

**THE INTERGENERATIONAL TRANSMISSION OF TRAUMA AMONG SECOND,
THIRD AND FOURTH GENERATION ARMENIAN GENOCIDE SURVIVORS**

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by

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PREVIEW

Dedication

I dedicate this to my parents; I only dreamt I could do this because you always knew I could. I dedicate this to my grandparents; you are my foundation, my strength, and my reference for what human beings are capable of. I dedicate this to my great-grandparents; though we never met, through this work I came to understand and love you profoundly. I dedicate this to my ancestors and the 1.5 million Armenians who were massacred in 1915; you live on, immortal in our souls.

PREVIEW

Acknowledgments

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Abstract

The study examined intergenerational transmission of trauma (ITT) among second, third and fourth generation Armenian Genocide survivors. Previous research suggests that complex trauma, specifically in the case of genocide, can have lasting effects on psychological well-being and adjustment among the descendants of survivors. Unfortunately, the majority of literature on the intergenerational impact of these tragedies is limited, with hardly any research on the Armenian Genocide of 1915. The present sample consisted of 175 generally well-educated Armenian Americans (72% female; M age = 37.26 years) who completed online versions of the Modified Secondary Trauma Questionnaire (Motta, Hafeez, Sciancalepore & Diaz, 2001), the Crucible Differentiation Scale (Schnarch & Regas, 2012), and the Armenian Ethnic Orientation Questionnaire (Der-Karabetian, Berberian & Der-Boghosian, 2007). The sample was divided among those with a relative who survived the Armenian Genocide ($n = 143$), and those with no relational status to a survivor ($n = 32$). Additionally, the survivor group was divided between second ($n = 10$), third ($n = 65$), and fourth ($n = 68$) generation levels. As hypothesized, results indicated that having a relative who survived the Armenian Genocide was significantly related to higher levels of secondary traumatic stress, although no differences were found between survivor generation levels. Contrary to expectation, no relationship was found between differentiation of self and having a relative who survived genocide, however, a significant relationship was found between differentiation and secondary traumatic stress, such that individuals with lower of levels of differentiation had significantly higher levels of secondary traumatic stress. Although no relationship was found between Armenian ethnic orientation and secondary traumatic stress across the entire sample, Armenian ethnic orientation was positively correlated with secondary traumatic stress levels among those in the survivor group. Lastly, all study variables combined

(i.e. relational status, generation level, differentiation, and Armenian ethnic orientation), were found to have a significant relationship with secondary traumatic stress, with differentiation accounting for the greatest amount of variance. Results are interpreted in light of previous research on ITT among survivor generations, and suggestions for clinical approaches when working with ITT are explored.

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PREVIEW

CHAPTER I

REVIEW OF THE LITERATURE

Trauma can be defined as “stress events that present extraordinary challenges to coping and adaptation” (Agaibi & Wilson, 2005, p. 196). The Diagnostic and Statistical Manual of Mental Disorders (DSM 5; American Psychiatric Association, 2013) defines the process of traumatic stress exposure as “exposure to actual or threatened death, serious injury, or sexual violence” (p. 271). Repeatedly, research on the psychology of trauma has shown that the effects of trauma do not remain frozen in the past, solely affecting the survivor. Children and grandchildren of trauma survivors are often exposed to explicit and implicit traumatic sequelae, which in turn can cause a manifestation of trauma-related presentations. This phenomenon is known as the intergenerational transmission of trauma (ITT). Through ITT, traumatic stressors—events that involved actual or threatened death—are passed down through multiple modalities, e.g., stories told by family members, community leaders, or educators; written word; or through visually presented material in the form of photographs and videos.

While ITT has been examined among Holocaust survivors and their families, few studies exist concerning other genocides that occurred in the 20th century. In the case of the Armenian Genocide, children of genocide survivors have been found to emulate similar traits and symptomology as those possessed by the genocide survivors themselves (Boyajian & Grigorian, 1986). The current study further explored ITT among second, third and fourth generation survivors of the Armenian Genocide. Previous research has indicated that ethnic identity and differentiation of self are associated with the process of ITT, hence their roles are investigated as they relate to ITT among Armenian Americans, a cultural group that has historically had to balance strong ethnic/collectivistic identity with the ability to individuate and adapt to

westernized culture. Although secondary trauma, ethnic identity and differentiation have been measured in Armenian American populations in the literature, no study has examined the interaction of all these variables. Additionally, the current study moved beyond the primary focus on second generation genocide survivors to enhance understanding of the long-term effects that genocide-related trauma has across multiple generations.

Armenian Culture

Modern Armenian culture can be described as collectivistic in nature, in which family units, and the culture as a whole, are deemed more important than the individual. This can greatly influence the ability of an Armenian American to have a strong individual identity, while simultaneously maintaining close interpersonal, familial, and cultural ties. Additionally, the Armenian culture is old, highly traditional, and very patriarchal, with strong nationalistic and religious ideals (Ayvazian, 2008; Esmaeili, 2011). For Armenians, it is a great matter of pride that their ancestors maintained their Christian religion and spoken and written language, despite multiple efforts at assimilation, conversion, and eradication by conquering empires (Dagirmanjian, 1996). As such, the Armenian Genocide, and the survival of the Armenian culture, plays a large role in the ethnic pride and identity of the Armenian people. Understanding the unique traumas that occurred, as well as how this traumatic event is deeply imbedded into Armenian identity and interpersonal functioning, can help us better understand the effects of ITT among Armenian Americans today.

The Armenian Genocide

From the 16th to the 19th century, Armenians, a small Christian minority, were under the rule of the Ottoman Empire, where they came to be seen as inferior and eventually were scapegoated for the ills of Ottoman society (Gibson, 2003). From 1915 to 1923, it is estimated

that 1.5 million Armenians (nearly half the global population of Armenians at the time) living in the Ottoman Empire were systematically targeted and massacred by the Young Turk ruling regime. This tragic event greatly reduced the population of Armenians in the world, and forced survivors to either assimilate to Islamic-Turkish culture or escape to survive. The mass exodus of Armenians from Turkey led to the spreading of Armenian people across the globe, in what is known as the *diaspora*. To this day the Turkish government denies the events of 1915 to 1923 constituted genocide.

Following the Genocide, the Armenian people had to cope with multiple stressors, including the absence of recognition of the genocide, the loss of friends and family, the loss of a home, and the struggle of maintaining a collective cultural identity (Peroomian, 2003). Specifically within the individualistic culture of the United States, Armenians attempted to maintain the traditions and cultural beliefs of their people by instilling those beliefs in their children (Ayvazian, 2008; Okoomian, 2002). The genocide of 1915 is a large piece of Armenian history that has had a tremendous impact on modern Armenian identity and acculturation (Ayvazian, 2008). Due to the lack of international acknowledgment and education regarding the genocide, Armenians pass down stories and legacies that they themselves heard from the generation before them (Manoogian, Walker, Richards, & Leslie, 2007). Having knowledge about the genocide is in itself considered a cultural value, and it plays a large role in the self-image of many Armenian Americans who are striving to maintain their cultural identity. Furthermore, ethnic identity has been examined in previous research as a factor that can influence the ITT process, and as such, the current study examined this construct within the Armenian American population.

Ethnic Identity

Acculturation level can be described as the degree to which an individual from a minority culture has immersed themselves into the practices and cultural beliefs of the dominant culture. Armenians who immigrated to the United States around the time of the genocide faced pressure to acculturate more quickly in order to obtain the same rights as American citizens (Ayvazian, 2008). The need to hold on to their histories was diminished by the fact that they were forced to assimilate and fit into the dominant culture (Okoomian, 2002).

Unique from acculturation, ethnic identity can be described as a sense of belonging, self-identification, and one's relationship to a cultural group or groups (Farver, Narang & Bhadha, 2002). Ethnic identity development has been found to be created through numerous sources, some of which include the intergenerational transmission of values, customs, traditions, histories, beliefs, attitudes and assumptions (Ayvazian, 2008; Chavez & Guido-DiBrito, 1999). The intergenerational discussion of historical events can therefore play a large part in the identity development of an individual. As such, it can be assumed that discourse on Armenian Genocide plays a major role in strengthening the ethnic identity of Armenians across the globe. Furthermore, these strong ties to ethnic identity can potentially cause interference with one's ability to maintain interpersonal connectedness and have a solid individual identity, which is valued within the culture of the United States. The current study examined this variable through the concept of differentiation, and how it related to ITT among Armenian Americans.

Differentiation of Self

The theory of differentiation was first introduced to the field of psychology by Murray Bowen, who defined differentiation as the process by which an individual navigates the balance

between personal autonomy and connectedness in close interpersonal relationships (Bowen, 1978). Bowen (1978) theorized that there is a direct connection between the ability to differentiate, and emotional maturity and psychological well-being of an individual. In Schnarch's (2009) Crucible Approach to therapy, differentiation is operationalized through the Four Points of Balance, which are described as evolutionary human abilities that underlie the process of differentiation. The Four Points of Balance have been found to positively correlate with levels of differentiation, and have given an operational means by which to approach differentiation work, primarily through the use of the Crucible Differentiation Scale (CDS; Schnarch & Regas, 2012), which is utilized in this study.

Differentiation has seldom been examined in the context of ITT in genocide survivors. Some research on the transmission process among children of genocide survivors suggests that low levels of differentiation often manifest as a child's over-identification with the survivor parent, which then leads to issues involving separation, attachment, and individuation. Krycak, Murdock and Marszalek (2012) found that levels of differentiation were negatively correlated with measures of general psychological distress in a non-clinical population, and that differentiation of self was a significant mediator in the effect of stressful events and perceived stress on levels of psychological distress. Zerach (2015) found that adult children of ex-POWs reported significantly higher levels of secondary trauma and emotional cutoff dimensions of differentiation than controls. These findings indicate that in non-clinical samples, such as that utilized in the current study, differentiation of self has been found to be significantly related to ITT and secondary trauma levels.

Lastly, Giladi and Bell (2013) examined protective factors for ITT among second and third generation Holocaust survivors. Giladi and Bell found that both second generation and third

generation Holocaust survivors had significantly lower scores on differentiation than their matched controls. Additionally, differentiation of self correlated negatively with levels of secondary trauma among second and third generation survivor groups (Giladi & Bell, 2013). The current study builds upon this research by examining whether a similar relationship holds true for Armenian Americans, and extends the exploration to include fourth generation survivor groups as well.

Complex Trauma

According to Herman (1992) a complex form of PTSD exists in individuals who have experienced prolonged and repeated trauma. This would include situations of prolonged captivity and torture that occurred during the Holocaust in concentration camps and during the Armenian Genocide's forced deportations. Although it is a common mistake to conceptualize genocide as a single traumatic event, genocide survivors experience a series of traumatic events over an extended period of time (Kessler, 2000). Herman (1992) suggests that there are three types of psychological disturbances that occur in complex PTSD that do not arise in simple PTSD which include: more complex and diffuse symptomology, vulnerability to future trauma both by the self and by others, and characteristic correlates in the arenas of relatedness and identity. McCann and Pearlman (1990) theorize that trauma can affect identity by influencing the individual's sense of security, frame of reference, self-confidence, self-assertiveness, autonomy, and by affecting close interpersonal relationships.

Intergenerational Transmission of Trauma

Intergenerational trauma has been conceptualized as the transmission of trauma and traumatic experiences from a traumatized parent to their offspring (Motta, Joseph, Rose, Suozzi, & Leiderman, 1997). Other terms that are used to discuss the same phenomenon include

generational, transgenerational and secondary trauma (Doucet & Rovers, 2009). A growing body of research has found substantial evidence for an intergenerational effect of exposure to complex trauma, much of which has focused on children of Holocaust survivors. Yehuda, Schmeidler, Wainberg, Binder-Brynes and Duvdevani (1998) found that children of Holocaust survivors were more at risk for PTSD and other psychological disorders when compared to control groups. This supported previous research that found that children of Holocaust survivors reported PTSD symptoms such as depression, mistrust, social isolation, aggression (Sigal, Silver, Rakoff & Ellin, 1973), and intrusive thoughts and dreams (Solomon, Kotler & Mikulincer, 1988). Another study found that daughters of Holocaust survivors had stronger Jewish ethnic identity, had more difficulty leaving their parents' home, and were the least assimilated when compared to controls (Halik, Rosenthal, & Pattison, 1990).

Yehuda, Schmeidler, Giller, Siever and Binder-Brynes (1998) investigated the prevalence of stress and trauma exposure, PTSD, and other psychopathology in adult children of Holocaust survivors. Results indicated that for both clinical and non-clinical samples, children of Holocaust survivors did not experience more traumatic events than controls, but had a significantly higher rate of past and current PTSD and other psychiatric disorders. Giladi and Bell (2013) found that second generation and third generation adult survivor groups reported significantly higher levels of secondary trauma than their matched controls. Additionally, Giladi and Bell found that both second generation and third generation survivors had significantly lower scores on differentiation measures than their matched controls. Lastly, differentiation of self was negatively correlated with level of secondary trauma among second and third generation survivor groups (Giladi & Bell, 2013).

More recently, a growing body of research argues against the idea of ITT from Holocaust survivors to their children (Sagi-Schwartz et al., 2003; Van Ijzendoorn, Bakermans-Kranenburg & Sagi-Schwartz, 2003), positing that in methodologically sound studies with nonbiased samples, evidence for intergenerational transmission of trauma was not present. They argue that only studies conducted on clinical populations found evidence of secondary trauma, and that this could easily be attributable to various stressful factors that face clinical populations in general.

Transmission of trauma and the Armenian Genocide. Manoogian et al. (2007) conducted a qualitative study, interviewing Armenian women with adult children, all of whom had parents who were forced to relocate due to the Armenian Genocide. Manoogian et al. found that mothers “emphasized legacies that symbolized connection to family, underscored family cohesion, and accentuated ethnic identity” (p.567). Manoogian et al. also noted that the responsibility women felt to pass on these legacies to their younger generations clashed with the assimilation of those generations into U.S. culture. Interestingly, women who didn’t hear stories directly from their parents learned of the genocide through other means, such as through witnessing their parents’ night terrors, or overhearing adults converse about their genocide-related experiences (Manoogian et al., 2007).

In a study examining ITT among second-generation Armenian Genocide survivors and its effects on parenting, results indicated that second generation survivors were first exposed to graphic stories about the murder and torture of their families between the ages of 6 and 13 (Esmaeli, 2011). Participants also described their parents as being sad, withdrawn, easily angered, and displaying symptoms of guilt and anxiety. Additionally, participants placed strong value on going to Armenian Church, speaking the language, and marrying within the Armenian culture (Esmaeli, 2011), all of which are variables that indicate strong ethnic identity.

Another study examining secondary trauma in Armenian Genocide survivors found that participants had significantly elevated scores on measurements of secondary trauma, and that levels of ethnic orientation were positively correlated with secondary trauma symptoms (Kuzirian, 2012). Armenian ethnic identity was found to be a moderator for the effect of perceived impact on secondary trauma, such that a high level of perceived impact in conjunction with a high level of ethnic identity resulted in higher levels of secondary trauma symptoms. Additionally, attachment related anxiety and attachment-related avoidance positively correlated with secondary trauma levels (Kuzirian, 2012).

Summary

The current study builds upon the research by utilizing a control group of Armenian Americans with no relation to Genocide survivors, and examining secondary trauma levels as they relate to having a relative who survived the genocide, survivor generation level, Armenian ethnic orientation, and differentiation. Although all of these constructs have been measured in Armenian American populations in previous literature, no study has examined all these variables in conjunction, and no study has utilized a control group for making comparisons.

Hypotheses

It was hypothesized that there would be a relationship between having a family member that survived the Armenian Genocide and levels of secondary trauma, i.e., that second generation, third generation and fourth generation individuals would have higher levels of secondary trauma than controls. Additionally, it was predicted that there would be a relationship between generation level and level of secondary trauma, specifically, that as generation level increases, secondary trauma levels would decrease. Furthermore, it was hypothesized that there would be a relationship between having a family member who survived the Armenian Genocide

and levels of differentiation, specifically that second, third and fourth generation individuals would have lower levels of differentiation than controls. Moreover, it was hypothesized that there would be a significant relationship between generation level and level of differentiation, specifically that as generation level increased, level of differentiation would increase.

Additionally, it was expected that there would be a positive relationship between Armenian ethnic orientation and levels of secondary trauma. Lastly, it was hypothesized that a combination of variables (e.g., level of Armenian ethnic orientation, level of differentiation, having a family member that survived the genocide and survivor generation level) would predict of levels of secondary trauma.

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