000 to Paraguay; migration to Paraguay was prompted primarily by the fact that many were barred from Canada due to poor health (Regehr, 1996). The outcome was loss of homeland and permanent separation from loved ones now scattered onto three continents. No families were left unscathed.

In *Shattered Assumptions: Towards a New Psychology of Trauma*, Janoff-Bulman (1992) reminds us that to live within the context of traumatic life events such as political oppression, war, and displacement is to experience persistent insecurity, separation, loss, and death – being subject to external forces beyond one's control which shatter fundamental assumptions about self and the world (as cited in Janoff-Bulman, 2004). What is absolutely striking is the scale of the trauma experienced by Russian Mennonite women. Each of the traumatic periods described above, in and of themselves, would be more than most of us could bear, yet for post Second World War Russian Mennonite immigrants born any time after WWI that was the only life they knew.

Participants' Personal Exposure to Traumatic Events

What follows are story lines from interviewed women that illustrate how these macro-level events impacted human lives. Seven of the eight women interviewed had lost fathers tragically, primarily through

arrest by the NKVD during the late 1930s. The 96-year-old participant had lost all the male adults in her immediate and extended family from her father's and grandfather's generations during the violent anarchist period and later lost her step-father and her husband during the time of The Great Terror, at which point she was also temporarily separated from her 3-year-old son. During each of these two periods, loss of the male head was often coupled with eviction from one's home or even the village. Regarding NKVD 'disappearances', most women had never learned how and when their fathers/husbands had died, and two expressed that it would be too emotionally painful to explore archived death records at this time. This ambiguous loss (Betz & Thorngren, 2006) contributed to a more complex grieving process.

In the case of two older women, *both* parents had been arrested by the NKVD, which resulted in placement into an orphanage. Both had been shown images of adults being killed and pushed into mass graves, with the accompanying message that this was the fate of their parents: "forget about your parents, [they] are enemies of the state and… Father Stalin is going to take care of you."

The intensity of work on the collective was noted by two women who, at the ages of 7 and 8, cared for younger siblings while their mothers spent long days working in the fields. These children often did not see their mothers for days and felt a tremendous burden of responsibility. One woman recalled fearing that her mother was trying to poison them when the porridge she left for her children did not taste right – they did not eat that day.

Six participants reported fathers, uncles, husbands or brothers who had been conscripted by the Russian or the German armies. Two unrelated participants stated the following with almost identical wording: "My father/my brother said that he never killed anyone because he always shot into the ground or up into the air." This statement demonstrates the inner conflict experienced by the families of Mennonite men whose military participation belied their pacifist tradition.

The majority of women interviewed admitted to having taken precautions against rape, and two admitted to close calls, but the incidence of actual repeated rape was reported by only one participant – an adult child who spoke on behalf of a 95-year-old mother. Another unique trauma experienced in Germany by the mother of an adult child participant involved mandatory euthanasia of her 2-year-old son because he had Down syndrome. The family was grateful that the young boy died of a life-threatening illness before it was necessary to comply with the authorities.

Two families had migrated to Paraguay because of family health issues that barred them from Canada. Another had been repatriated at the end of the war; as a result, this participant had worked in labour

camps from 14 years of age as a logger. During the 1960s, she had been able to immigrate with her husband and children to Canada in order to provide her mother-in-law, who had fled from Soviet Russia during the 1940s, with the opportunity to see her son again before she died.

Lifespan Effects

Throughout the interviews, older women tended to provide a more chronological account of their life experience with particular attention to events, hardship, and survival through strength and faith and, for the most part, guarded their emotions in relation to these events. One woman was very expressive and transparent regarding her emotional distress, while the majority of the older women presented an image of strength and positivity. Adult children, on the other hand, were more introspective, with attention to the impact of their parents' lives on their own personal development and mental-emotional health. In the case of mother-child dyads, adult children sometimes filled in gaps left by their mothers, particularly concerning emotional issues they may have been silent about. For these reasons, adult children's perceptions will be included in the discussion of emotional, mental, and spiritual patterns and themes in the lives of older women over the lifespan.

Physical Themes. Older women placed little attention on health issues during the interview process. However, a few did identify short and long-term effects of nutritional deficiencies coupled with physical work beyond what their bodies were capable of during their youth in the Soviet Union or Paraguay. The physical output of women was phenomenal. For example, in the absence of living brothers, one woman had helped her father clear twelve hectares of land for farming – no small feat when one considers the intense climate and vegetation in Paraguay and the primitive equipment used. Several adult daughters noted how thin their mothers had been upon arrival in Canada from Germany. One remarked: "she was so skinny she looked older than when she was in the nursing home... she was so worn out, and she was only... 38 years old... and she lived to be 94." Long-term effects mentioned included spinal stenosis, osteoporosis, and arthritis.

Three adult daughters identified traumatic pregnancies and childrearing experiences of their mothers due to physical depletion. These included miscarriages, medical abortion, and physical fragility in surviving offspring due to absence of mother's milk. One adult child noted that her mother had never weighed more than one hundred pounds during the course of her pregnancy.

Emotional Themes. A heavy emotional burden of terror, fear, and desperation was carried, especially by widows and married women,

during the pre-migration and migration periods – their biggest concern being the survival and cohesiveness of the family unit. There was a tremendous fear of the family being separated, and mother-child separations did occur in some cases, at great emotional cost. One adult daughter shared a very traumatic and pivotal event that saved her family from relocation to eastern Russia in 1941:

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

A few participants stated that, as children, they did not really understand the larger picture, and had not been as traumatized by the events as their mothers. They had even considered it, at times, to be somewhat of an adventure, though the two children who had lost both parents reported more severe traumatic effects. One stated the following: "I was in total depression…. I started wetting the bed and all that at 11… So this was very, very traumatic, you know, if you really grasped it enough. I was too much in a stupor to really grasp it all."

Emotions were largely suppressed by both generations in order to carry on; I am referring here to the grandparents and parents of adult children. One woman explained that her father was one of over fifteen men "taken" the same night. Her mother had minimized this loss by saying that everyone had experienced the same thing. All families represented in this study were focused on staying strong and moving forward. One participant stated very matter-of-factly: "If you keep working, you eat."

One adult daughter stated: "in the case of my grandmother, she was very reluctant to express emotions…she had never really hugged my mom…you don't get attached to your children because you're not sure if they're going to make it." During the post-migration period, many adult children reported a tendency for mothers to continue minimizing grief and emotions in order to move forward. However, symptoms of anxiety, depression, and exaggerated fears were also reported by several adult children about their mothers, as well as by older women about their own mothers. Two older women had been on "nerve pills," one having been on Valium for twenty years. As one daughter put it: "I don't think her nervous system ever recovered."

Mental Themes. The message that comes through in the majority of interviews is the value placed on mental strength to cope with almost insurmountable circumstances. Women and adult children recounted stories reflecting incredible resourcefulness and agency. One adult son described women of this period as "mentally tough" and not paralyzed by their circumstances: "when they had no food to feed their children, they didn't despair, they just continued to...do the best they could; when they got raped they pulled themselves together and continued to care for their children...." However, despite the mental strength of one mother who had been the victim of repeated rape, she was later plagued with night terrors and other effects of trauma.

According to one adult daughter, her mother had been very anxious and her anxiety was easily triggered later by bright lights and loud noises that would immediately take her back to the experience of bombings during the war. She described her mother as having been very resourceful during those turbulent years – "like a chameleon" adapting to a variety of contexts and environments in order to survive. Nevertheless, the impact of cumulative trauma had left its emotional imprint.

The mantra in two families was: "Get over it!" Four participants voiced the family belief that emotional needs, prolonged mourning, and mental health issues may be linked to "weakness" of character and "lack of faith." Two adult children stated that this strength in their mothers came at the expense of "the softer side," which they experienced as a general "lack of compassion."

In the case of the mother of one of the older participants, her resilience and strength throughout adulthood masked anxiety for which she required "nerve pills." She later developed an agitated dementia, during which buried negative emotions were triggered and she would sometimes lash out physically: "[S]he would hit, and kick, and spit, and bite people; she was fighting...against what had happened in her life...." In her nursing home setting, she would frequently put all of her basic possessions on her walker and announce to visiting family members that they had to leave, as though she were "preparing to flee." Another participant told a similar story about her sister, who appeared to be reliving the terror of her past. And one mother, on morphine to ease the pain of her cancer, experienced great anxiety in her state of delirium: "You can't talk German...they're listening! They're listening!" Thus, the effects of emotional trauma can be triggered by further separation and loss, and resurface when mental strength is in jeopardy in older age.

Spiritual Themes. A few older women experienced inner conflict regarding religious beliefs as a result of the Communist anti-religious propaganda imposed on children in the school system during the 1930s. One woman, whose father was "taken" by the NKVD, reported having

refused to pray with him during the period prior to his arrest because she had stopped believing in God. After her conversion in Germany, she longed to share this with her father whom she never saw again.

Most women spoke of having the experience of conversion and baptism once they reached Germany and often refer to their lives in Russia and Germany as a time when they lived under miraculous guidance and "protection", with dramatic stories of narrow escapes. On the other hand, one adult son suggested that it may be too painful for some women to share stories about this period because God had seemingly *not* answered their prayers for protection.

Once in Canada, women needed to adapt to the norms of the established Mennonite church community. Several older women mentioned the impact of the church's ban of remarriage on siblings or friends whose husbands were still alive in Siberia – this resulted in lifelong emotional isolation and pain. In numerous cases, the men had remarried, and it was even more of an emotional conundrum for these women when their husbands were able to move to Germany with their families during the 1990s and personal contact with them became an option. One woman was invited to Germany by her husband to celebrate what would have been their 60th wedding anniversary; they had only enjoyed a few short years of marriage together before his arrest by the NKVD. His second wife and family planned to join the anniversary celebration. This woman chose not to go on the advice of her pastor, and her physical, emotional, and mental health deteriorated from that point onward, as reported by her sister. On the other hand, other women are reported to have made personal contact with their 'remarried' husbands and regretted having done so.

In some cases, women did not feel that they could reach out to their pastor or the church community if personal issues were too controversial. For example, one woman with severe depression and marital problems did not receive adequate support from her pastor who had merely advised her to listen to her husband. With no safe place to turn, she had become socially isolated – relying for many years on medication and depending on her young daughter for emotional support.

Most women interviewed appeared to be secure in their faith and spiritual practice. They expressed much gratitude, and relied largely on family and church women's networks to meet social needs. However, one adult daughter reported: "My mother had a strong faith much of her life, but at the end of her life it was: I'm not good enough, I can't go, I've done too many bad things, the Lord won't take me in!" She added that she has also observed this fear and doubt about worthiness in other women at her church as they grow older. This observation speaks to the potential for unresolved trauma and related guilt to challenge spiritual resolution at the end of life.

Intergenerational Legacies

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

Biological transmission, as described by three adult children, was linked specifically to pregnancy, birthing experiences, and concurrent trauma experiences of their mothers. This involved the transmission of psychological as well as physical symptoms.

The concept of familial transmission has been applied to comments related to family patterns, rules, secrets, silences, parenting style, and attachment experiences that adult children identified as contributing to intergenerational issues or concerns. The term 'attachment' is a psychological concept that refers to the bonding experience of parent and child during a child's formative years. Attachment style and attachment bonds in early life are said to have significant effects on wellbeing in later life (Browne & Shlosberg, 2006; Merz, Schuengel & Schultze, 2007). In the case of parents who have experienced trauma, Felsen (1998) and Weingarten (2004) report that much empirical and clinical work has found attachment theory useful in accounting for difficulties in parent-child relationships that may include confusing and atypical parental expectations of children, such as fulfilling roles that compensate for traumatic parental losses.

The concept of cultural transmission is used here to encompass comments from adult children that relate to the way in which the Mennonite church-community has framed and responded to this collective experience, and what effect this religious-cultural stance may have had on survivors.

Biological Transmission. One of the most fascinating results for me was that transmission of physical and psychological symptoms was attributed by three adult children (born post-migration) to the impact of their mothers' previous traumatic experiences on their pregnancies. Emotional or psychological trauma was linked to losses on many levels, including the previous loss or the near death of children as a result of maternal malnutrition and poor immunity to childhood disease.

It is interesting to note that two of the three adult children weighed approximately ten pounds each at birth, reflecting their mothers' preoccupation with ensuring their child would be physically healthy.

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

The range of symptoms described by these adult children included weakened nervous systems; heightened sensitivity to light and sound; nightmares and extreme levels of anxiety triggered by such things as local criminal activity, authority figures, men in uniforms, the maintenance of legal documentation; and social anxiety. One adult child developed anorexia linked to the death of several extended family members due to starvation. Another had a chronic fear about being home alone until she reached adulthood, and had slept with "weapons" under her bed for many years. In each case, their parents had demonstrated a tremendous fear of the powers of the Communist state.

Familial Transmission. Most adult children vicariously experienced the traumatic effects of their mother's lives. Several internalized emotional undercurrents that permeated the household, such as heightened anxiety, fear, mistrust, difficulty expressing emotions, underlying anger, resentment, guilt, or grief. For example, one adult child recalled her family, on one occasion, having dinner in silence, her mother's tears coursing down her cheeks, father looking grim, and children seated around the table – invisible. Another felt that her grandmother's stoicism had affected three subsequent generations of women in her family:

> Somewhere in her experience she developed a hardness, which makes it hard for her to show compassion… but they *had* to be strong, right. And my daughter, too, she's incredibly strong, and… partly that is the tradition that comes from having had to live through that history, right, *so that's definitely been passed on*. Is that strength sometimes at the expense of the softer side of things? That's true for my grandmother, that's true for my mother, that's true for me, and that's true for my daughter.

Most participants identified a heightened attachment to family, especially on the part of older women who had experienced painful

separation from loved ones. However, despite emphasis on family cohesiveness, family connection on a deeper level was in several cases felt by adult children to be inadequate or absent. Two adult children had been specifically told: "You can't trust anyone outside of the family," yet they were unable to secure adequate depth of relationship within the family circle to support their emotional needs and personal development. Several adult children reported that parents were not emotionally available, and two reported emotional abuse from fathers, so intimate family sharing was often not possible. There was a longing as a child to be heard and seen – valued and validated; but parents tended to convey their love in more pragmatic ways through the provision of a secure home, food, clothing, and the opportunity to live in a free country.

Four eldest daughters (two from each generation) had been designated to fulfill parental needs, expectations, and responsibilities beyond the norm for their ages. In each case, this experience had been coupled with emotional pain due to the mother's inability to provide adequate emotional validation and support. Out of tremendous loyalty to and compassion for her mother, one older woman continues to feel some measure of guilt about the hurt that she felt due to her mother's strict parenting and emotional unavailability during the years on the collective.

Two adult daughters described their mothers as having an ongoing dependency on them to have emotional needs met. One felt that she had "mothered" her own mother since childhood and had been her "confidante" and, thus, the primary witness of her mother's deepest emotional pain over the years. The other stated that her mother also relies on her for almost all decision-making. Both older women speak little English and continue to rely primarily on their daughters and, to some extent their other children, to act as bridges to the outside world.

A unique attachment experience occurred between one mother, who had been the victim of repeated rape, and her adult child, whose infant status had served to some extent as protection from rape. A special emotional bond and loyalty developed between the two, and this participant was easily moved to tears throughout the course of the interview particularly when talking about his mother. For another adult child, a similar emotional bond developed as she had 'replaced' four children who had been lost through miscarriage, death, and medical abortion.

The stories of older women and adult children also reflected challenging separation-individuation processes in relation to their respective generation of mothers. This involved difficulty letting go of, or breaking free from, designated family roles, identities, and expectations as well as the emotional issues arising out of traumatic legacies,

and moving into adulthood more independently. For example, as the eldest, one daughter was expected to look after her mother and not marry. She broke this rule, but a younger sister accepted the role and lived with her mother for many years. When this daughter ultimately left the family home, it triggered separation anxiety in the mother. Of note is the fact that separation from loved ones had been a core issue in this mother's early childhood, with the loss of both parents and two surrogate mothers; the relative stability brought through marriage was short-lived as she later lost her husband during The Great Terror.

Two adult children each had family members (sibling; cousin) that were described as "sensitive children" and who later in life were diagnosed with schizophrenia – one having made several suicide attempts and one with homicidal ideation. In both cases, there had been a strong religious component to the nature or manifestation of the illness; for example, one believed during an acute phase of the illness that he was Jesus Christ, and the other was very focused on reading the Bible, even when she was no longer cognitively able to do so. In one case, the parents had felt that their son just needed "to be saved" and wanted to avoid psychiatric intervention while, in the other, the participant telling the story, though not without compassion, felt that though her cousin had been very religious, greater 'mental strength' might have enabled her to manage her life traumas more effectively.

It is interesting to note that, in their discussion of intergenerational legacies, and their review of case studies, Rosenthal and Voelter (1998) state that the more guarded the family dialogue about trauma and its emotional effects, and the more one tries to "whitewash" the past, the more the negative influences of the past may be sustained to the second or third generations (300).

Cultural Transmission. Half of the adult children perceived that their individual identity had not only been over-shadowed by their family history of trauma but, also, by the collective theology, history, identity, or coping stance of the Mennonite church-community. An adult son stated the following:

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

This comment not only identifies the topic of power and authority regarding how individual needs are defined and prioritized, but also alludes to the challenges of biculturalism experienced by Russian Mennonite adult children growing up in Canada post-Second World War. With regard to the former, references to the inadequate response of the Mennonite church to some older women's emotional and mental health needs, and the intergenerational repercussions, have already been made. Regarding the latter, one adult daughter stated the following:

> It was quite traumatic for me to be born into that family at the time I was, because I remember going to school and trying to explain what a Mennonite was: "Well, my mother was born in Russia" – "Oh, so you must be a 'Commy'" – "No", well, then the German language, "Well you must be a Nazi" – "No", well, so, this was very traumatic for me, like who was I really, like my whole identity?

The weight of family and collective trauma impacted the identity formation of adult children in various ways. For example, identification with a collective status as victim was expressed by two adult children and implied in the narratives of others. Not only had our mothers suffered, but an entire community had suffered, and the history of the Mennonite church-community is replete with stories of persecution, suffering, and migration. Moreover, older women tended to minimize their suffering; one older woman felt I may not be interested in her story because she had been raised in an urban centre and believed she had not suffered as much as women who had lived on a collective. This woman had lost all male members of her family during the Revolution and later lost her husband during the period of The Great Terror. Not only did women suffer atrocities, but they seem to have internalized a cultural or spiritual imperative that promotes acceptance and normalization of long-suffering. My mother frequently impressed upon me that I didn't know what it was like to suffer and, in retrospect, I can see how I, too, began to enact a theology that 'spiritualized suffering'.

Volkan (2001) states that, out of a multitude of traumas that groups and cultures may have experienced, one is often selected and others silenced while engaged in maintaining, protecting, and repairing group identity. Meanings are attached to it, influenced by the forces of past collective history and identity, and these meta-narratives are passed on to succeeding generations. Taves (1998) has suggested that it was the men who disappeared that gained a "sacred status...within a hagiographical process" that regarded them as martyrs, while the suffering and degradation of their surviving families merely "symbol-

ized the decline of the Soviet Mennonite people" due to the lack of male leadership (114). During my interviews with older women, the story of gratitude, faith, and quiet, stoic resilience despite suffering was universal (and church-sanctioned) and overshadowed that of residual grief, emotional distress and mental illness. For several women, the spiritualization of suffering coupled with mental strength had provided few safe places to process their emotional pain, and this affected emotional availability to their children. Older women tended to focus on security and stasis. Maintaining cultural and religious traditions was a strong theme in the majority of families from this period and, in several instances, contributed to strained relationships with adult children who were navigating two worlds and struggling with a bicultural identity.

One older woman identified a growing ability to step outside of black and white perspectives and live more in the "gray areas"; for her this had included marrying a non-Mennonite and attending a non-Mennonite church. In the case of adult children whose parents were uncomfortable in that gray zone, some had distanced themselves from their parents' church or the Mennonite Church in general in order to discover their own identity and honour their own developmental process.

Perceived Needs of Older Women

The majority of older women interviewed did not acknowledge having needs. Many, however, did recognize the value of telling their story. Several had written, and some had even published, their family story, which had been very cathartic and healing. Barbara Myerhoff (1986; 1992) uses the concept of *definitional ceremony* to describe strategies by which older adults attract 'witnesses' to their unique existence and worth and counter invisibility or marginalization. One daughter spoke of the moment when her mother first realized that she *had* a story and wanted to share it; she then identified her mother's need to step outside of that story and not be held captive by it – "the difference between writing your story or the story writing you."

Women benefited from relationships with people who had witnessed and who understood their past. In some cases, women maintained strong links with family and friends who also originated from their village in Ukraine or had experienced similar unique ordeals. In others, physical contact with family members, such as parents and siblings, had been permanently severed, and filling that emotional void had been a tremendous challenge which stimulated emotional or mental health issues. Several were able to visit their homeland and find further healing and closure.

Older participants acknowledged that with increased physical, emotional, and psychological losses in old age, women requiring supports beyond what family can provide benefit from home support or long-term-care staff who are compassionate, respectful, and validating. The importance of spiritual support was also mentioned – including provision of emotional support for the spouse and family. However, these qualities were reportedly not always present in care providers.

Participants identified a sub-group of older women who remain much wounded by the past, are unable or prefer not to release their story, and may socially isolate themselves. One woman reported the extreme situation of an extended family member who had suffered repeated rape upon her arrival in Canada, was later diagnosed with schizophrenia, and had carried the bulk of the shame of the rapes in silence for the rest of her life, reportedly not even disclosing this to her mother. Less extreme examples mentioned included women suffering from depression or bitterness about the past. Older women had difficulty thinking about and identifying how some of the unmet needs of this sub-group of women could be addressed. To some extent, there is still a belief that women ought to have the inner strength to overcome these issues and take action on their own. If unable to do so, there appear to be no clearly defined ways of reaching out to these women, according to older interviewees.

Some adult children felt that the church could play a stronger role in reaching out to such women and creating venues for meaningful engagement, not only with regard to life review and resolution, but also to validate the gifts these women bring to the community and in this way facilitate meaningful intergenerational exchange. It was also felt that professional care providers could enhance their services by integrating more narrative approaches into their practice.

Perceived Needs of Adult Children

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

Adult children were very communicative about their personal perceptions and experiences. One adult daughter stated it was "like a

catharsis" to share her mother's story, as it helped her to get more in touch with her self and with emotions linked to the family story, such as guilt and anxiety. Others provided similar feedback. This speaks once again to the importance of sharing our innermost meaning-making process with an attentive and validating witness (Myerhoff, 1992). White (2003; 2006) regards the role of validating witness to be a key element of meaningful dialogue and therapeutic conversations with people who have been affected by trauma. Several adult children had not had previous opportunities to give voice to their story in quite this way before. And when one's family story includes emotional or mental health issues that have been silenced or minimized, safe and non-judgmental ways of breaking that silence are essential. Given the limited emotional validation experienced by some adult children, the use of validating approaches is very fitting.

All adult children interviewed are engaged to varying degrees in a process of self-exploration in relation to their parents' stories. One adult daughter experiences resonance with the intergenerational challenges of present-day immigrants and refugees who are her clients and regards her service to this community as part of her healing process. Several are independently engaged in a process of personal healing that involves growing self-awareness coupled with greater insight into the subjective histories of their mothers. For some, the self-perceived need for greater understanding of and compassion for their mothers, especially those who had been emotionally unavailable, brings an increasing capacity for more meaningful relationship with and support of mothers in their older age. However, adult children themselves also require greater understanding, compassion, and support from relevant social and community networks, including the Mennonite church-community, so that they are not emotionally isolated in supporting their aging parents. Some expressed that they found emotional support from peers with similar family experiences, but this is only a partial solution. Personal emotional and psychological manifestations of collectively experienced trauma, exacerbated by lifelong individual and religious suppression or intergenerational transmission, cannot be ignored and require conscious and collective recognition and response.

Conclusion

I feel that I have just midwifed a collective story, which reflects a piece of the Mennonite collective subconscious. It is only in the last fifteen years that I have become more aware of just how much the weight of my mother's personal history has driven my life. Drawing the political landscape allowed me to grasp more fully what these

older women, including my own mother, had gone through from their earliest formative years. What became very evident was the almost universal tendency for women to shut down their deepest emotions in order to access the mental strength and will to survive and provide for their families during these turbulent times, and for this coping stance to not only be maintained over the lifespan, but also be supported by religious and cultural beliefs. This sometimes resulted in the triggering of unresolved symptoms of trauma by additional losses associated with aging. Intergenerational transmission of trauma effects occurred through the interplay of biological, familial, psychological, and cultural modes. Contextualizing trauma in this way compels us to rethink the view that trauma is an internal, individual, and pathological experience to be dealt with and overcome solely by the individual.

Most of the older participants demonstrated resilience and a positive attitude about the outcome of their lives, and one cannot help but think that the prevalence of memoirs written by these women attests the contribution of a narrative approach to their healing process. Several adult children take the use of narrative one step further, and articulate the need for structural changes in social, spiritual, and professional domains to promote intergenerational exchange and create safer places for Mennonite families and, indeed, people of all cultures and social locations to tell their stories of vulnerability, strength, and resilience. This takes one's story beyond the safety of the written page and into more dynamic engagement with others, and assigns one's personal experience an important place in the larger ongoing collective story.

A focus on the subjective narratives and legacies of Russian Mennonite men who survived the Stalinist era may be a valuable focus for future research. Intra- and intergenerational focus group interviews, both gender-specific and mixed gender, may also be a powerful way of constructing new and transformative narratives.

Most adult daughters see themselves as part of a "lineage of strong women." For adult sons, the strength of their mothers has also imparted a very powerful positive impression and legacy. It is my hope that this study encourages us to create a new narrative about strength – one that embraces the courage to feel, to share our vulnerabilities, and to collectively transform the legacies of the past.

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