

Risk and protective factors for the mental health consequences of childhood political trauma (Argentina 1976-1983) among adult Jewish Argentinian immigrants to Israel.

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Abstract

This doctoral study explores the lives of adult Jewish-Argentinian immigrants to Israel, who as children experienced trauma/stress as a result of the military dictatorship in Argentina (1976-1983). My conceptual framework draws upon trauma theory and Simich and Beiser's (2011) paradigm of "resettlement and mental health", which takes into account protective and risk factors, and the variety of possible long-term negative and positive mental health outcomes after experiencing childhood traumatic stress. While interviewing 15 participants, I applied the narrative approach method and observations. My thematic textual analysis of these interviews is centered on the behavioral and emotional manifestations of these immigrants' past experiences in their current lives, as well as on mapping out factors of risk and resilience in relation to participants' current level of functioning and adaptations as adult immigrants in Israel.

Findings revealed that participants' present-day experiences included a variety of both negative as well as positive long-term emotional and behavioral reactions, which are located between two extreme outcomes. At the negative end of the scale, participants reported symptoms of Complex Post-Traumatic Stress Disorder, while at the positive end, they showed evidence of Post-Traumatic Growth. The same seemingly contradictory reactions were also illustrated by participants' present-day reactions toward the unstable political situation in Israel. These results are in parallel with other studies which confirm the coexistence of negative and positive long-term outcomes (such as studies on child Holocaust survivors). The findings of the study demonstrate that some of the negative emotional and behavioral reactions may change over time, and that given the on-going exposure of the public to new testimonies related to the human rights abuses in Argentina during the dictatorship, childhood traumatic memory continues to be reconstructed and "revived" without the possibility of achieving closure. Some of the identified factors of risk and resilience during the post-immigration phase include: immigration circumstances, support from family and society, natal culture, employment and community work, and political activism in Israel. The findings also show more vulnerabilities to particular risk factors in the case of participants who had to escape to Israel as political exiles, compared to ones who chose to immigrate to Israel. This study concludes with suggestions for possible implications related to policy and practice, and with recommendation for future research in this field.

Résumé

Cette étude doctorale explore la vie d'immigrants juifs argentins adultes en Israël, qui, comme enfants, ont subi un traumatisme ou un stress dans le contexte de la dictature militaire en Argentine (1976-1983). Mon cadre conceptuel utilise la théorie de traumatisme et le paradigme de réinstallation et santé mentale (Simich & Beiser, 2011), qui prend en compte les facteurs de protection et de risque. J'utilise aussi des concepts liés à une variété de résultats éventuels à long terme, négatifs ou positifs, touchant la santé mentale de personnes qui ont vécu des traumatismes ou des stress durant l'enfance. Dans mes entrevues avec 15 participants, j'ai appliqué la méthode de l'approche narrative et observations. Mon analyse textuelle thématique de ces entretiens s'est centrée sur les manifestations comportementales et émotionnelles des expériences passées de ces immigrés dans leur vie actuelle, ainsi que sur la dynamique des facteurs de risque et de résilience par rapport au niveau de fonctionnement actuel des participants et à leur adaptation en tant qu'immigrants adultes en Israël.

Les résultats ont révélé que les expériences des participants au moment présent comprenaient une variété de réactions émotionnelles et comportementales à long terme tant négatives que positives, qui se situent entre deux résultats extrêmes. À l'extrémité négative de l'échelle (rare), il y avait des participants rapportant des symptômes du Syndrome de stress post-traumatique complexe, tandis qu'à l'extrémité positive ils démontraient des signes de la Croissance post-traumatique. Les mêmes réactions apparemment contradictoires ont également été illustrées par les réactions actuelles des participants devant l'instabilité politique d'Israël. Ces résultats sont en ligne avec des études qui confirment la coexistence de résultats négatifs et positifs à long terme chez des individus (comme, par exemple, des études sur les survivants enfants de l'Holocauste). Cette étude a également montré que certaines des réactions émotionnelles et comportementales peuvent changer avec le temps, et que, compte tenu de l'exposition continue du public à de nouveaux témoignages liés aux violations des droits de l'homme pendant la dictature, au fil des ans le souvenir traumatique de l'enfance continue d'être reconstruit et « relancé » sans qu'il soit possible de tourner la page. Parmi les facteurs de risque et de résilience identifiés au cours de la phase postérieure à l'immigration, mentionnons : les circonstances de l'immigration, le soutien de la famille et de la société, la culture natale, l'emploi et le travail communautaire, et l'activisme politique en Israël. Les résultats montrent également

plus de vulnérabilité à des facteurs de risque particuliers dans le cas des participants qui ont dû fuir en Israël en tant qu'exilés politiques, en comparaison de ceux qui ont choisi d'immigrer en Israël. Cette étude se termine par des suggestions quant à des répercussions éventuelles en matière de politique et de pratique, et des recommandations pour la recherche future dans ce domaine.

CHAPTER 1: INTRODUCTION

In this chapter, I will first explain the rationale for this study, and its contribution to knowledge. I will then specify the objectives for this dissertation.

1.1: Rationale and contribution to original knowledge

As international migration increases worldwide, the health issues of migrants, mental health issues in particular, are becoming a subject of importance among health care professionals and social services in many countries. However, despite the growing awareness of this topic, my extensive exploration of the existing scholarship revealed that there is only very limited literature that explores the long-term impact of childhood adversity in the case of forced immigration (Fazel et al., 2012). Also, although there is a wealth of literature that focuses on the long-term impact of childhood adversity in general (e.g.: Felitti & Anda 2014; Topitzes & Reynold, 2013; Finkelhor et al., 2013), there are not many studies about its subsequent impact on migration as a stressor, and the intersection of these two stressors (Tummala-Narra, 2007). Thus, the purpose of this research is to gain more insight into the way childhood adversity experienced in the country of origin manifests itself within adult immigrants' present-day functioning (behavioral and emotional).

There were several reasons for my investigation into this topic. First, my curiosity about this subject emerged from my own personal experience as an immigrant. I have realized that my experience as an immigrant takes place in a complex psychological realm that is based on a continuing and evolving dialogue between my emotional history in my country of origin, Israel, and my present life as an immigrant in Canada. Furthermore, I can see how choosing to focus on the experience of Jewish immigrants to Israel in general, and in particular on the experience of Jewish Argentinian immigrants to Israel, is strongly related to my identity as a Jewish person and as an Israeli native. It is also associated with my understanding of the fundamental ethical principles that are imbedded within my cultural, historical and religious legacy, which calls to respect for all individuals and their individual differences.

Second, during my time as a volunteer who met with emotionally distressed adult Jewish immigrants in Montreal, I listened to their life stories that often shifted between childhood experience in immigrants' countries of origin and their voluntary immigration experiences as

adults. This experience has given me the opportunity to hypothesize a possible intersection between these two parts of people's lives: pre- and post-migration experiences. I assumed that, in some cases, childhood adversity and emotional history may reflect in different ways on current experiences, perceptions and interpretations of the internal and external reality as adult immigrants, as well as on the strategies that are chosen by these individuals to deal with various immigration stressors. This experience, as well as my own personal experience as an immigrant in Canada, led me to my interests for my Ph.D. dissertation.

When searching for a more specific population to serve as a case study for my research, I was reflecting on one of my visits in Israel. During this visit, I had an opportunity to talk with some Jewish adults who immigrated to Israel from Argentina after escaping political crisis (1976-1983). My exploration of the existing knowledge (both in English and in Hebrew) suggested minimal research on the subject of Argentinian Jewish immigrants. Most research that has been done on immigrants in Israel focuses on Jews who immigrated from Ethiopia or from the former Soviet Union, due to the relatively high number of people immigrating from these countries to Israel and their cultural visibility within the Israeli society. Despite being a part of Israeli society for many decades, the Argentinian community's voice has been relatively silent.

In sum, I have realized that further research could be of great value, not only in addressing the significant gap within the existing knowledge on this topic, but also as a source of knowledge that could potentially help health care professionals, mental health practitioners and even policy makers to understand the complexity of both voluntary and forced migrant populations' experiences. This knowledge can potentially help improve existing services, therapies and interventions that are given to immigrants, to better address the needs of this population and by that to benefit society as a whole.

1.2 The Objectives of the Doctoral Dissertation

My research objectives were to explore the following questions:

a) *What is the interplay of past childhood political traumatic experiences with present-day behaviors and emotions of adult Jewish Argentinian immigrants to Israel?*

I. *How do participants describe the connections, if any, between childhood trauma and their experiences in adulthood?*

II. *How do participants describe their mental health in present day?*

b) What are the possible connections between certain risk/protective factors and manifestations of negative and positive mental health outcomes in adulthood? (comparing case studies)

- I. What are the participants' risk factors?*
- II. What are the participants' protective factors?*
- III. What are the relationships and the balance between the risk and protective factors over time and space across participants' migration trajectory?*

1.3 Thesis overview

My dissertation includes 8 chapters. *Chapter 2* outlines the historical context of the military dictatorship in Argentina (1976-1983) with a specific focus on the way it impacted the Jewish community. It later examines the experiences of Argentinian Jews who immigrated to Israel. This chapter also explores the existing knowledge about the psychological impact of the military dictatorship in Argentina. *Chapter 3* examines the existing knowledge about the possible long-term impacts of childhood adversity and specifically the experiences of adult refugees who underwent childhood political trauma, and the empirical and theoretical literature concerning factors of risk and resilience in relation to mental health and forced migration, including longitudinal and retrospective studies. *Chapter 4* presents the conceptual framework of this research and specifies the interaction among the different theories and concepts within it. I also provide a visual illustration of the ways I link and implement my conceptual framework in this study. I then describe the research methodology, procedures, ethical considerations and reflection on my position as a researcher, and strategies of addressing my positionality.

I begin discussing my findings in *Chapter 5*, which examines participants' childhood experiences under the military dictatorship in Argentina. After introducing a general profile of the participants, this chapter divides their experiences into three main sections: participants' family and social environment, their descriptions of their exposure to political violence, and their subjective childhood experiences of the traumatic events. *Chapter 6* examines participants' narratives about their experiences as immigrant adults in Israel, which consist, among other things, of the long-term representation of their traumatic childhood memories and their negative and positive long-term impact. *Chapter 7* focuses on participants' perceptions of protective

factors which helped them cope with the difficulties they encountered both as children during the dictatorship in Argentina and later as adult immigrants in Israel.

In *Chapter 8*, after discussing the meaning of my findings, linking them to my conceptual framework and to my research question and objectives, I present the strengths and limitations of this research followed by its implications for practice and policy, as well as recommendations for future research. This chapter concludes with a graphic illustration which demonstrates the conclusions of this research, and my final reflections on the research process.

CHAPTER 2: STUDY CONTEXT

Argentianians Jews during the military dictatorship and their immigration to Israel

Given that this research explores the long-term mental health of adult Jewish Argentinian immigrants to Israel who have experienced, as children, the human rights violations of the military dictatorship in Argentina, it is necessary to understand the political context of that particular period in Argentina, as well as the ways in which the members of the Jewish community and its organizations responded to and were impacted by it. Second, it is important to understand the context of the immigration experience of Argentinian immigrants to Israel in general, and the experience of Argentinian refugees who fled to Israel following the dictatorship in particular. Given that this research focuses on the long-term psychological impact of the dictatorship, and considering that there is very limited literature on the particular population of the Jewish refugees who fled to Israel following the military dictatorship, this chapter will also explore existing knowledge of the psychological impact of the Argentinian military dictatorship on Argentinian society during and after the military dictatorship.

2.1: The political context: The Jewish community in Argentina during the military dictatorship

This section will start by exploring the political context of the military dictatorship in Argentina (1976-1983) and will continue with a description of the ways in which the Jewish community was affected by it. It will then focus on the immigration experiences of Argentinian immigrants to Israel and the characteristics of the Argentinian immigrant community's adaptation in Israel. Finally, special attention will be given to the Argentinian experience of their immigration to Israel following the military dictatorship.

2.1.a: The political context.

The concept of “political violence” has multiple definitions (Gutiérrez-Sanín & Wood, 2017). Among the types of political violence are: state-based conflict (such as war between states); one-sided violence of state against non-state sectors (such as police brutality, genocide,

torture, death penalty), and one-sided violence by non-state sectors (such as terrorism, organized crime) (Sweijts, Farnham & Rõõs, 2017). Other types of political violence consist of conflict between a state and non-state actor (such as revolution, civil war) and violent conflict between non-state sectors (such as ethnic conflicts) (Sweijts, Farnham & Rõõs, 2017; Della Porta, 2006). The type of political violence in the case of Argentina could be seen as a combination of two types: (1) a one-sided violence of state against non-state sectors (the persecution of innocent civilians who were perceived as political opponents to the military Junta) and; (2) two-sided conflict between non-state sectors and state sectors (military persecutions of guerilla members, and guerilla attacks against government institutions and their official representatives).

When considering the military dictatorship in Argentina (1976-1983), it should also be seen within the wider context of the unstable political events in the country since 1930, the recurrent violence between the two extremes of the left and right wings of the political map, and the extrajudicial killings between opponents (Pigna, 2006; Rein, 1997). The last democratically elected government before the 1976 military dictatorship started with the one-year presidency of Juan Peron (1973-1974) but turned, after his death, into a fascist government under the leadership of his wife, Isabel Peron. Following her appeal to the military to help her control extreme left-wing anarchist organizations and Marxists (Brennan, 1998), in 1975 the Argentinian Army, led by General Jorge Rafael Videla became involved, announcing a death penalty for all subversive individuals and organizations (Spanish: “*subversivos*”). From then on, the military and the police force persecuted *subversivos* systematically and ruthlessly (Norden, 1996). On March 24, 1976, General Videla led what would be the last military coup, beginning what is known unofficially as: “The Dirty War” (Spanish: “*Guerra Sucia*”) (Norden, 1996). Videla would become the dictator of Argentina from 1976 to 1981; Roberto Viola and later Leopoldo Galtieri would continue this dictatorship until 1983.

The systematic persecution of the left-wing underground organizations and their alleged supporters turned into a common state terror practice until 1983 (Norden, 1996). Human rights abuse by the state during that period included kidnapping of suspects, interrogations that involved torture, killings (Norden, 1996; The US National Security Archive, 2003; Guest, 1990; Jahangir, 2000) and “death flights”, during which thousands of detainees were thrown into the Rio de la Plata or the Atlantic Ocean (Wright, 2006). Not only were members of the left-wing guerrilla organizations hunted by the military, but also anyone who was believed to be associated with

socialism and who held (or was suspected of holding) any left-wing political views or other opinion which did not conform to the dominant ideology of the military dictatorship (The US National Security Archive, 2003; Norden, 1996; Robben 2007; Guzmán Bouvard, 1994). This included many young students (Hernandez, 2011; Telesur, 2016).

In resistance to this persecution, throughout this period, some left-wing guerrillas tried to execute plans of resistance. Ultimately, many of their members managed to flee Argentina as refugees, while others managed to escape to Central America to receive training in guerrilla camps (Spencer, 1996).

On October 30th, 1983, this dark and politically violent period ended following the defeat in the Falklands war and massive international pressure in relation to Leopoldo Galtieri's role during the dictatorship. Galtieri was removed from his position and arrested, and the Junta gave up its power through the democratic election of Raul Alfonsín from the Radical Party (*"Partido Radical"*) (Kaufman, 1989). The dictatorship left behind a failing economy, and a wounded society. To this present day, military officers responsible for human rights abuses and crimes against humanity during the Dirty War are being brought to trial (Telesur, 2017, 2016; BBC, 2012; The Sunday Morning Herald, 2012). As of 2016, more than 1,000 of the dictatorship's torturers and killers have been trialed and 700 sentenced (The Guardian, 2017). To this day, the exact number of victims murdered during that time is unknown, as military officials made sure to destroy any evidence well before their regime came to its end (DuBois, 2005). However, the estimated number is 30,000 victims (DuBois, 2005; Cardenas, 2007, Nunca Más, 2017).

2.1.b: Argentinians Jews during the dictatorship.

Jews in Argentina have always been subject to anti-Semitism and xenophobia (Avni, 1972; Mirelman, 1975); however during the dictatorship, anti-Semitism significantly escalated (Kaufman, 1989). This escalation should be understood within the context of the Argentinian government's adoption of German military ideology during and after World War II (Martinez, 1984). Argentina opened its doors to thousands of Nazi war criminals after World War II, and some of them rose to powerful positions in government, allowing them to transmit the principles of the Third Reich's ruthless, sophisticated methods of persecution (Rein, 2010). These war criminals also contributed to the escalation of existing anti-Semitic attitudes, and government policy decades later (Kauffman, 1989; Tarica, 2012). Additional escalation of anti-Semitism

occurred in 1960 after the Israeli secret service captured the Nazi Adolf Eichmann, one of the major organizers of the Holocaust, in Argentina, (Rein, 2003; Rein, 2001a; Isar, 1975).

Given all the above, anti-Semitism during the dictatorship was not “invented” by the military Junta, but rather escalated over time and was a fertile ground for the implementation of extreme anti-Semitic policies during the 1970s. A study done by Kaufman (1989), which was partially based on reports by Amnesty International, the Inter-American Commission for Human Rights, and the U.S. State Department, argues that during the 1970s Argentina had the highest prevalence of anti-Semitism of any South American country with a similar military regime. Gradually, anti-Semitism became a widespread ideology in other sectors of society (Tarica, 2012, Kaufman, 1998). Kaufman (1998) argues that, given that at that time in particular, anti-Semitism had infiltrated such high-ranking military and civilian levels in Argentina, members of the Jewish community saw no point in complaining about it to the authorities.

Despite the limitations of Kaufman’s study – lack of access to all archive information from that period (given the secretive nature of the military dictatorship), and the fact that only 27 detention centers out of 304 known are included in his study – he still presents evidence that, during the military dictatorship, Jews were intentionally selected to be oppressed and suffered extensive punishment both in quantity and in quality, compared to the general population. The anti-Semitism during that period included three types: “traditional anti-Semitism” (Jews as the embodiment of the Anti-Christ), “Nazi anti-Semitic abuse” which followed by the ideology of Hitler and the Third Reich, and “anti-Zionist anti-Semitism”, which saw the state of Israel as the symbol of the Jewish nation, and suggested that all Argentinian Jews were automatically guilty of treason, espionage, and part of an imaginary Zionist conspiracy to take over Argentina (Kaufman, 1998). All of the above may contribute to an explanation of the high number of missing Jews (3000 people). While Jews representing only 0.8%-1.2% of the general population, Jews made up around 10% of the total number of all victims (Tarica, 2012; COSOFAM; Buenos Aires: Milá, 2006).

2.2: The immigration experiences of Argentinian immigrants to Israel

In order to understand the context of Jewish Argentinian immigration to Israel and the unique ideological and spiritual meaning of immigration to Israel for many Jewish people around

the world, one has to look at Israel's "Proclamation of Independence" (1948), which was also the foundation of the "law of return" established two years later in 1950 (The Knesset, 2017). This law continues to provide almost automatic Israeli citizenship (with some exceptions) to each and every Jewish individual who wishes to settle in Israel.

Another way to illustrate the special meaning of Jewish immigration to Israel is by the looking at the Hebrew words to describe immigration. Non-Jewish immigrants to Israel are called *mehagrim* (immigrants). In contrast, Jewish immigrants to Israel are *olim* (people who "rise up") and the word for Jewish immigration is *Aliah*, meaning "going up/ to rise" or "ascending" (Eltzer-Zubida & Zubida, 2012). The use of the word *Aliah* has been justified by the biblical argument that the land of Israel is "higher" (spiritually) than all other countries. Therefore, a unique mixture of spirituality, identity, and politics are embedded within this one word, *Aliah* (Eltzer-Zubida & Zubida, 2012). Overall, since the establishment of the state of Israel, there have been approximately 3.2 million Jewish immigrants, (ICBS, 2017a), and the leading region is the former Soviet Union (one third of all immigrants) (Jewish Agency cited in Eltzer-Zubida & Zubida, 2012).

2.2.a: The different immigration circumstances of the Argentinian Jewish immigration to Israel (1948-2016).

The total number of Argentinian immigrants who made *Aliah* to Israel between 1948-2016 is estimated to be between 61,464 and more than 64,000 (Ministry of Aliah and Integration, 2017; ICBS, 2006; ICBS, 2017). According to government statistics, it seems that the flow of immigrants who made *Aliah* can be divided into several immigration waves, which can be correlated with the political persecution of Jews and the economic crises in Argentina.

In contrast to the immigration wave between 1948-1971, which was motivated mostly by the "pull" force of Zionism and Jewish identity (Roniger & Babis, 2008; Rein, 2010; Yazarsky, 2015) and to some extent motivated also by economics (Klor, 2016; Klor, 2017), the following immigration wave surrounding the military dictatorship (1976-1983) was motivated by the political instability and self-preservation (Roniger & Babis, 2008; Rein, 2010; Yazarsky, 2015). The total number of refugees who escaped Argentina due to the military dictatorship is estimated to be about 18,649 immigrants, with the peak years being 1972-73 and 1977 (Ministry of Aliah and Integration, 2017).

In addition, two significant political events, which occurred a decade after the end of the dictatorship, might be a factor pushing a further 20,000 Argentinian Jews to immigrate to Israel. On March 17th, 1992 there was a terror attack on the Israeli embassy in Buenos Aires; and on July 18th, 1994, there was the “AMIA bombing”, an attack on the *Asociación Mutual Israelita Argentina* building in Buenos Aires, during which 85 people were killed and hundreds were injured (Rein, 2010). Another significant immigration wave occurred during Argentina’s great depression (1998–2002) as a result of economic motivation (Rein, 2010; Yazarsky, 2015).

Starting from 2004 and until 2016, the annual number of immigrants to Israel has been steady, yet consists of only a few hundred Argentinian immigrants (Ministry of Aliah and Integration, 2017; ICBS, 2017c). Over the last two decades, it is argued that the motivation of Argentinian Jews to immigrate to Israel is more ideological, and that these immigrants are more religiously observant (Yazarsky, 2015).

When comparing the data provided by the Israeli Central Bureau of Statistics (ICBS, 2017) about the number of the Argentinian immigrants to Israel, with the data provided by the Ministry of Aliah and Integration (2017), it was revealed that there is a discrepancy of 3314 immigrants between 1972 and 2016. This statistical inaccuracy is an illustration of the lack of community visibility which is further discussed in the next section.

2.2.b: Lack of community visibility.

Despite the fact that the total number of Argentinian immigrants is estimated to be over 100,000 (ICBS, 2017c; ICBS 2006, Ministry of Aliah and Integration, 2017), there are still only a few studies focusing on the experience of Latin American *olim*, and specifically the Argentinian community. Most of the research done on immigrant communities in Israel is focused on immigration from the former Soviet Union, Arab countries, and Ethiopia (Roniger & Babis 2008; Yazarsky, 2015; Kahn-Stravechinsky, Levi & Konstantinov, 2010).

As for government research, I was able to find only one study done by the government of Israel about the experience of Argentinian immigrants (Degani & Degani, 2004), and an additional comparative study by the Myers-JDC-Brookdale Institute Center for Research, about Argentinian immigrant youth integration, published in 2010. As noted by Roniger and Babis (2008), “...the lack of scholarly attention seems to be yet another synergetic reflection of the lack of communal visibility of the Latin American in Israel” (p.301). The findings of the only research

done by the Israeli Ministry of Aliah and Integration and the Jewish Agency (Degani & Degani, 2004) show significant cultural, economical and social difficulties in adaptation among 500 Argentinian immigrants. Another comparative study about the adaptation of Argentinian immigrant youth, confirms higher levels of social isolation and the lower levels of belonging in school, and lower levels of integration into Israeli society (Kahn-Stravechinsky, Levi & Konstantinov, 2010).

The few scholars who tried to understand the Latin-American (and Argentinian) lack of “communal public visibility” (Roniger & Babis, 2008. p.297) provide several suggestions. The first is situated within the nature of the Argentinian immigration waves. In contrast to other communities, which made the public in Israel more aware of them, either due to the higher numbers of immigrants or due to the dramatic exodus of the immigration waves of the Ethiopian Jews, the immigration of this community occurred as a steady “cumulative process” over a long period of time (Roniger & Babis, 2008 p.298; Rein, 2010; Yazarsky, 2015). The second reason is rooted within the stereotypical image of this community. There is a public supposition, which assumes that this community has successfully adapted and integrated into the Israeli society, which is based on perceiving all Latin Americans as westerners who therefore should not cause “any major disruption” (Roniger & Babis, 2008, p.298). This perception reduces attention to the actual needs and struggles of this community (Rein, 2010). The shallow cultural stereotype Israelis have about Argentinian immigrants, also ignores the variety that exists within this community (Yazarsky, 2015). The third reason for lack visibility is found in the lack of political representation of the community in Israel. There are few reasons for this absence: immigrants potentially carry mistrust from their countries of origin in relation to politicians or public official agents (Roniger & Babis, 2008; Rein, 2010) In addition, in the context of the Middle East conflict, their support of Palestine triggered hostility from the Israeli public (Roniger & Babis, 2008). Furthermore, one should keep in mind ideological and cultural divisions within immigrant communities, which decreased the chances for the establishment of an ethnic political party, which represents all Latin-American immigrants in Israel (Roniger & Babis, 2008; Rein, 2010). An additional reason for the community’s invisibility is located in the fact that this community is geographically widespread in Israel. Unlike other immigrant communities, the Argentinian immigrant population is scattered. Their residence is geographically widespread, and one can find Latin-Americans almost anywhere in Israel, living mostly as individuals and less in communities

(Roniger & Babis, 2008; Rein, 2010). The community also lacks representation in the Israeli Defense Forces. Being part of the armed forces in Israel is considered a social condition for full integration in Israeli society, even for native Israelis; however, given the immigrants' negative and at times traumatic experience of military forces in their country of origin, and given that some of them hold anti-Zionist ideologies, some of the members of this community have intentionally been avoiding participation in what is known as the Israeli melting pot, the Israeli Defence Forces (IDF) (Roniger & Babis, 2008). The final reason for the invisibility of the community is immigrants' lack of familiarity with Jewish culture and Zionism. This relates in particular to the immigration waves from Argentina which were motivated by the "pull" factor of political and economic crises. There is a consensus among scholars with regards to the correlation between successful integration into Israeli society and a good pre-migration knowledge about Israel, Hebrew, Zionism, Jewish heritage, participation in Zionist youth movements, and studying in Jewish schools (Roniger & Babis, 2008; Rein, 2010; Yazarsky, 2015).

2.2.c: The Argentinian experience of *Aliyah* following the military dictatorship.

Given the limited literature on Jewish immigration from Latin America, there is an even a greater gap in the literature that focuses specifically on the immigration wave to Israel following the military dictatorship in Argentina. As is illustrated in the literature review appearing in this chapter, the only scholarship available is focused on the process of rescuing Jews from Argentina (Brown, 2014; Zohar, 1990), their lack of adjustment into Israeli society, their invisibility within it (Sznajder & Roniger, 2005; Rein, 2010; Yazarsky, 2015), and their political activity over the years in relation to the fate of their disappearing family members and the role Israel had during that time in rescuing them (Rein & Davidi, 2009).

In order to fully understand the experience of the Argentinian *Aliyah* following the military dictatorship, one must look at the complexities of their escape from Argentina, which had a long-term impact on their integration as newcomers in Israel. Sznajder and Roniger's article (2005), my main source given the limited scholarship on this topic, takes a close look at the complex dynamic that enabled Israeli officials and the Jewish Agency to rescue hundreds of Jews from the persecution of the Argentinian military dictatorship, while conducting diplomatic relationships and arms sales with the military regime in Argentina. Sznajder and Roniger (2005) describe the

complex mechanism of this long, secretive and complicated rescue operation held by the Israeli embassy and the Jewish Agency representative in Argentina, which included many risks to both to the rescuers and to the rescued. In contrast to the accusation made by some Jewish Argentinian immigrants that Israel's economic collaboration with the Argentinian Junta created a conflict of interest in the rescue of Argentinian Jews (Brown, 2014; Zohar, 1990), Sznajder and Roniger (2005) argue that the good diplomatic and economic relationships Israel had with the Argentinian regime actually allowed Israel to help hundreds of persecuted Jews, and smuggle them to a third country on their way to Israel, including those who held anti-Zionist views.

From the minimal research that has been done about the adaptation of this immigration wave in Israel, it seems that it was not very successful. As mentioned earlier, some of these hundreds of Jewish refugees stopped being politically involved altogether after their arrival to Israel, and those who joined the Israeli left-wing political parties never felt a strong sense of belonging (Sznajder & Roniger, 2005). Also, many of them felt an ideological discomfort in participating in the compulsory military service in Israel. As a result, despite the efforts of the Ministry of *Aliyah* and Integration to ease this group's integration by offering different cultural and educational programs, some of them left Israel after several years (Rein & Davidi, 2009; Sznajder & Roniger, 2005).

Sznajder and Roniger (2005) explain the failure of Argentinians' integration to Israel by "anti-Zionist" immigrants' dual attachments to the entities of Israel and Argentina. During their life in Argentina, some of the eventual immigrant to Israel not only distanced themselves from Judaism and Jewish community institutions, they also perceived Israel as a capitalist country like the US, which oppresses the Palestinian people (Rein & Davidi, 2009; Sznajder & Roniger, 2005). However, following persecution by the Junta, and after finding they were subject to anti-Semitism even within left-wing organizations in Argentina, some Argentinian Jews became closer to their Jewish identity and decided to flee to Israel in order to save their lives (Sznajder & Roniger, 2005). Nonetheless, the same authors argue that their emigration to Israel did not take away their identity as Argentinians but rather deepened it. While trying to adapt to their new life in Israel, culturally, economically and socially, they still felt a strong attachment to their country of origin, Argentina. This attachment combined nostalgia and longing side by side with anger, disappointment, revulsion, and strong emotions of survivors' guilt. They were individuals who did not choose voluntarily to make "*Aliyah*" to Israel for ideological and religious reasons but

were rather *forced* to escape their homeland, exiles who were carrying past trauma with them, trauma they were unable to share with their peers, let alone with Israeli society (Sznajder & Roniger, 2005).

As a result, in a similar way to other immigration waves of Argentinian Jews, this subgroup of political refugees did not manage to create its own distinct community, and did not succeed in making a significant impact on Israeli society, in its public and political sphere, despite rich past political experience and commitment. To most of them, Argentina has remained the homeland that they were forced to leave and hoped to return to, resulting in a group whose members could not see themselves as an integral part of the Israeli collective identity and its culture (Sznajder & Roniger, 2005).

In contrast to the above, Rein and Davidi (2009) argued that this group of anti-Zionist political refugee Jews were rejected by Israeli society, an argument which is also illustrated by Beller (2014b), an Argentinian immigrant who settled in the town of Beer Sheva in Israel after escaping from the dictatorship: “The Argentinian community in Beer-Sheva [...] was divided into ‘healthy Zionist youth’ and ‘long hair left-wing anarchists’ who were not liked.” This perspective could be understood through the dominant general public and governmental assumption that each Jew which makes *Aliyah* to Israel is by default a Zionist. However, evidently that was not case of left-wing Jews who at the time of the military dictatorship in Argentina had no choice but to escape to Israel, despite their anti-Zionist views.

Trying to break the silence about the dictatorship.

Despite the overall public “invisibility” of Argentinian immigrants in Israel, it is important to mention the efforts made by some immigrants to break the silence around the fate of the Disappeared. Rein and Davidi (2009) describe the dynamic behind the reaction of the Jewish Argentinian community in Israel to the event of the 1978 World Cup held in Argentina, when hundreds who still had relatives in Argentina demonstrated in front of the Argentinian embassy in Tel Aviv. This demonstration was followed by multiple publications in the Israeli press, smaller events held at universities, and signed petitions, however, none of these activities were supported by any members of parliament, nor by any of the far-left political parties in Israel. The lack of public debate about this issue could be partially explained by certain Israeli parliament members’ multiple rejected efforts between 1976 and 1981 to criticize the silence of Israel about the issue

of disappearing relatives (Sznajder & Roniger, 2005). It was only in 2000 that, following the demands of the family members of the missing persons, Israel sent officials to Argentina to collect testimonies and, ultimately, bring missing Jewish Argentinian persons to Israel for burial (Sznajder & Roniger, 2005; The Knesset, 2003).

This campaign related to the “*Desaparecidos*” continues to the present day. Over the last few years, some immigrants who experienced the dictatorship, have made reports to the Israeli media about a war criminal who resides in Israel (INTERPOL, 2017; Levi, 2017; Slutzky, 2015; Peleg, 2016; Brown, 2015) and about the relationship Israel had with the Junta during the dictatorship (Brown, 2014; Cohen, 2016; Haaretz Service, 2011; Gaon, 2011). It seems that despite the community’s low profile within the Israeli public sphere, these issues still represent unfinished business for the Argentinian community in Israel, whose members still wait for resolution.

2.3: The psychological impact of the Argentinian military dictatorship for survivors

The lack of resolution in the context of the dictatorship in Argentina is one of the topics which interests researchers who explore the psychological impacts of the dictatorship on the individual, social and collective levels, during and after the period, up to the present day. Still, there are various ways in which traumatic memories may transform over time for both individuals and collectives. In this section, I will first discuss an argument that Argentinian society is collectively traumatized, looking beyond the era of the 1970s military dictatorship as the source of this traumatic experience. I will then continue with a discussion of the extent and the manifestation of dictatorship-related trauma within the various eco-systemic levels and social groups within Argentinian society, as well as the relationships between these levels, while looking at the difference between *psychic trauma* and *socialized trauma* in Argentina. I will continue with an exploration of the various psychological reactions to the political violence at the time of the dictatorship, such as defense mechanisms and anger, which had at times led to resistance.

The second part of this section focuses on the psychological reactions within the individual and social levels in post-dictatorship Argentina (1983 to present day). I will look at the transformation and transmission over time of traumatic memory, which manifested through the

existence of silence alongside the “memory boom”, the difficulties faced by some social groups, such as the families of the disappeared, in achieving closure, the efforts of the second generation to unveil the taboos of traumatic memory, contradictory memories (the citizens’ memory vs. the military’s) and the inability of the Argentinian people to reach reconciliation and move forward.

2.3.a: The psychological reactions to traumatization during the dictatorship.

Before describing the nature of the experience of trauma in the context of Argentina, both at the individual and the collective level, it is important to look at the definition of “collective trauma”. Kai Erickson, who has made a significant contribution in describing and researching collective trauma and its manifestation from a sociological perspective (Erickson, 1976), perceives collective trauma as an experience which is different in some respects from the experience of individual trauma, yet in other aspects overlaps with it. Based on his study about the 1972 Buffalo Creek mining disaster in Logan County, West Virginia, Erikson argued that within the context of a disaster which resulted in loss of lives, material possessions, and displacement, trauma has been experienced at two levels: the individual and the collective. Erikson argues that despite possible similarities between the experience of individual trauma and the collective one, in the latter there is the element of the loss of the “social self”. As specified in his definition, collective trauma is:

...a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with ‘trauma’. ... [It is] a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared. As people begin to emerge hesitantly from the protective shells into which they have withdrawn, they learn that they are isolated and alone, wholly dependent upon their own individual resources. ‘I’ continue to exist, ‘You’ continue to exist, though distant and hard to relate to. But ‘we’ no longer exist as a connected pair or as linked cells in a larger communal body.” (Erikson, 1978, p. 154)

In addition, Erickson argues that collective trauma creates a “centrifugal force” (1978, p. 153) which increases the distance between the dominant and central cultural social groups that were already socially marginalized.

Eriksson was not the first scholar who identified “collective trauma”. It is important to also mention C. G. Jung (1945), who used the concepts of “psychic infection” and “collective psychosis” as a way to describe the way fascist ideology had become a shared experience in Europe during World War II and the Holocaust. Since these definitions of collective trauma, scholars have suggested other ways of perceiving the phenomenon. For example, Somasundaram (2011) who explored the effect of collective trauma on migration and settlement in the host country, defines it as: “...the negative impact at the collective level to the wounding and injury to the social fabric; that is, on the social processes, networks, relationships, institutions, functions, dynamics, practices, capital and resources” (p.150). Other scholars perceive collective trauma in the context of culture (e.g. De Jong, 2002; Miller & Rasco, 2005; Silove, Steel & Psychol 2006).

In contrast, Eberhard Riedel (2014) examines collective trauma using a psychological lens. Based on his pilot study on trauma intervention related to political violence in the eastern Democratic Republic of Congo (DRC), Eberhard perceives collective trauma as “psychic infection”:

...I found that complex collective trauma could not be understood in terms of the symptomatology of the individual trauma survivor. Rather, complex collective trauma spreads epidemically by psychic infection among individuals and communities and across generations. Understanding these complex dynamics requires an approach that is both holistic and specific to the system under consideration (p.249).

Eberhard’s perception of collective trauma as an “epidemic”, in terms of cycles of violence, is also shared by Robben (2007), one of the few to write in English on the topic of collective psychological reactions within the context of the 1976-1983 military dictatorship in Argentina. It is important to understand the nature of the mass trauma in Argentina within the context of historical compounded collective traumatization, which is illustrated by Robben (2007) as a spiral of massive violence and trauma. Historical compounded collective trauma had been inflicted on the Argentinian people since the 1950s, increased over the years, culminating in the 1970s dictatorship. The cumulative impact of these events continues to manifest to the present day.

Robben (2007) argues that collective trauma is manifested within four levels of Argentinian society: the individual, domestic and social levels as well as on both sides of the armed political conflict (the military forces and guerilla resistance). Although Robben provides a detailed examination of the different manifestations of the traumatic experience within Argentinian society, it can be seen as morally problematic when he describes trauma experienced by specific social groups, such as the survivors, in the same breath as describing the trauma that is experienced by oppressors. At the same time, Robben provides an interesting argument about a symbiotic dynamic among different societal dimensions and a movement from one dimension's unique manifestation of trauma to another's, which strengthened and reinforced the experience of trauma within other dimensions and therefore gradually affected more and more groups. This reciprocal movement between the individual and the collection dimensions in the context of collective trauma, is further explained by Somasundaram (2011):

The individual becomes embedded within the family and community so much so that traumatic events are experienced through the larger unit and the impact will also manifest at that level. The family and community are part of the self, their identity and consciousness. The demarcation or boundary between the individual self and the outside becomes blurred. (p.150)

Robben, (2007) provides an example of this fluidity between the individual and the collective experiences, in the usage of torture; while the physical pain and injury resulting from the torture may have healed in time, the long-term social damage remains in the shape of individuals' social isolation and inability to create social relationships, and goes beyond the individual's experience when shaping a new collective societal psyche of fundamental social mistrust, which would fit the Junta's "new order" ideology (Robben, 2007). Side by side with the different forms of violence which eventually contributed to the collective traumatization and psychological injury of Argentinian society, another way to inflict the collective terror used to control the masses was the use of the word *desaparecido*, meaning "the disappeared", which evoked significant anxiety even within the comparatively safe family environment of the missing people's relatives (Suarez-Orozco, 1991).

Many Argentines who were directly exposed to violence suffered from acute PTSD, while others who suffered non-direct exposure, including both the parents of disappeared children and the regime's oppressors, developed PTSD many years later. Others may have experienced those

events as psychological stress and not necessarily as trauma (Robben, 2007). More specifically, the same author differentiates between individuals who suffered from *psychic trauma* after direct exposure and people who were indirectly exposed to the violence and were therefore *socially traumatized* given the difficulty of their *collective* situation: “A social trauma implies the existence of unique group processes triggered by excessive violence and collective losses” (Robben, 2007, p.345).

The obvious question is whether there is a difference between the psychological damage caused by *direct* exposure to the violence and by *non-direct* exposure. Robben (2007) argues that both are damaging to *the same extent*: “Physical violence is the most common cause of trauma, but a mock execution or watching others being hurt can be equally damaging” (Robben, 2007, p.346). This argument correlates with the DSM-5’s suggestion that symptoms of PTSD can arise from either direct or indirect exposure (DSM-5, 2013). Robben (2007) points out additional differences between those who experienced *psychic trauma* and those who were *socially traumatized* by massive trauma (such as war or genocide). In a similar way to Erickson’s definition (1978) of collective trauma, Robben (2007) suggests that while the effects of psychic trauma on the individual take place exclusively on the psychological level, the effects it has on groups and communities also takes place within the social and cultural realms. The violence breaks communities’ social bonds and shakes their identities and their culture, which until then was indisputable. Furthermore, in alignment with what is known the Fight-Flight-Freeze response¹, Robben argues that, in the context of the military dictatorship in Argentina, while passivity (the freeze reaction) was the most common reaction of people subjected to acute psychic trauma, social trauma in Argentina resulted in organized violence (the fight reaction) for the purpose of retaliation, revenge, rebellion and revolution, leading to a spiral of violence and trauma on both political sides. Robben (2007) argues that, over time, there has been an accumulation of multiple factors in Argentina that have made recovery from collective trauma impossible, even after democracy has been restored.

The strong correlation between the individual dimension to the collective traumatic experience could also be illustrated through the various psychological defences used in Argentina during the dictatorship: denial, rationalizations, and finally, anger and its link to resistance as specified below.

Denial.

Scholars like Suarez-Orozco (1991) and Kordon et al. (1988) argue that one of the first psychological defenses used by Argentinians during the dictatorship, even in the midst of abductions and disappearances, was denial. Denial is one of the most preliminary defense mechanism which provides the individual with a feeling of safety and security (Kramer, 2010; Larsen et al., 2010; Olson et al., 2011). According to Suarez-Orozco (1991), some of the forms taken by this denial were the failure to recognize and have a critical perspective on specific events or elements both in the social environment in Argentina and in the self and the resulting creation of an alternative reality (such as denial of the extent of the repression and/or the argument that those targeted were extremists who deserved it somehow).

In the case of a traumatized society like Argentina, Robben (2007) argues that one of the manifestations of the denial of traumatic events is maintaining silence. In addition to the difficulty of facing the horrors of reality, denial was also strengthened by the fact that in the cases of those who had disappeared, there were no bodies to confirm the reports of ongoing systematic massacres and torture. The mourning process was therefore interrupted, providing the relatives of the disappeared, as well as other civilians, with the possibility of denial and even a fantasy that one day those who had vanished might return (Suarez-Orozco, 1991). Clinging to the false hope that the disappeared were still alive created practices, such as keeping the belongings of missing people, as well as bargaining with the oppressors, such as speaking gently with torturers and selling houses in order to bribe the authorities (Suarez-Orozco, 1991). As discussed later, this denial in relation to the disappeared would continue decades after the dictatorship would be over.

Rationalizations.

Suarez-Orozco (1991) argues that the second level of denial as a defense mechanism was rationalization which blamed the victim. Thus, even once it had been accepted that people had been kidnapped and made to disappear (following persistent rumors and reports coming mostly from foreign press), the accepted reasoning behind it was that “they must have done something”, where “something” referred to involvement in subversive activities, meaning that such abductions could only happen to the deviant “other”.

Rationalization also took the form of the belief that the reports and rumors of abductions were propaganda which was part of an anti-Argentinian campaign which had allegedly been

invented by left-wing troublemakers exiled to Europe and Mexico who were making accusations while enjoying refugee status (Suarez-Orozco, 1991).

This false rationalization, though it provided an artificial feeling of safety, ignored several important facts which did not suit its logic. First, it was not only people who were politically involved who were captured, tortured or made to disappear; among the victims were many totally uninvolved people such as nuns and babies born in captivity. Second, even people who “must have done something” deserve a fair trial in accordance with a system of law that respects their human rights (Suarez-Orozco, 1991).

Anger and its link to resistance.

In the case of Argentina, the defense mechanisms of denial and rationalization which were created in the face of loss were followed by anger (Suarez-Orozco, 1991). The same author makes a distinction between anger which was directed inwards versus outwards. Inward-directed anger led to depression, which occurred especially in the cases of relatives, friends and particularly the fathers of those who had disappeared. The fathers of the disappeared isolated themselves from any public activity and often sank into a narcissistic depressive state which sometimes led to illness and high rates of death (Suarez-Orozco, 1991).

Anger which was directed outwards, for instance toward the authorities with regards to the disappeared and to the needless Falkland war, occurred especially in the cases of the mothers of the disappeared. In contrast, it can be argued that *the Mothers of the Plaza de Mayo* (Spanish: *Asociación Madres de Plaza de Mayo*) an association of Argentine mothers whose children “disappeared” during the state terrorism of the last military dictatorship), wishing to break the silence surrounding the disappeared, turned the personal pain of their helplessness, rage and inability to mourn (which was indirectly supported by the strong societal denial at that time) into a collective resistance which encouraged a public debate (Suarez-Orozco, 1991). In other words, private grief had become “an emotional resource for collective action in the form of ‘political mourning’” (Humphrey & Valverde, 2007 p.179; Ros, 2012). Suarez-Orozco (1991) argues that the anger which was transformed by *the Mothers of the Plaza de Mayo* into a political discourse of resistance was perhaps an outlet for their inability to mourn which allowed their missing children to metaphorically pass them the torch in the fight for justice. I would note that although the gendered difference is an interesting topic, and much has been written about the relative

safety of middle-aged mothers versus men taking public action, given my research topic, and the limited length of this paper, this could maybe be explored in future studies.

2.3.b: Psychological reactions during the post-dictatorship period.

The symbiotic relationship between the individual and the collective reactions to the political trauma can also be illustrated by the psychological reactions which manifested following the end of the dictatorship.

The “memory tsunami”

On the individual dimension, since Argentinian society was familiar with concepts like repression, trauma and consciousness, those who were strongly emotionally affected by the mass political violence (e.g. suffering from PTSD) were aware of their reaction as a result of the trauma and understood their suffering partially thanks to psychoanalytic psychotherapy in Argentina (Robben, 2007). In a similar way, within the public sphere, the post-dictatorship period was characterized by a daily barrage of testimonies from people who were tortured, in both electronic and written media, as well as TV reports on the exhumation of bodies, newsletters published by *the Mothers of the Plaza de Mayo*, books in which the oppressors confessed to their actions, films, and reports about the consequences of the dictatorship such as the “*Nunca Mas*” (Never Again) report issued by the National Commission on Disappeared People (CONADEP 1984). This was followed in 1985 by extensive daily media coverage of the Junta commanders’ trial proceedings, also known as “The Horror Show” (Suarez-Orozco, 1991). Being able to speak publicly about things which were forbidden to share with others during the time of the dictatorship seemed to have a therapeutic role for the people of post-dictatorship Argentina and was continued decades later through Argentinian films (Tandeciarz, 2012; McWilliam, 2013; Lazzara, 2009) and literature (Wirshing, 2009). As put by Suarez-Orozco (1991):

Suddenly a compulsion to speak of the unspeakable seemed to consume the Argentine imagination. The cathartic aspects of speaking of the unspeakable which psychologists discovered almost a century earlier were rediscovered in Argentina, the center of psychoanalytic thinking in Latin America. (p.498)

However, following political pressure from military officers, who still wielded influence, this memory tsunami was temporarily put on hold by two laws put in place by democratic

governments. The Full Stop (1986) and Due Obedience (1987) Laws established time limitations on future persecution and exonerated those below the rank of colonel of any charges (Benegas, 2011; Gates-Madsen, 2016; Ros, 2012). The democratic government of Argentina called on both sides (“the two demons”) to reconcile and encouraged the public to “forgive and forget” in order to convey the idea that Argentinian society was now safe. However, not only was the rhetoric of “national reconciliation”, which included immunity, not accepted by survivors and their families, it actually drove human rights movements to “break the silence” in order to continue to speak about the trauma. In their view, the democratic government’s “imposed ‘respect’” for the perpetrators of the dictatorship symbolized the same demands that the dictatorship itself had put forth using terror and propaganda (Benegas, 2011, p.24). In other words, the attempts of the democratic government to impose silence have been perceived as the extension of the dictatorship’s oppression and an attempt to avoid justice (Gates-Madsen, 2016).

A turning point in this silencing was a 1995 interview with Adolfo Scilingo, a retired naval officer who confessed about his role in the “death flights” (Gates-Madsen, 2016). This interview, which revived and legitimized discussion about Argentina’s traumatic past for the post-dictatorship generation, was followed by the emergence of human rights activists who, like *the Mothers of the Plaza de Mayo*, engaged in the trauma within the public sphere mainly via street protests (Gates-Madsen, 2016).

One of these activist organizations was *Escrache* (meaning “to ruin”, in reference to ruining someone’s reputation with the revelation of secrets) (Espindola, 2002), an organization which was created by the Argentine H.I.J.O.S. (*Hijos por la Identidad y la Justicia contra el Olvido y el Silencio*, or Daughters and Sons for Identity and Justice against Forgetting and Silence) (Gates-Madsen, 2016). The activities of this movement, which took place in the mid - to late 1990s, targeted war criminals of the dictatorship by publicly shaming them through street protests which included music, giant puppets, the distribution of flyers, street theatre and red ink meant to symbolize blood (Benegas, 2011). These activities are seen by some scholars as “trauma-driven performance” (Taylor, 2003, p.188) or a constant, repeated effort to make “the past present in order to change it retroactively,” proving time and again that the Argentinian democratic government’s silencing strategy had failed (Benegas, 2011, p.26).

Benegas (2011) argues that this persistent engagement with Argentinian trauma by human rights movements such as *Escrache* was empowering; it helped people break the silence and

demand justice by publicly identifying the perpetrators of the dictatorship's oppression and demanding their punishment. Other scholars such as Kaiser (2002) and Gates-Madsen (2016) argue that human rights organizations like *Esgrache* took the role of "an antidote to societal amnesia" (Gates-Madsen, 2016, p.9), the unbearable void of forced forgetting. In so doing, they caused the renewal of legal action against the war criminals (Kaiser, 2002; Gates-Madsen, 2016). This struggle to fight societal amnesia by providing a place for the expression of past trauma continued in the new millennium, when in 2003 President Kirchner's new government collaborated with human rights organizations in order to overturn the amnesty laws and renew the persecution of the dictatorship's war criminals (Gates-Madsen, 2016). By August 2014, over the course of 121 trials, 503 military men (out of 1,611 investigated suspects) had been convicted and sentenced for crimes such as killing, torture and abduction (Gates-Madsen, 2016). Trials took place all over the country and were organized according to each detention center or event (Ros, 2012).

However, while it was hoped by both the victims and the successor state that the truth commissions and trials would function as social rituals that would reverse the effects of political violence and help victims and their families heal from the trauma, it can be argued that this objective was not fully achieved. Victims' suffering was represented only partially and in a symbolic short-term fashion in these court proceedings. Its representation in court never managed to accurately reflect the ongoing victimhood from which they have suffered, nor could the compensation offered have "fixed" their suffering and immeasurable loss. The verdicts given to the perpetrators never seemed to be harsh enough in comparison with the tremendous long-term suffering of the victims of their horrendous crimes (Humphrey, 2003; Ros, 2012).

The "persistent presence of absence".

Although talking about the painful past (whether in private or within the public sphere) was an understandable reaction to the silencing censorship, disappearances, torture and danger of knowing that characterized the dictatorship, *silence* in post-dictatorship Argentina, in addition to the post-dictatorship "memory boom", played a significant role in Argentinian society's processing of its trauma (Gates-Madsen, 2016).

Gates-Madsen (2016) argues that given the extensive fear of expressing alternative narratives to the dominant Junta-imposed narrative at the time of the dictatorship, talking publicly

about the trauma and the “memory boom” created a positive image which turned into a symbol of the revelation of buried truths. However, Gates-Madsen (2016) also suggests a critical view of the choices that human rights organizations made to “populate representation of trauma” (p.4), namely which traumatic narratives were encouraged and which narratives were silenced. Encouraged narratives included survivors’ tales conveying heroism, victimhood and triumph over the painful past, while silenced narratives expressed “uncomfortable truths” such as ambivalence or complexity in the traumatic experiences of survivors, unethical behavior regarding torture or the stealing of babies, betrayal and the use of traumatic memories for political gain (Gates-Madsen, 2016, p.7-8).

According to Ros (2012), “survivors adjusted their words to the humanitarian narrative.” They typically presented their dead and disappeared *compañeros* as heroes of a “sacralised past that, mystified, becomes untouchable, omitting, once again, their commitment to political change” (Ros, 2012, p.18). Accordingly, the media representation of social trauma helped human rights activists portray the violence during the dictatorship as a simplistic narrative including, on the one hand, ruthless perpetrators and, on the other hand, victims who fought for social justice. This narrative excluded the context of historical perspective, including the actions on the part of both the military forces and the guerilla organizations that brought on the violence (Ros, 2012). In other words, the social post-dictatorship traumatic memory evolved, was interpreted and shaped over time not only by what was expressed, but also by the taboos which had remained untouched and silenced. As put by Gates-Madsen (2016), “the breaking of silence is also the making of silence” (p.5).

Another reason for the silencing of some traumatic narratives has nothing to do with politicizing traumatic memory but rather with the genuine psychological difficulties of openly speaking about acts of horror which at times went beyond human ability to describe or contain. In that sense, therefore, this silence or absence of words speaks for itself and “can effectively communicate trauma” (Gates-Madsen, 2016, p.8). Muteness may speak even louder than the verbal vocalization of trauma, and as such, silence may be even more authentic, ambiguous and complex than explicit words (Gates-Madsen, 2016, p.8).

The existence of silence alongside the “memory boom” illustrates that, whether due to the inability to describe the horror in words, or the difficulties of human rights organizations, activists and even academic communities to touch upon narratives which include taboo and

inconvenient truths, the impact of the trauma experienced during the dictatorship is long-term and lasting and has not reached closure even in the present day (Gates-Madsen, 2016). It also demonstrates that the subjective understandings and interpretations of the social traumatic experience by human rights movements (their definitions of “justice” and “abuse”, their beliefs about who should be brought to trial or which narratives should be revealed and how) actually shaped the nature of the Argentinian social traumatic memory over time. As put by Gates-Madsen, (2016):

When it comes to voicing the trauma of the past, some stories resist expression on many levels. The silences that populate the post-dictatorship landscape represent a persistent presence of absence, and the responses to such silences demonstrate the complicated legacies of authoritarianism: the troubling fallout of the memory boom and the inability to arrive at a full understanding of past violence. (p.168).

“What happens if he returns?”: the case of the Mothers of the Plaza de Mayo.

Another illustration of the presence of absence is through the case of *the mothers of the Plaza de Mayo*, which can also further illustrate the obstacles that some social groups in Argentina still face on the way to achieve closure. There are numerous studies related to the concept of “ambiguous loss” (Boss, 2009). Boss, who coined this concept in 1999, defines it as “an unclear loss that continues without resolution or closure. It is a relational rupture that can be physical or psychological” (Boss & Yeats, 2014, p.63).

One of the various domains in which the theory of “ambiguous loss” could be applied is enforced disappearance following a political violence (Robins, 2016). This indeed correlates with Boss’s (2010) further explanation of this theory in the context of a physical unclear loss of a loved one:

[...] the lost person is here, but not here, grief is frozen, life is put on hold, and people are traumatized. With no official verification of death, no possibility of closure, and no rituals for support, there is no resolution of grief (p.137).

Suarez-Orozco (1991) provides a concrete example of the reluctance of the relatives of those who were abducted and never seen again to mourn and move forward while arguing that choosing to use the word “disappeared” (*desaparecido*) actually implies the hope that the people referred to may one day appear again. Some families are still hoping for the return of their loved

ones to the extent of keeping their rooms, offices and belongings intact and in the same condition as on the day of their disappearance, turning them into a kind of personal and sacred shrine (Sumpson & Bennett, 1985). There are various ways of coping with the ambiguity of this type of loss. While some relatives of the disappeared have adopted various rituals used as a way of coping, others have struggled to find ways to find meaning in the pointless suffering of their loved ones (Sumpson & Bennett, 1985; Kordon & Edelman, 1988; Nicoletti, 1988).

Death can often not be finalized or accepted if there is an inability to bury and mourn the dead. To the present day, *the Mothers of the Plaza de Mayo* still chant “*Aparicion con vida*”, meaning “we want them to reappear, alive.” The Mothers’ resistance to the exhumations of remains by the American, Clyde Snow, and a team of Argentine forensic anthropologists is therefore understandable (Suarez-Orozco, 1991). As explained by Hebe de Bonafini, the president of the *Mothers of the Plaza de Mayo*: “These foreigners want to make us mothers of dead people; we are mothers of the disappeared” (Suarez-Orozco, 1991, p.495). The same group also opposed laws that would have categorized those who disappeared as dead, and were therefore against receiving remuneration, given that for these mothers, to accept compensation for their dead children before completing their mourning process has been psychologically impossible and would be seen as a betrayal of their hope to see their children again (Suarez-Orozco, 1991). The disagreement about receiving or not receiving compensation for the missing actually divided the mothers’ organizations to the extent that one mothers’ group, accused the mothers of another organization who accepted the compensations, of choosing their personal mourning and closure over the collective demand for justice for all those who disappeared (Humphrey, 2012). The complex mourning of the mothers of those who disappeared turned them against anyone who wished to move on. For example, a decade after the disappearance of her son, one mother refused to allow her daughter-in-law to remarry: “She must wait for him. She has no final proof that he is dead. What happens if he returns?” (Suarez-Orozco, 1991, p.494-495). In contrast to the above, Gates-Madsen (2016) suggests the lack of mourning and closure is another way of coping: “[as it] allowed them to honor the lives and ideas of their missing children rather than accept the tragic finality of their deaths” (p.167-168).

Unveiling the taboos of traumatic memory.

The establishment of the 1970s left-wing movement’s traumatic collective narrative, which had featured an extensive expression of pain, had a direct impact on the ideas the post-

dictatorship generation inherited and the decisions they made (Ros, 2012). However, the post-dictatorship generation has gradually started to unveil other silenced voices in relation to the trauma, as it has taken on the responsibility of critically examining the past and learning from it (Ros, 2012).

Ros' study (2012), provides an interesting glimpse into the ways in which the second generation of former activists and survivors has continued to pursue the truth by addressing the silence and taboos which are part of the existing collective memory. It shows that this generation is striving to expand the established borders of the collective memory, as it does not fully encompass their unanswered questions and concerns. This study does that through an analysis of the political activities of the "*hijos de desaparecidos*" [children of the disappeared], and other former activists (the same generation as the immigrants that were interviewed in Israel for the purpose of my study) and their artistic projects (mainly documentary films, biographies and novels) at the beginning of the millennium.

Through their exploration, one can see clearly how narratives about the 1970s activism have evolved over time and how the post-dictatorship generation, most of whom were either children or infants at the time of the dictatorship, has been determined to dissect the past, daring to explore narratives which touch upon taboos and silenced issues (Ros, 2012). This was accomplished by conducting an intergenerational dialogue, which at times involved direct confrontation but also provided an opportunity for the former activists to transmit their understanding of the past and for both the first and second generations to reframe it (Ros, 2012).

These emerging narratives questioned, for the first time, the impeccable image of the hero, as well as the images of the left-wing movement's activists as victims and martyrs, by offering to take the critical view of taboos (Ros, 2012). More specifically, the following silenced narratives were finally exposed: political prisoners who disclosed information under torture, anger expressed by family members about the permanent absence of the activists in their lives, the resentment of activists' families who had to live in constant fear and danger, the dissolution of families, the choice on the part of guerilla activists to use armed struggle as a way to resist capitalism (and therefore the legitimization of the dictatorship's response to it), the betrayals of friends and neighbors, the decisions made by political prisoners or militant activists to change sides and the doubts expressed by activists in their ideology.

Given that some members of the second post-dictatorship generation were children or newborns at the time of the dictatorship, it seems that part of their quest was a personal journey to understand, as adults, what had really happened at that time by creating a more complex and critical picture of the past which would incorporate multiple voices (Ros, 2012).

This recent narrative exploration was also an opportunity for some, who were raised by single parents, to pose difficult questions with regards to the consequences of the political choice their parents had made, which seemingly contradicted their expectations that they would be raised in a safe and stable environment in which both parents were present (Ros, 2012). This criticism could be illustrated through theatre plays which present the second generation's "first-hand" experiences as children during the dictatorship, which included – apart from the transgenerational trauma – physical and psychological abuse by state agents, change of their identities, orphanhood following the murder or the imposed disappearance of their parent(s), inability to mourn, and being raised by relatives (Perez, 2013). The creative expression provided to the second generation an opportunity to have their "first-hand" experience as children during the dictatorship [like the participants of this research] to be validated, side by side with the human rights abuse which was inflicted on their parents during that traumatic historical time (Perez, 2013).

Another example of creative expression used by the second post-dictatorship generation can be illustrated by a new way of processing the trauma and the loss, dark humor. By examining the work of HIJOS, an organization which was established nearly a decade after the dictatorship by the children of the disappeared to help them to deal with their loss, and by looking at creative text works, Sosa (2013) argues that these creative expressions, which include dark humour, not only helped the children of the disappeared to cope with their loss, but also offered a new way of looking at the romantic image of their parents' heroism and their broken families. The same author argues that the added value of this expression goes beyond an individual coping strategy with trauma and loss; this development of a "new vocabulary" about the trauma and the loss manages to transcend individual experience of grief into action as one of the ways to heal.

The voices of the second post-dictatorship generation are not homogeneous, which adds to the complexity. For example, another controversial narrative is the perspective of the appropriated babies. Their narratives reveal their perception of their adopted fathers [who were members of the Junta] as affectionate and loving, feelings that challenge and contradict the

ally/enemy logic which demonizes the Junta (Ros, 2012, p.102). Ros (2012) argues that these complexities present substantial dilemmas in post-dictatorship Argentinian society about the nature of and the capacity for cruelty that can exist in any of us.

This recent evolution of the collective traumatic memory narrative not only adds further complexity to the collective memory in Argentina by introducing new voices and themes to the ongoing public debate, but also gives the two generations an opportunity to reflect in a more authentic way on what really happened. This multidimensional perspective includes the revelation of the mistakes committed by both sides of the political divide, a reflection that provides an opportunity to build on the past (Ros, 2012). At the same time, Ros (2012) emphasises that this quest did not significantly change the second generation's harsh criticism of the crimes committed by the military regime. The post-dictatorship generation's quest for a more authentic and complex narrative is an opportunity to move beyond the simplistic blaming of the war criminals who were part of the military dictatorship, and instead observes the violent past as the result of a specific dynamic that took place within Argentinian society at the time (Ros, 2012). The same author argues that, as such, the younger generation's present-day interpretation and understanding of the past go beyond their process of the past trauma and loss, as it has a significant role in shaping the Argentinian society and its individuals in the present and the future (Ros, 2012).

The failure to create a united collective memory and achieve closure.

How, if at all, could a collective memory in Argentina be reconstructed? What is the rationale (if there is any) of wishing to impose a collective narrative? This is the subject of ongoing debate taking place in Argentinian society, and even in academia, which continues in the present day, more than four decades after the dictatorship, as to what the "right" collective traumatic memory should be.

Robben (2007, 2012) argues that, following the widespread denial by most perpetrators who were brought to court for their crimes decades after the dictatorship was over, not only is the collective trauma of Argentinian society not homogeneous, it is also complex. There is no clear narrative with regard to what really happened, and having multiple contradictory versions of the past traumatic events results in a division within society. Furthermore, the fact that, even in the present day, some social groups in Argentina continue to repeat and re-experience their painful

past experiences, means that they have not yet worked through their social traumas (Robben, 2007).

Some efforts were taken to reconcile the trauma through political actions such as the CONADEP truth commission in 1983, the court testimonies of the Junta's generals, and the Argentinian government's apology and compensation legislation. However, Robben, (2007, 2012) argues that the presence of multiple contradictory trauma narratives, the ongoing exposure of mass graves, the confessions of the perpetrators, and the new testimonies of children who were kidnapped and illegally adopted, are making closure and reconciliation hard to achieve. All these revelations exposed throughout the years continually provoke intense emotions, trigger public protests demanding justice and ultimately show that Argentinian society is still traumatized by and reliving a painful past.

As mentioned earlier, one of these public protests, the *Escraches*, played an important role in efforts to reconstruct collective memory by fighting social amnesia through "activism of memory" (Vezzetti, 1998). As explained by Kaiser (2002):

Many Argentineans were accustomed to saying that they did not know what had gone on during the dictatorship, a recurrent justification for society's bystander role. Now they know, and every day new details of the crimes committed become available. (p.511)

Jelin (1994; 2003) argues that the "political memory" activism occurred not only during the post-dictatorship era but since the 1970s, demanding that state agents be held legally accountable for their conduct, aiming to construct a "historical memory, actively promoting the need not to forget" (Jelin, 1994, p.39).

What is the benefit of constantly engaging with a painful and contested social memory? Robben (2007) argues that, in the case of former activists and their relatives, this contested memory may, in an odd way, provide them with a sense of control over their painful past. People who suffered under the dictatorship are showing themselves that they are now in a better position to stand before of their rivals and master their own destinies, ensuring that the past will never be their future again (Robben, 2007).

Another manifestation of the evolution of collective memory over time is the constant effort to construct and master the collective social memory by filling the void of the unknowable part of the traumatic past with various commemorations of the dead and the disappeared (for instance, the designation of March 24th as the special day of memory, the creation of monuments

and the *Parque de la Memoria* and the conversion of detention centers into memorial centers). Yet, these too have been accompanied by public debates and narratives which resist the military dictatorship's goal of forgetting and instead provide endless effort to restore some order to the incomprehensible trauma (Robben, 2007, Tandeciarz 2007, 2012). According to da Silva Catela (2015), the public debate was not restricted to the memorial sites, but also to the formation of museums and archives.

Given that there is more than one narrative of the traumatic memory in Argentina, the ongoing attempt to create one collective narrative of that trauma while constantly encountering objections (from the military armed forces and human rights organizations) has not provided relief and reconciliation, and instead has become a means to express social traumas (Robben, 2007). Other voices argue, however, that the torn Argentinian society is actually moving towards reconciliation, as with Tandeciarz's (2012) analysis of the Argentinian film, "The Secret in Their Eyes" (*El secreto de sus ojos*) (2009):

The struggles of the past tore the nation apart, and in the twenty-first century wallowing in them, like empowering their protagonists, represents a sort of stagnation [...] *El Secreto* signals the end of an era: the exhaustion of a human rights discourse and agenda doggedly focused on coming to terms with this past [...] we have settled accounts with the torturers, we have dealt with our issues, and Argentina is open for business (p.68-70)

Continuing in this vein, Crenzel (2011) argues that the CONADEP report succeeded in creating one dominant shared narrative after merging two interpretations of the political violence during the dictatorship: the interpretation of President Raúl Alfonsín and the narrative of human rights organizations. The same author argues that this report created "a new official truth", a "canonic reference for the collective memory of the disappearances" and "an intergenerational commitment regarding Argentina's past political violence and dictatorship" (p.1073).

In contrast to the above, although the CONADEP report included testimonies that, soon after its publication, helped to bring the military Junta to trial as of 1985 (Crenzel, 2011), the military's official narrative, which was the only permitted narrative at the time of the dictatorship, continues to exert influence after the end of the dictatorship, and still very much exists in the present day. Not only do these military narratives provide justification for the dictatorship and deny the responsibility of the former military Junta for their crimes, their narrative also present members of the military as victims themselves. Organizations who express

such narratives to present day include the Association of Relatives and Friends of Terrorism Victims in Argentina (*Asociación de Familiares y Amigos de Víctimas del Terrorismo en Argentina, AFyAVita*), and the Association of Relatives and Friends of Argentinian Political Prisoners (*Asociación de Familiares y Amigos de los Presos Politicos de Argentina, AFyA PPA*) (Ros , 2012). On present-day social media, one can find organizations that continue to support the release of the convicted military officers, such as *Justicia y Concordia*, (Justicia y Concordia, 2018). Based on the literature explored above, it is important to note that the ongoing public debate between the military's official narrative and survivors' narratives is not a debate between two groups who have equal power. At the time of the dictatorship, the "official narrative" was the only one permitted, which excluded and forbade other narratives. As such, it could be seen as an attempt to control collective memory and rewrite history for political aims. One can imagine what impact this ongoing effort to dismiss survivors' narratives has on these survivors, even after all these years. Paradoxically, this debate within the world of academia about the state of collective traumatic memory narrative and possible reconciliation or lack thereof, is in itself a reflection of the public debate and controversy which still exists within the Argentinian society. The failure to create a united collective memory and achieve closure could perhaps also be explained by the reluctance of opposing sides to face the entirety of the painful truth. On the one hand, the military and police forces do not acknowledge their responsibility for the torture, killings, and disappearances that occurred. On the other hand, taboos about the past violence linger, and groups like the *Mothers of the Plaza de Mayo* reject the steps offered to them that might reveal the truth (such as DNA tests of the bodies buried in mass graves), maybe simply because it is too psychologically difficult (Gates-Madsen, 2016).

CHAPTER 3: REVIEW OF THE LITERATURE

The long-term outcomes for mental health after experiencing political childhood trauma, its risk and protective factors

Since the focus of this thesis is on the long term impact of childhood political trauma experienced in Argentina by individuals who subsequently immigrated or escaped to Israel, I explore the existing literature on mental health within the context of forced immigration (e.g.: refugees). In the first section of this chapter, I look at the possible long-term outcomes for mental health and, in the second section, I look at risk and protective factors for mental health outcomes after experiencing trauma.

Given the relatively few longitudinal and retrospective studies on this issue (Tol et al., 2010; Fazel et al., 2012) and because most of the existing literature focuses either on the experience of adult refugees or refugee children, after exploring what is known within this field of research internationally, I will also look at studies focused on child Holocaust survivors. Finally, I will critically look at the gaps and weaknesses identified in the literature explored.

3.1.: The long-term outcomes for mental health after experiencing political trauma

This section will begin with an exploration of the literature which discusses the long-term impact of trauma in general, and specifically the nature and uniqueness of childhood trauma. I will then look at the literature on the long-term impact of political trauma in the context of both children and adult refugees worldwide. Given that the focus of my study is on childhood trauma experienced in Argentina, I will also look at some studies which explore the long-term impact of political trauma in the southern cone of South America. This will be followed by looking closely at the scholarship of child holocaust survivors, including its strengths and limitations, and its relevance to my study.

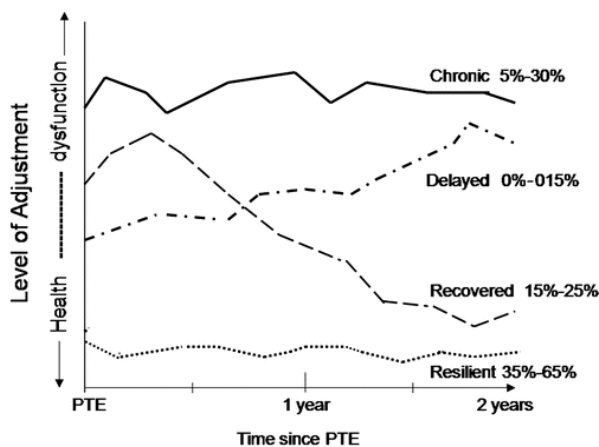
3.1.a.: The long-term impact of trauma.


In contrast to Garbarino and Bruyere, (2013) who define trauma as: “an event from which you never fully recover” (p. 253), other scholars argue that different people may react in different ways to trauma or stressors. These reactions can range from the most extreme negative outcomes

of Complex PTSD or PTSD to the relatively short outcome of adjustment disorders (up to 6 months). People may also experience less severe symptoms, which do not qualify for a diagnosis, like psychological distress or exhibiting only one symptom of PTSD. As put by Galtzer-Levy (1997), an event cannot be considered objectively traumatic, meaning that each individual may react in a different way to the same event depending on many variables, both internal (e.g. age when experiencing the trauma) and external (e.g. social support).

For example, when looking at some of the literature about the possible outcomes for mental health after being exposed to trauma, Bonanno, Westphal and Mancini (2011) argue that there are four possible outcomes: *resilience*, *recovery*, *delayed reaction*, and *chronic distress/trauma*. As we can see in Figure 1, over time these outcomes and their impact on the level of adjustment range from health to dysfunction. Their prevalence among those who have experienced trauma is indicated in the percentages.

Figure 1: Prototypical trajectories of adjustment following Potentially Traumatic Events (PTEs) [Adapted from Bonanno, Westphal and Mancini (2011, p. 514)].



 Bonanno GA, et al. 2011.
Annu. Rev. Clin. Psychol. 7:511–35

An additional long-term outcome of traumatic experience is Post Traumatic Growth (PTG), a topic that will be explored later in this paper.

3.1.b: The long-term impact of childhood trauma.

When it comes to childhood trauma, the literature seems to present consensus about the long-term negative outcomes for mental health, especially in relation to Complex trauma or Complex PTSD after experiencing trauma during childhood. As put by Cook et al. (2017):

Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment (e.g.: psychiatric and addictive disorders; chronic medical illness; legal, vocational, and family problems). These problems may extend from childhood through adolescence and into adulthood (p. 390).

Although there is still debate with regards to the definition, diagnosis criteria, and measurements of C-PTSD and complex trauma, scholarship in recent decades shows substantial evidence of a clear connection between childhood adversity and negative impact on adults' mental health and well-being. An example of such a study is the iconic "ACE study¹" (Felitti et al., 1998), which was the forerunner in this field, and was also one of the largest investigations ever conducted to assess relations between childhood adversity and later-life health and well-being. Despite the fact that this study was published 21 years ago, hundreds of subsequent studies have confirmed and further strengthened its evidence of the strong negative long-term impact of ACE (Adverse Childhood experiences) on negative health problems during adulthood (e.g.: Middlebrooks & Audage, 2008; Anda, Butchart, Felitti & Brown, 2010; Finkelhor, Shattuck, Turner & Hamby, 2013; Mersky, Topitzes & Reynold, 2013; Baglivio, Epps, Swartz, Huq, Sheer & Hardt, 2014; Larkin, Felitti & Anda 2014).

3.1.c: Trauma in the context of political violence and its long-term impact.

When looking at childhood trauma in the context of political violence, Garbarino (2008) talks about the "dark three secrets" that children discover when facing political violence: 1) the fragility of the human body in the face of physical violence; 2) the realization that although adults have power and authority, they are not always able to protect their children from the enemy that wishes to harm them; 3) in violence, there is no limit to human cruelty. As for the impact of such

¹ The ACE study examined 17,337 participants in the USA from 1995-1997. It unveiled the way that adverse childhood experiences may result in short- and long-term outcomes, which include a variety of mental, physical and social problems throughout one's life (Felitti et al., 1998).

a traumatic experience, Garbarino and Bruyere (2013), argue that learning these “secrets” may cause some children to become emotionally detached, and others to have self-destructive and antisocial behaviors.

In a similar way to ACE, in the case of experiencing political trauma, scholars argue that here too, it may impact the child long into his or her adult life in the shape of various psychiatric disorders such as: depression, suicide attempts, mistrust in people around them, anxiety disorders, oppositional defiant disorder, Complex PTSD, aggression, lack of impulse control, attention problems, and problems with relationships as an adult (Kirmayer, 2014; Van der Kolk, 2007; Fazel et al., 2012; UNICEF, 2015). Among the variety of negative mental health outcomes, Kinzie (2011) argues that PTSD is the most common diagnosis. Also, there may be negative physical outcomes such as cancer, heart diseases, and diabetes (Van der Kolk, 2007; Werner, 2012).

Another similarity between experiencing non-political trauma and political trauma during childhood is the possibility of “delaying” the traumatic memory. Here too, studies show that children may be affected by the experience of political violence trauma years later, and in some cases even decades after the events actually occurred (Garbarino & Bruyere, 2013; Fazel et al., 2012; Pumariega, Rothe & Pumariega, 2005). The expression of symptomology of psychopathology does not always present itself in the immediate aftermath of the trauma. As some studies show, there are cases where the individual was functionally resilient for long periods, so the negative impact on mental health was not identified during childhood but presented itself much later in adult life (Garbarino & Bruyere, 2013). One of the reasons for this may be delayed recall of a traumatic memory that was suppressed (Sigal & Weinfeld, 2001). A study that illustrates this argument is of Dutch children who were resistance fighters against the Nazis during World War II. Ultimately all of the children (the fighters) showed effects of their traumatic experiences, even though a few presented these effects only decades later in their adulthood (Van der Kolk & McFarlane, 1996).

In the context of experiencing political trauma, “delaying” the traumatic memory may also be the result of the resettlement or post-migration phase, which often includes feelings of stress and anxiety which related to the many challenges immigrants face (e.g.: finding a job, getting an immigration status). Therefore, there may not be “room” to give to trauma symptomology, as the need to function and show resiliency take first priority, at least within the

first phase of resettlement in the host country. An example of this is the “healthy immigrant effect” in Canada (Patterson, Kyu & Georgiades, 2013).

Despite the similarities mentioned above, in contrast to the experience of non-political trauma, the literature on the effects of political trauma in the context of both adult refugees and refugee children shows a significantly higher prevalence of negative long-term outcomes. For example, in Fazel, Wheeler, and Danesh’s (2005) systematic review of the prevalence of serious mental disorders in 7000 refugees (6743 adult refugees and 260 children) resettled in western countries, showed that based on psychiatric surveys 9% were diagnosed with PTSD and 5% with major depression, with evidence of much psychiatric comorbidity. The conclusion of these findings was that refugees resettled in western countries could be about ten times more likely to have PTSD than age-matched members of the general populations and who were exposed to non-political stressors. (Fazel et al. 2005, p. 1309).

There are additional studies which provide epidemiological data that clearly indicate significant levels of psychopathology among refugees and adult victims of torture, both in countries of origin and in the United States (Steel et al., 2009). For example, Bisson’s 2008 study, which focused on more than 1000 Oromo and Somali refugees in Minnesota, found that up to 69% of them experienced torture, which was followed by 25% who appeared to show PTSD symptomology. In Boehnlein and Kinzie’s (2007) study the numbers are even higher: it was found that around 65% of 239 refugee Bosnian and Somali patients had PTSD, 60% had Major Depressive Disorder, around 80%, suffered from both PTSD and Major Depressive Disorder, and nearly 12% suffer from major psychosis.

Another difference is situated in the barriers refugees have in relation to the diagnosis and treatment of their emotional stress. Kinzie (2016; 2011) argues that despite the fact that many refugees will have extensive psychiatric problems as a result of experiencing torture, loss of family members, starvation, and other traumatic experiences during their migration transition phase, evaluating the many psychiatric issues they are suffering from is challenging given the cultural and language barriers, as well as the results of the trauma itself. The implication of this argument is that the extent of mental health problems could be higher than what is documented within clinical settings and that, due to different barriers to accessing diagnosis and treatment, the negative symptomology worsens over time (Kinzie, 2011). Hinton, Reis and de Jong’s (2015) study illustrates cultural barriers in mental health therapy by discussing the concept of “thinking a

lot” in the context of traumatized Cambodian refugees. Another example is given in the study of Van Duijl et al. (2010), which examined 119 people who exhibited “spirit possession” after being traumatized in Uganda. This study illustrates one of the many cultural manifestations that trauma may have, and the challenge that we have both as western therapists as well as researchers when interpreting the particular cultural expressions as indicators of political traumas. In some cases this ‘western’ misinterpretation of cultural manifestations of trauma or other emotional distress could be resulted for example, with a misdiagnosis of psychosis (Jarvis, 2014).

Literature focused on the long-term impact of experiencing political trauma also argues that the intensity of psychotic disorders may change over time. For example, as shown in the findings of Kuterovic-Jagodic’s study (2003) about Croatian children’s exposure to war, although symptoms of post-traumatic stress declined over time in 90% of the cases examined, 10% of the participating children reported a significant level of symptomatology 30 months after the war. It was also found that the intensity of short-term PTSD was a strong predictor of long-term PTSD. The same study also identified the role culture takes within the expression of the trauma.

Studies on the impact of political violence in Sri Lanka illustrate that it has had a negative impact on people’s mental health whether they are children or adults. For example, studies that examined the impact of political violence on *children* in Sri Lanka (Catani et al., 2008; Elbert et al., 2009) reported rates of up to 30% for PTSD and 20% for major depression, while different studies on the reaction of *adults* in the general population to political violence in north and east Sri Lanka showed significant long-term psychological distress, as well as a low level of functioning within the family (Catani et al., 2008) and the community levels (Somasundaram, 2007).

An additional study that illustrates the long-term psychological reactions on both individual and collective levels within the context of an oppressive regime in Indonesia is Dwyer and Santikarma (2007). Similarly to the case of the Argentinian military Junta’s “collective memory control”, Dwyer and Santikarma’s (2007) study illustrates how traumatic memory narratives are controlled and reconstructed by oppressive regimes, thereby “politicizing [the] memory” (Kirmeyer, 2014). Dwyer and Santikarma (2007) explore the case of an attempted coup in Indonesia on September 30, 1965, allegedly organized by the Communist Party of Indonesia, and which precipitated a massacre of mainly Chinese citizens accused of being communists. It is estimated that, between December 1965 and March 1966, between 500,000 and one million

locals were killed after accused of being communists, and thousands of others were seriously abused.

Programs for identifying and treating PTSD symptomology were not available for three decades after the events, and the traumatic memories were channelled into the political sphere. Not only were the victims silenced, but state officials led by Soeharto (the second President of Indonesia) also took over historical narrative in order to support the continuation of political oppression. For decades, citizens were not allowed to publicly debate the 1965-66 events and, instead, were encouraged to celebrate the “victory” over the communists, who were labelled as dangerous.

Therefore, within this oppressive political context, there is a split between the memories in one’s head and the survival-driven external need to deny this memory, so consequently (similarly to the case of Argentina) closure cannot be achieved. Since under these circumstances, memory can be dangerous, the traumatic memory may find its way out through nightmares, suicidal impulses, domestic violence and depression, muting, and ritual practice (e.g. maintaining direct contact with dead relatives through spiritual mediums, and supernatural myths linked to the way the loved ones were killed) (Dwyer & Santikarma, 2007). Furthermore, Dwyer and Santikarma (2007) argue that in the case of Indonesia, underground memory narratives, nurtured by rumors and gossip, revive and process traumatic memory through community networks, while protecting them from the official narrative. The immense significance of sustaining the individual’s authenticity of these memories is illustrated by one of the survivors: “I will have these memories until I also am dead. It is these memories that make me know I’m still alive” (Dwyer & Santikarma, 2007, p. 418).

However, Dwyer and Santikarma (2007) claim that some individuals will buy into politically imposed memory narratives for the simple reason that it is too difficult for an individual to contain the horror of the events. In these cases, the traumatic memory turns into a frozen, fixed and unchanging narrative, as it needs to serve the collective identity embedded in the historical narrative (Crapanzano, 2014). Within this context, the individual traumatic memory is transformed communally over time in order to suit social and political processes; it can be forgotten, repressed, reworked or be kept secret with the help of rituals and myths (Dwyer & Santikarma, 2007, p. 416; Kirmayer, 2014).

3.1.d: Political trauma experience in the southern cone of South America.

The evolving personal and collective traumatic memory and the on-going and persistent efforts made to achieve closure, whether on the personal level or/and the collective level, is discussed in studies about the psychological reactions to oppressive regimes in other countries in South America's southern cone, like civil-military Pinochet dictatorship in Chile (1973-1990), and the civil-military dictatorship in Uruguay (1973-1985). Although a meticulous comparison between the case of Argentina and other cases of oppressive regimes in the southern cone would be beyond the scope of this paper, I will briefly mention a few studies in this field of research.

I will start with the Gómez-Barris' (2010) study, which provides an analysis of the conversion of what used to be a concentration camp during the dictatorship in Chile (1973-1990) into a memorial park (the Villa Grimaldi Peace Park) and the role of such public memorial sites in the emotional restoration of democracy. This discussion is similar to other discussions related to the reconstruction of collective memory in Argentina within the public sphere (discussed in chapter 2) and to the on-going efforts of victims to achieve closure and justice, not only within court proceedings and the national truth commissions, but also through cultural visibility within the public sphere. A similar fight between contradictory versions of the collective traumatic memory narrative and against forgetfulness and denial of the victims' suffering is also mentioned in studies about the civil-military dictatorship in Uruguay (1973-1985) (e.g.: Amilivia, 2011; Achugar, 2007) and in Brazil (1964-1985) (e.g.: Snider, 2018).

Another interesting study echoes another topic related to second-generation (post-dictatorship) Argentinians' attempts to reconstruct their parents' and their own traumatic memory: the transgenerational transmission of trauma, and the important role of silence within it. In Faúndez and Goecke's (2015) study, the transgenerational transmission of trauma is discussed within the context of narrative analysis of interviews done with 14 grandchildren of former Chileans political prisoners (age 18-25). It shows further evidence that the long-term impact of experiencing political trauma under authoritarian and totalitarian regimes impact not only on victims' mental health throughout their life span, but also affects the generations to come.

Regarding the transmission of traumatic memory, Amilivia (2011) argues that the ongoing individual and collective attempts to achieve closure by fighting back, even decades later, against the oppressive regimes' control over and ability to transmit collective and personal

memory narrative is not unique and specific to South America's southern cone. It is as old as the Nuremberg trials following World War II. As will be discussed in the next section, the experience of child Holocaust survivors offers a well-documented example of the long-term psychological reactions of victims of a repressive political regime that may provide guidance in the analysis of the case in this study.

3.1.e: Looking at the case of the child Holocaust survivors.

Van der Kolk, Weisaeth and Van der Hart (2012) indicate that the studies done after World War II on trauma and Holocaust survivors provided valuable information about the long-term effects of trauma in the context of Holocaust survivors specifically, and in the context of war-related traumas in general. Although there are more recent studies about complex trauma within the context of forced migration, unrelated to the Holocaust, the number of longitudinal and retrospective studies that are focused on the long-term outcomes of childhood trauma and stress on adult refugees remain extremely limited. I chose, therefore, to draw upon the longitudinal and retrospective scholarship related to child Holocaust survivors. Longitudinal and retrospective studies are extremely relevant to this research, given that this study's participants experienced stress and trauma in Argentina as children more than 40 years ago.

Strengths and limitations of the literature focused on child Holocaust survivors.

When exploring literature that could illustrate the long-term impact of politically-driven childhood trauma on adult mental health and immigration stress, the specific case of child Holocaust survivors is particularly helpful for a number of reasons. It is one of the most heavily studied cases of the long-term impact of childhood experiences of political violence (Ayalon, 2005). Research on Holocaust survivors provides us with valuable information not only about pathology resulting from trauma but also about resilience. Similarly to the situation in Argentina², the Holocaust was a state-supported attempt to eliminate particular groups, having an immense effect on the population that was targeted (Ayalon, 2005). Given the above, as well as

² The Junta in Argentina was inspired by Nazi ideology and executed a "cleansing" plan to eliminate its political opponents (both real and perceived), making use of the Nazis' World War II methods of systematic elimination and persecution (Thomas & Bratzel, 2007). They even used the same terms of extermination such as: "concentration camps" and "transferrals" (meaning death) (Feierstein, 2006, p. 165). There were Nazi war criminals who found refuge in Argentina after World War II, who ended up living side-by-side with Argentinian Jews who were persecuted during the dictatorship (Rein, 2010), including families who were themselves Holocaust survivors.

the fact that the Holocaust's psychological and social effects have been studied since it began more than eighty years ago, this body of literature provides researchers an opportunity to see the long-term mental health effects political trauma can have on survivors (Ayalon, 2005).

In addition, as mentioned in Chapter 2, the military regime in Argentina copied from the Third Reich's the persecution methods, as well as the Nazi ideology which included anti-Semitism.

The element of anti-Semitism which led to the disproportionate persecution of Jews is also relevant to my study. Although Jews in Argentina have always been subject to anti-Semitism and xenophobia (Avni, 1972; Mirelman, 1975), the literature shows that the severity of anti-Semitism escalated according to political circumstances and reached its peak during the 1976-1983 military dictatorship (Kaufman, 1989; Mirelman, 1975; Rein, 2010; Tarica, 2012; Timerman, 1981; Bono, 1977). Anti-Semitic government policy during the dictatorship is evidenced not only by the Junta's targeting of Jewish people for political persecution, but also through their use of Nazi symbols in their sadistic torture methods (Kaufman, 1989; Sznajder & Roniger, 2005). The result was a disproportionate number of "missing" Jews (Tarica, 2012; COSOFAM, 2006; Sznajder & Roniger, 2005).

One should also keep in mind, of course, several fundamental differences between the two cases: the different historical processes, political circumstances and cultural context (genocide in Europe, versus political persecution in Argentina), the different historical eras during which the two historical events occurred (the 1940s versus the 1970s) and most importantly, the fact that the Holocaust was a situation of a systematic genocide, not one of political persecution. However, some scholars argue that what happened in Argentina during the dictatorship contains genocidal characteristics (Feierstein, 2006). Another weakness within this body of scholarship for the purposes of comparison is in the fact that some of the Holocaust studies discussed below were on participants who were elderly at the time of the study, in contrast to the middle-aged participants of this study (e.g.: Amir & Lev-Wiesel, 2003b; Barel, 2010; Cohen, Brom & Dasberg, 2001; Fridman, 2011). Furthermore, given that some of the child Holocaust survivors are now in their 80s while others have already passed away, most current studies in this field focus mostly on the second, the third and even the fourth generation. These subtleties, and their very different contexts, consequences and implications need to be taken into account when discussing both populations.

To summarize, the wealth of academic literature on child Holocaust survivors over the past few decades provides perspective on adults who were forced to migrate after experiencing war-related childhood trauma and their long-term mental health outcomes, an example that is especially relevant in light of the anti-Semitism that targeted Argentinian Jews during the military dictatorship. However, while recognizing the “connecting thread, which makes reference to a technology of power” in these two cases (Feierstein, 2006, p. 166), one should keep in mind that there are also important differences between them.

The four main bodies of scholarship on Holocaust survivors.

One can find four main bodies of mostly quantitative literature about the long-term effects of the Holocaust on child survivors. The first body of research is comprised of studies that show the way the prolonged exposure to war during the Holocaust was correlated with long-term negative impact on child survivors’ mental health. The psychiatric research on Holocaust survivors that focuses on pathological outcomes correlated with intense exposure to trauma during the Holocaust is well-documented. It is estimated that 46.8% of Holocaust survivors suffered from PTSD, and that survivors presented higher levels of depression, anxiety and physiological symptoms compared to the non-Holocaust survivor population (Kuch & Cox, 1992). Findings of other studies show that the long-term outcome of PTSD and anxiety symptomology can manifest even 50, 60 or 70 years after the initial trauma (e.g.: Amir & Lev Wiesel, 2003b; Fridman, Bakermans-Kranenburg, Sagi-Schwartz & Van IJzendoorn, 2011; Sagi-Schwartz et al., 2003; Kuwert et al., 2009). Research also shows that these negative mental health outcomes can be transmitted to second and even the third generations (Rubenstein, Cutter & Templer, 1990). The early research done on this population during the 1960s paved the way for studies to describe and explain the pathology with clinical terms like “survivor syndrome” (Neiderland, 1968; Eitinger, 2012).

It was much later that researchers started to look more closely into the complexity of the experiences of child Holocaust survivors and to the negative long-term impact of the trauma on one’s mental health, such as the need to adopt a false identity and difficulty in keeping a stable sense of self-identity, problems with adaptation strategies, psychological defences such as a numbing of affect, splitting, and identification with the aggressor, depression, phobias, distorted self-images, loss of identity, sense of feeling worthless, and a lifetime permanent feeling of

bereavement and psychic devastation (Lev-Wiesel & Amir, 2006).

Literature also revealed the issue of a delayed reaction to childhood trauma. Researchers who use the development perspective argue that Holocaust survivors may present different emotional and psychological reactions during different periods after their liberation. They argue that soon after the survivor's liberation from the concentration camps, they use denial in order to rebuild their life, create families, and restore their social connection with a community. It is only years later that outbursts and other strong emotional reactions of grief are expressed following the realization of the extent of their loss. These strong emotions are followed by a search for and the construction of meaning that connects their horrifying past experience and trauma to their current life (Davidson, 1992; Hass, 1995). This argument aligns with that of other authors who suggest that, in some cases, the survivors' realization of the horror and the extent of their traumatic experience during the Holocaust occurred as late as decades after the war was over (Amir & Lev Wiesel, 2003b; Fridman et al., 2011; Sagi-Schwartz et al., 2003; Kuwert et al. 2009).

The second body of research includes studies done more recently, focusing on the *resilience* of Holocaust child survivors. Ayalon (2005) and Sigal and Weinfeld (2001) argue that, compared to the research that focuses on pathological outcomes, there is significantly less research on resilience to trauma in the context of Holocaust survivors, despite the great need to understand the survivors' strategies of survival. Ayalon (2005) argues that some of the main reasons for fewer studies focusing on resilience are situated within the risk of "underestimating or even minimizing the horrible consequences of the Holocaust", which carries with it "dangerous political implications because of the risk that some may use the findings as a means to deny the horrendous effects of the Holocaust" (Ayalon, 2005, p. 352). In addition, Germany financially compensates survivors after they prove that their physical and emotional impairment is a direct result of the Holocaust (Ayalon, 2005).

Nevertheless, there are studies that illustrate positive long-term outcomes, such as successful functioning during adulthood in various life domains like career, relationships and family (Lev-Wiesel & Amir, 2006). Although the literature establishes the evidence that most Holocaust survivors have psychological vulnerability, considering the intense level of their exposure to trauma, their psychological symptoms seem to be within the range of normative reaction (Davidson, 1992). Some authors argue that even the continuation of living after experiencing this trauma, is in itself proof of resilience (e.g.: Frankl, 1984) and that some levels

of their functioning are similar to those of the general population (Hass, 1995). Other studies show that, in some cases, survivors, compared to the general population, show even more ability to be proactive and that they connect in a more positive manner to their family, social and work environment (e.g.: Shanan & Shahr, 1983), have similar or greater levels of adaptation and well-being, as well as greater current life satisfaction and stability (Lomranz, 1995).

A third body of research argues for the *coexistence* of negative and positive outcomes in the case of Holocaust survivors. For example, the findings of a study by Cohen, Brom and Dasberg (2001), on child Holocaust survivors, showed that, compared to the control group of non-Holocaust survivors, subjects demonstrated very good adaptation to life, although they also had a higher level of post-traumatic symptomatology. Subjects perceived the world around them in a more positive way than the way the world was perceived by the control group. The authors explained participants' achievements and motivation to adapt as stemming from their fear of failure, and their positive perception of the world as situated in "a greater need to compensate for the lack of security suffered in childhood by creating a meaningful world in a chaotic reality" (Cohen, Brom & Dasberg, 2001, p. 3).

Other authors echo the idea that suffering from chronic PTSD may go hand in hand with "good general adaptation" and resilience (e.g.: Sagi-Schwartz et al., 2003; Barel, Van IJzendoorn, Sagi-Schwartz & Bakermans-Kranenburg 2010). Another study confirms the coexistence of stress-related symptoms and adaptation in certain areas of functioning, and explains it through "the unique characteristics of the symptoms of Holocaust survivors, who combine resilience with the use of defensive mechanisms" (Barel et al., 2010, p. 677). Ayalon (2005) claims that the presence of resilience in some dimensions, while not necessarily in others, supports the coexistence of positive and negative effects of trauma, and that this makes it difficult for researchers to make the distinction between the pathological and the non-pathological because of the co-existence of the two.

Apart from the three main bodies of research mentioned above, there is also a fourth growing body of research on Holocaust survivors that looks for the possibilities of *positive* transformations from this trauma, although the recognition of positive outcomes in the aftermath of the Holocaust is not new (e.g.: Frankl 1984). Some of these transformations may go beyond resilience, related rather to Post Traumatic Growth (PTG), and include "the reconstruction of meaning, the renewal of faith, trust, hope, and connection, the redefinition of self, self in relation

to others, and sense of community” (Lev-Wiesel & Amir, 2006). According to Tedeschi, Park and Calhoun (1998) the extent to which one is able to constructively ruminate and achieve PTG depends on three main dimensions: stressor event characteristics, individual characteristics and environmental influences.

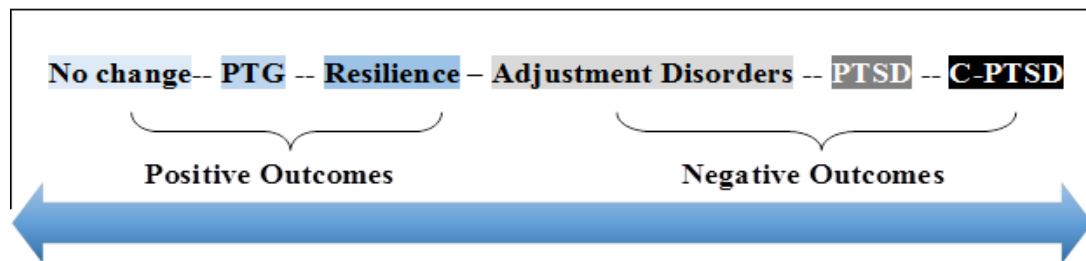
In a similar way to the *co-existence* of pathological symptoms and resilience that was mentioned above, this combination of negative and positive long-term outcomes also exists in the case of PTSD and PTG. The findings of a study by Lev-Wiesel and Amir (2003a) can illustrate this. The aim was to investigate the relationship between PTSD symptomatology, personal resources, and PTG. Ninety-seven non-clinical Holocaust child survivors who were born after 1930 were administered self-report questionnaires about Post Traumatic Growth (PTG), psychological distress, potency, and perceived social support. The finding showed among other things that there is evidence that PTSD (arousal in particular) and PTG *coexist*.

This duality of Holocaust survivors’ being able to function well, to experience happiness and life satisfaction, while continuing to live with childhood trauma (which presents itself in the shape of flashbacks, dreams, painful memories, and high startle arousal when triggered by something that reminds them of the trauma) and not being able to erase it, is explained by Lev-Wiesel and Amir (2006) with the concept of “compound personality” and the concept of “parallel tracks” (both concepts describe the same thing):

While in the first track, the Holocaust child survivor is still a traumatized elderly victim, in the second track there is a well-adapted functioned adult, that appreciates life, and that is emotionally connected to him/herself, and to the social world around him/her (p. 258).

To conclude, the literature explored in this section focuses on the different possible long-term impacts of childhood political trauma. As illustrated in Figure 2, the literature reveals a range of negative as well as positive long-term emotional and behavioral reactions, located between two extreme outcomes: Complex Post Traumatic Stress Disorder and Post Traumatic Growth. In addition, the literature shows that, in some cases, both negative and positive outcomes can be experienced simultaneously.

Figure 2: Possible outcomes after an exposure to a significant traumatic stress.



3.2.: The possible connections between risk and protective factors and manifestations of mental health outcomes in adulthood after experiencing childhood political trauma

According to WHO (2019) a risk factor is: “[...] any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury”. Others provide a slightly more detailed definition, describing risk factors as “characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes” (Samhsa, 2019). In the context of mental health, though, a risk factor is defined as “the root issues (e.g. psychological, social) that are contributing to a person's mental health disorder” (Gonzalez, 2019).

In contrast, protective factors, (or “factors of resilience”) are defined as “characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact” and may be seen as positive countering events (Samhsa, 2019). Samhsa (2019) also argues that while some risk and protective factors are fixed within the various social-ecological levels (such as person’s genetic makeup), other risk and protective factors may change over time (such as employment and social support). The same author argues for different possible interactions and relationships among risk and protective factors. For example, one risk factor may lead to another, or protective factors may mediate the effects of multiple risk factors. Samhsa (2019) also argues that both risk and protective factors can be associated with multiple outcomes, and may have a cumulative long-term effect on behavioral health issues throughout a person’s entire lifespan.

There is a relative wealth of literature in relation to the various risk and protective factors that may have an impact on one’s mental health within the context of forced immigration.

Overall, the literature focuses on factors related to refugee children (e.g.: Fazel et al., 2012; Kirmayer et al., 2011; Hodes et al., 2008; Ferrari & Fernando, 2013; Robinson, 2013; Cleveland, Rousseau & Guzder 2014; Kirmayer et al., 2011; Garbarino & Bruyere, 2013; Tol, Song & Jordans, 2013) and factors which are related to refugee adults (e.g.: Cleveland, Rousseau & Guzder, 2014; Kirmayer et al., 2011). Within each group there is an additional division of the factors relevant to each stage of the migration trajectory. Despite the wealth of scholarship that discusses this topic, I will limit my discussion to the factors which are more relevant to my research. Given their large number, I will divide them into three main categories (adapted from Tedeschi, Park & Calhoun, 1998): stressor event characteristics, environmental influences and individual characteristics and personal resources. I should add that, in the case of access to mental health services, faith and employment, some of the literature explored focused on both “regular” immigrants as well as on refugees. Finally, similarly to the first section of this chapter, I will look at the case of child Holocaust survivors, this time in the context of risk and protective factors.

3.2.a: Stressor event characteristics.

Stressor event characteristics of interest to this study include the duration and intensity of the exposure to political violence, and the risk of compounded trauma (post-migration stressors compared to pre-migration traumas). These important characteristics of a stressor event may have a long-term influence on one’s mental health.

The duration and intensity of the exposure to political violence.

When examining the factors of risk and resilience in the context of functioning adult refugees who experienced trauma related to political violence during their childhood, the literature shows that the duration and intensity of a child’s exposure to the traumatic event is an important factor which may have long-term effects in adulthood. For example, in two studies done by Hobfoll et al. (2011) on Palestinian adults who reside in the West Bank and Gaza, the authors examined, among other factors, the effect of lifelong exposure to political violence. It was shown that in cases where the individual continued to reside in the same area where they experienced trauma during childhood, and that area continues to experience political conflict, resilience and resistance have limited impact in the face of ongoing traumatic life circumstances, and that these individuals exhibit chronic symptoms of distress. Montgomery’s (2008) study

about the long-term effects of organized violence on young Middle Eastern refugees' mental health also confirms the long-term impact of continued exposure to traumatic events before arrival.

As for the *intensity* of the exposure, Kuterovic-Jagodic's (2003) article about post-traumatic stress symptoms in Croatian children exposed to war, argues that direct exposure to war activities (such as witnessing violence) has only a short-term negative impact on mental health in the case of children, which manifests as short-term post-traumatic reactions. The article states "it seems that those experiences are so common during the war that children habituate to them, particularly when the child is not directly harmed by them" (Kuterovic-Jagodic, 2003 p. 21). In contrast, a six-year longitudinal study in the context of organized violence and mental health of refugee children in Sweden, examined the impact of intensity of exposure to political violence and showed that children's exposure to violence during war is a risk predictor for a long-term psychological distress (Hjern & Angel, 2000).

To summarize, while there seems to be a consensus in the literature regarding the long-term negative impact of a continuous exposure to political violence-related trauma, there is inconsistency in the literature regarding the long-term impact correlated to the intensity of the exposure to political traumatic events.

The risk of compounded trauma.

One of the fundamental questions when examining the complexity of the long-term effects of political violence-related trauma experienced during childhood is the weight of post-migration factors compared to pre-migration factors and the intersection between them. As put by Simich and Beiser (2011):

It is not the experience of migration per se that jeopardises mental health: instead it is the contingencies surrounding migration and resettlement that determine whether relocation creates mental health risk, or new opportunities for personal and economic fulfilment (p. 326).

In Montgomery's (2008) longitudinal study of 131 refugees in Denmark, it was found that the long-term effects of pre-migration adversity were mediated by a variety of different factors situated within the post-migration phase. It was concluded that aspects of social life in Denmark, including one's mother's education and indicators of adaptation, as well as a stressful life context

in exile (including discrimination), predicted psychological problems 8-9 years after arrival, more than traumatic experiences before arrival (Montgomery, 2008, p. 1596). As Fazel et al. (2012) argue, although most studies show the likelihood of psychological disturbance in refugee children after cumulative exposure to violence, in some studies the number of traumatic events before migration was not a predictor of PTSD.

The significant impact of post-migration stressors versus pre-migration traumas is also shown in the study of Sack, Him and Dickson (1999). The 12-year longitudinal study was conducted in the United States with 40 Khmer youths who suffered massive war trauma as children starting from age 14. Results show that depression was more closely related to *post-migration* stressors than to past conflict-related events, whereas diagnosis of PTSD was linked to adverse conflict-related experiences during the pre-migration period. The 1999 study also revealed that the level of depression is dynamic and changes over time; depression decreased considerably after 3-6 years of follow up, and increased after 6-12 years of follow up.

The issue of pre-migration versus post-migration factors was also part of a four-year longitudinal study of adolescent Cambodian refugees resettled in Montreal (Rousseau, Drapeau & Rahimi, 2003). This study illustrates the complexity of the long-term effects of trauma. Surprisingly enough, the participants whose family members had more exposure to political violence during the pre-migratory phase reported better social adjustment during the post-migration phase and reduced negative impact on their mental health compared to the ones who were less exposed to political violence during pre-migration (Rousseau et al. 2003, p. 1277).

Another longitudinal study that shows the impact of post-migration protective variables versus pre-migration risk factors was done with 260 former child soldiers from Sierra Leone (Betancourt et al., 2010). The participants were interviewed in 2002, 2004, and 2008 regarding their war and post-conflict experiences. Results suggested that some of the risk factors existing during the war were moderated by post-conflict protective factors. For example, killing and injuring others during the war and stigma after the conflict were correlated with externalizing behavior, and decreases in adaptive and pro-social behaviors. Other risk factors were associated with being raped, younger involvement in armed groups and social and economic hardships during the war. Protective factors in the post-conflict period, like community acceptance, social support, or being in school, helped moderate the impact of the risk factors the children experienced during the war, to some extent.

A different way of explaining the intersection of multiple stressors in the context of political trauma and migration trajectory is the concept of “compounded trauma”. As mentioned earlier, even though immigrants and refugees may share some risk factors, the contextual meaning and therefore the impact they have on one’s mental health has specific “features” in the case of refugees (Cleveland, Rousseau & Guzder, 2014, p. 250). Each one of the migration trajectory phases can potentially represent a traumatic experience for adult refugees, and therefore, each of those phases may lead to severe psychological distress. For example, trauma in the pre-migration phase could be caused by events related to political mass violence, such as torture, violence, random imprisonment, murder of family members (Cleveland et al. 2014; Kinzie, 2007; Betancourt et al., 2015). Trauma may also be experienced during the transit to the host country (such as detention, refugee camps, exploitation by smugglers, or physical injuries) and also during the phase of resettlement in the host country (such as constant and prolonged fear of deportation, detention) (Cleveland et al., 2014). Other stressors during refugees’ post-migration phase are related to the usual adaptation difficulties (e.g.: language and cultural barriers, lack of employment, discrimination and racism) but there are also barriers in access to health services, employment and economic opportunities (Cleveland et al., 2014). These post-migration stressors are compounded with all previous stressors and traumas (Kirmayer et al. 2011; Bruhn et al., 2018; Cleveland et al. 2014). The latter authors argue that having negative post-migration conditions may have a significant impact on triggering pre-migration trauma and the ability to recover from it. In addition, refugees often need to cope with several years of separation from family members they left behind and worry for their safety; this too may trigger PTSD and depression, which may be compounded with anxiety about the future (Cleveland et al., 2014). The same authors describe this complexity:

Refugee claimants are simultaneously faced with the task of rebuilding their lives in an unfamiliar environment, while having to deal with past trauma and multiple ongoing stressors, including separation from family; anxiety about family back home; limited access to employment, social assistance and health care; and fear of deportation should their claim be rejected (Cleveland et al., p. 248).

3.2.b: Environmental influences.

In this section the following factors, which are related to environmental influences, are discussed: family and social support, natal culture, employment and barriers to mental health services.

Family and social support.

Literature shows that in the context of forced migration, support given both by the family and outside of the family is an extremely significant factor. I will first explore the literature examining support from family members, and will then discuss the literature examining social support outside of the family. Family and social support are often also mentioned in the literature that focuses on factors of risk and resilience within the context of child Holocaust survivors.

Robinson (2013) explains that even though the traumatic event itself may be a single stressful event over a limited time, the psychological reaction of parents to trauma in the country of origin, during transit and during resettlement may have long-term effects. In the six-year study of Hjern and Angel (2000) on refugee children in Sweden, it was shown that family stressors may have an extensive impact on the children's mental health. Three children out of 49 were found to suffer from either flashbacks or avoidance of painful memories, whereas only one child (who happened to be neurologically impaired) fulfilled the criteria of PTSD according to DSM-IV. However, an improvement in mental health outcomes was shown over time. Family stressors and family violence was also indicated as a long-term risk factor for children's depression and PTSD aside from war-related traumas in a study by Panter-Brick, Goodman, Tol, and Eggerman (2011), done in Kabul, Afghanistan.

The importance of parental reactions to trauma and the nature of their interactions with the child during a traumatic event is discussed at length in literature about the significance of the parent's reaction on the child's mental health (Rousseau et al., 2004; Fazel et al., 2012; Van der Kolk, 2007; Denov & Shevell, 2018). Van der Kolk (2007) argues that in a situation of trauma or crisis, a great part of a child's behavioral learning is done by replicating and imitating their parents' behavior. As further explained by Garbarino and Bruyere (2013), "Without effective adult 'teaching'... they [the children] are likely to include post-traumatic stress, alterations of personality, value shifts, and major changes in patterns of behavior" (p. 254).

As for social support from outside of the family, in most of the studies explored for the purpose of this thesis, the arguments regarding social support are related to the post-migration phase and the protective qualities this factor has in helping migrants to cope with stressors such as discrimination and challenges with adjustment (e.g.: Montgomery, 2008; Betancourt et al, 2010; Werner, 2012; Hobfoll et al., 2011; Brajsa-Zganec, 2005). Brajsa-Zganec's 2005 study shows that perceived available social support (such as: instrumental support, support of self-esteem, and a sense of belonging and acceptance) was correlated with a decrease in depressive symptoms for both boys and girls. Kuterovic-Jagodic's 2003 study, in contrast to other studies, focuses on the long-term impact of having social support during war, arguing that the availability of social support helps significantly to decrease the psychological effects of war over time. Findings also showed that children who had higher levels of other types of social support (mainly instrumental) had fewer long-term symptoms of PTSD.

To summarize, we can see that in the context of forced immigration, family and social support may be significant protective factors both during the experience of the political conflict and in the post-migration phase.

Natal culture.

Natal culture is an important factor that appears in longitudinal and retrospective studies in the context of long-term impact on mental health. I will explore both the negative and positive impact of this factor. When discussing resilience, it is important to look at Ungar's (2008) definition which sees culture as a significant component. The same argument is also supported by Pickren (2014), who argues that culture is a source of strength and resilience for migrants, including refugees, and has protective value in the face of adversity. Natal cultural values that are shared and implemented by migrant populations may also play a significant protective role in promoting positive adaptation to the host country (Suárez-Orozco & Suárez-Orozco, 2001).

However, while some aspects of natal culture provide protection from trauma when faced with adverse situations, some cultural practices can also make one more vulnerable to trauma. One dimension of this argument is the negative way that the natal culture of migrants, or in this case refugees, may be perceived by the dominant culture in the host country. As mentioned at length in the first part of this dissertation, the natal culture of migrants could be a trigger for discrimination and xenophobia in the host country (Rousseau, Hassan, Moreau & Thombs, 2011).

Natal culture can also involve elements that may cause harm and trauma to the ethnic community that practices and believes in it. Examples of the complexity of this factor are illustrated in Ben-Ezer's study (Ben Ezer, 2002; 2007) concerning the Ethiopian Jewish exodus to Israel from 1977-1985. The study shows that the group's cultural beliefs significantly helped them to face the life-threatening adversities during their long and traumatic journey from Ethiopia to Israel. Ethiopian Jews held a narrative, passed from one generation to the next, based on Biblical texts related to the Jewish nation's exodus from Egypt. This collective cultural narrative offered them multiple values: Jewish identity, the role of suffering, inner strength, and heroism (Ben-Ezer, 2002; 2007). However, this protective cultural narrative had two main weaknesses. The first was that, unfortunately, upon their arrival in Israel, this heroic narrative stopped being a protective factor in the face of the dominant Israeli society that challenged and eventually diminished it (Ben-Ezer, 2002; 2007). The second was that during their journey, some Ethiopian Jews risked their lives by insisting on maintaining their Jewish customs and rituals at all costs. For example, the study describes occasions when they refused to run from threats because *Shabbat* had started, as during *Shabbat* an orthodox Jew is obliged to rest (Ben-Ezer, 2002).

Literature shows the complexity of natal culture as a factor. On one hand natal culture plays a protective role in the host country: providing various coping skills, strategies for emotional regulation, senses of belonging, meaning, and identity. On the other hand, natal culture can also be the cause of trauma: triggering discrimination and xenophobia within the general population in the host country.

Employment.

Canadian Task Force and Beiser (1988), in their iconic report, argue that unemployment is a risk factor for one's mental health. The authors argue that immigrants and refugees are "the last to be hired, and the first to be fired", and experience higher rates of unemployment than the local-born population in Canada (p. 10). Research has already established the correlation between unemployment and risk of suicide, hospitalization for psychiatric disorders, and risk to one's physical and mental wellbeing. Canadian Task Force and Beiser (1988) argue that this emotional suffering as a result of unemployment is linked to work as a source of income. The negative emotional impact of financial difficulties in the context of immigration is widely explored in the literature (e.g.: Srirangson, Thavorn, Moon & Noh, 2013; Lee, 2013; Abebe, Lien & Harslof,

2014; Kirmayer et al., 2011). However, unemployment's negative impact on one's mental health is also due to the personal values it represents: productivity, and contribution to society. These perceptions are not only present in the way the individual sees themselves but also how they are perceived by society, and a western society like Canada is especially "achievement-oriented" (Canadian Task Force & Beiser, 1988, p. 29). Furthermore, the negative emotional impact of unemployment goes beyond the individual level and affects family members, and the society that subsequently needs to provide the unemployed with financial and emotional support. The tendency in Canadian society to provide employment to the "well-trained, well educated" has negative consequences not only for immigrants who face barriers in entering trades and professions (including language proficiency, academic credentials, recognition of foreign experience, systemic discrimination) but also to Canadian society, as it wastes the individual's abilities, and in so doing risks those individuals' mental health.

Access (or barriers) to mental health services.

Losing the multidimensional support one likely had in one's country of origin and facing numerous difficulties and transformations demands efficient skills and emotional resources (Kirmayer et al., 2011). When there is a lack of emotional resources to handle stressful and traumatic political events one's country of origin, a need arises for professional help to cope emotionally with the difficulties. There is strong evidence that both immigrants and refugees are more reluctant to seek out professional mental health services, compared to individuals in the general population who experience the same levels of emotional stress (Chen & Kazanjian, 2005; Fenta, Hyman & Noh, 2006); Huang, Wong, Ronzio & Stella, 2007; Kirmayer, Weinfeld, Burgos, du Fort, Lasry & Young, 2007; Tiwari & Wang, 2008; Le Meyer, Zane, Cho & Takeuchi, 2009; Pahwa, Karunanayake, McCrosky & Thorpe, 2012). This reluctance to use mental health services may worsen the symptomology and can negatively affect the immigrant's quality of functioning (Pumariega, et al. 2005).

There are several reasons for this lack of access, including beliefs related to the stigma of mental illness, language and access barriers, the tendency in some cultures not to share personal issues with others (Whitley, Kirmayer & Groleau, 2006; Fenta et al. 2007; Wong et al., 2006; Chen, Kazanjian & Wong, 2009; Carta, Bernal, Hardoy & Haro-Abad, 2005; Kim et al., 2011), cultural differences (Chen, Kazanjian & Wong, 2008; Ginieniewicz & McKenzie, 2014) and

discrimination (Agudelo-Suárez et al., 2009; Keys et al., 2015; Bassaly & Macallan, 2006). Other reasons are related to negative perception of practices like overreliance on medications and doctors' lack of time for patients (Simich & Beiser, 2011). Simich and Beiser (2011) also stress the lack of cultural and linguistic competence within mental healthcare systems, as well as the lack of sufficient motivation to address the challenges that result from immigration in the context of mental healthcare.

Other reasons for this lack of access are related to gender (Dennis & Chung-Lee, 2006; Teng, Blackmore & Stewart, 2007) and to policy restrictions and limitations, specifically in the cases of refugees and refugee claimants (Simich & Beiser, 2011; Carman, 2014; Arcury & Quandt, 2007; Hanley, Gravel, Lippel & Koo, 2014; Sikka, Lippel & Hanley, 2011; Carta et al., 2005). In addition to exclusionary policy barriers, undocumented immigrants are reluctant to approach health services or delay treatment due to the fear of deportation. In the case of stress and anxiety, delaying care, as is the case of most health concerns, may be to the detriment of their health and well-being (Carta et al., 2005).

3.2.c: Individual characteristics and personal resources.

This section discusses individual characteristics and personal resources, including age at the time of the traumatic experience; the transmission of childhood trauma into adulthood, personality characteristics and faith and organized religion.

Young age at the time of the traumatic experience.

Age at the time of the traumatic experience is often a factor for the long-term outcomes of experiencing trauma related to political violence in childhood. However, there is not a consensus in the literature. While there is a body of literature arguing that an especially young age at the time of trauma protects against long-term negative mental health outcomes, there are studies that argue the opposite. For example, Kuterovic-Jagodic's (2003) study found that the younger a child was at the time of the exposure to the trauma, the more likely they would suffer from long-term PTSD. Other studies (e.g.: Montgomery, 2008; Kagan & Zentner 1996) confirm this argument. In addition, Van der Kolk (1998; 2007), one of the leaders in this field, argues that children who experience trauma present greater emotional vulnerability than adults, whether it is interpersonal or political trauma. This occurs for the following reasons: their lack of the long-

term perspective adults have, the impact of having something out of the ordinary happen is greater on children than on adults because of the children's greater need for predictability and continuity, and children's tendency to experience a greater sense of helplessness compared to adults who have more options to flee, report and articulate their distress (Van der Kolk, 2007). Garbarino and Bruyere (2013) add that children have difficulty giving meaning to a frightening experience, especially if the trauma is repetitive and prolonged, which forces them to adopt a negative perception of the world. The same authors also argue that the intellectual and emotional resources that are available to children in order to give meaning to a traumatic event are relatively limited due to their young age, which may result in negative values and behaviors. In addition, Garbarino and Bruyere (2013) argue that the difference between the vulnerability in each age group is rooted in the protective resources that are available to each; while younger children are protected by adults, teenagers are able to protect themselves. As for the age group between these two, children unsure whether to avail themselves of adult protection or to seek to protect themselves – they are the most vulnerable. Pynoos et al. (1997) also argue that children's limited resources result in a misinterpretation of danger, either minimising it or exaggerating it.

In contrast, there is another body of research which argues that the older the child is at the time of the trauma, the higher the likelihood of them reporting symptoms of post-traumatic stress disorder (e.g.: Werner, 2012). Studies done in different countries, across different cultures, and in the context of different political violence-related traumatic events support the argument that young children are more resilient after exposure to political violence-related trauma compared to adults, adolescents or young adults. For example, a study done by Ziv and Israel (1973) about the effects of bombardment on the anxiety levels of children living in Kibbutzim, and another study done by Sack et al. (1995) about the survivors of the Pol Pot reign of terror in Cambodia showed that, despite the persistence of PTSD symptomology among Cambodian child survivors even 15 years after the event, the child survivors exhibited fewer functional limitations than their parents.

The transmission of childhood trauma into adulthood.

The literature shows that, among the many risk factors for mental health experienced by adult refugees and refugee children, memories of their past traumas accrued during their pre-migration and transit phases are among the most significant (Cleveland. Rousseau & Guzder, 2014; Robinson, 2013). Robinson (2013) argues that memories of past conflict events cast “a

long shadow over these children” (Robinson 2013, p. 196). This sub-field of traumatology which focuses on the transmission of childhood trauma into adulthood is debated among researchers. This thesis does not focus in particular on the characteristics of traumatic memory, but given the importance of memory to the population at the heart of this dissertation study, this section will briefly explore the nature of this “long shadow”, its dynamic of evolution over time, and why childhood memories of traumatic events may profoundly negatively impact some individuals into their adulthood.

The body of literature which discusses the recollection of childhood traumatic memories in adulthood suggests elements which are part of the nature of traumatic memory. For example, childhood traumatic memory is recalled through multi-dimensional segments of images, relationships, emotions and actions which are “anchor points” of the memory, rather than being recalled as one storyline of events. Therefore, retrieval of the memory will happen accordingly (Pynoos et al., 1997, p. 277). Van der Kolk and McFarlane (1996) and Van der Kolk (2012) add to our understanding of traumatic memory by discussing sensorimotor organization of memories. Traumatic memories are experienced and recalled as sensory parts of the event: visual images, olfactory, auditory, kinesthetic (bodily) sensations, and intense waves of feelings and meaning. Most individuals “remember” the trauma through “somatosensory or emotional flashbacks [sic] experiences” (Van der Kolk & McFarlane, 1996, p. 255)

In contrast to authors who argue that the childhood traumatic event narrative remains “fixed” over time (e.g.: Van der Kolk & McFarlane, 1996; Van der Kolk, 2012, 2005, 2014), other authors argue that it has a dynamic nature that includes changing interpretation over time, due to developmental factors, such as victims’ level of linguistic ability and stage of moral and psychological development (Elin, 1997). Another reason for this evolving nature is explained by the self-protective mechanism. When recalling traumatic events, the real version may be modified into a “weaker” version as a means to regulate the strong negative affect and to tolerate the helplessness that is involved during recall (Pynoos et al., 1997). There are also additional self-protective strategies, like a delayed recall of the trauma, denial and minimization, partial amnesia, and disassociation. Current events in adulthood may trigger the individual to present a mixture of delayed recall and delayed understanding, nightmares, and flashbacks, and the possibility of the creation of “new” memories (Harvey & Herman, 1997; Van der Kolk, 2012; McFarlane & van

der Kolk, 2012). It is important to note, though, that within current literature, the topic of “false memory” is debated (McFarlane & van der Kolk, 2012).

The elastic evolving nature of traumatic memory is not only subject to the individual’s development and other personal domains. It is also impacted by external variables. In the context of experiencing traumatic memory related to political violence, Kirmayer (2014) argues that the presentation of the traumatic memory within the different spheres (the body, self, and society (community, nation, and international networks of global society) has its own unique physiological, psychological, and social process of expression, and that the different levels are profoundly interconnected. Another example of the construction of memory narrative being influenced by an external factor is the intergenerational transmission of parental traumatic memory (Bloom, 2013; Robinson, 2013), which may manifest itself in words, but also by silence (Kidron, 2014). Finally, an additional sphere in which transitions within the traumatic memory narrative may happen is in cases where trauma memory is reconstructed or reworked, or silenced and suppressed by social and political forces in order to rewrite history, or as a mean of control (Kirmayer, 2014).

Through direct and indirect means, the state appropriates and regulates personal memory to serve collective identity and stake moral claims... the politics of memory as identity determine the narrative templates and metaphors that organize remembering. (Kirmayer, 2014, p. 395).

The long-term negative consequences of suppressing the traumatic memory are clear. As put by McFarlane and van der Kolk (2012): “When the memories of the trauma remain unprocessed, traumatized individuals tend to become like Pavlov’s dogs: subtle reminders become conditioned stimuli for the re-experiencing of frightening feelings and perceptions belonging to the past” (p. 27).

Personality characteristics.

The literature shows that personality traits play a significant role in the long-term impact of experiencing political violence during childhood. One of these traits is mental flexibility. For example, in the longitudinal study by Qouta, Sarraj and Punamaki, (2001), it was shown that mental flexibility was a protective variable from negative long-term consequences of traumatic events in the case of 86 Palestinian children. The study was conducted during a time of political violence and then three years later, showing that mental flexibility may moderate the

consequences for mental health in peaceful times, although in this case it was not correlated with good psychological adjustment during times of political violence. The study also argues that mental flexibility is impacted by intelligence.

Kuterovic-Jagodic's (2003) study of argued that other protective personality factors predict short- and long-term post-traumatic stress reactions while examining the case of PTSD symptoms in 252 school-aged children from Croatia, who were subjected to massive military attacks from Yugoslavian forces. The children's symptoms were assessed in 1994 while the war was ongoing and 30 months later when the war was over. Among the several protective factors that were confirmed were children's personality characteristics and types of coping strategies, such as the use of emotional expression, pro-active types of coping, establishing a locus of control and the perceived availability of different kinds of social support.

Faith and organized religion.

Faith and organized religion are strongly connected to a sense of meaning-making. Studies show that, for some immigrants in different ethnic communities, religious belief can be an important factor for resilience. As put by Anleu Hernández and García-Moreno (2014), in relation to a study of Latino immigrants:

Belief in God was one of the pillars in coping with adversity, giving transcendental meaning to problems and so making the load lighter to bear... religious culture remains an essential element that often is manifested in networks of solidarity and support when facing challenges (p. 13).

The literature shows that religion may facilitate resilience by encouraging self-efficacy, confrontation of problems, and facilitating positive outcomes (Pargament & Cummings, 2010). Furthermore, the same authors argue that after facing a stressful life event, faith and religious practice may help the individual to maintain and continue the connection with their way of life prior to the stressful event. Studies done with different immigrant populations support this argument. For example, in the case of Latino immigrants, spirituality and religion are significantly important as a way of coping, which is consistent with previous studies done with the same immigrant population (e.g.: Abraído-Lanza, 2004). But religious belief is also significant for other ethnic groups, such as Greeks (Georgiades, 2015).

Pargament and Cummings, (2010) offer a four-element model that connects religion with resilience, noting that all four components may not always be present. Their four elements are meaning, emotional comfort, social interconnectedness and relationships with the sacred itself. However, it is also argued that strong religious belief religion may also have a negative outcome, as it may lead to experiencing feelings of anger towards the divine due to perceived injustice, feelings of abandonment or perceived punishment, and in some cases consequently may lead to an additional psychological distress when the individual tries to preserve the relationship with the sacred.

3.2.d.: Looking at the case of child Holocaust survivors.

In order to look at the particular risk and protective factors that have a long-term impact for adult resettled refugees who experienced political violence trauma during their childhood, there is a need to look at longitudinal and retrospective studies, yet my literature exploration revealed that here too, most studies discuss either the unique factors related to refugee children or those related to adult refugees, while there is a limited amount of longitudinal and retrospective studies. Therefore, I chose once again to examine the literature focusing on the experience of child Holocaust survivors, as it can further illustrate the risk and protective factors with regards to the adult functioning of individuals who migrated after suffering trauma related to political violence as children.

Pre-war factors.

When looking at *pre-war factors* in the context of Holocaust survivors, it is interesting that, overall, they had little impact on adaptation after the war (Rappoport, 1968), and that the post-Holocaust environment had a greater long-term impact on adult adjustment than the pre-Holocaust environment (Lev-Wiesel & Amir, 2006). The same authors provide an explanation that the trauma experienced during the Holocaust was so severe and so extreme that it rendered the pre-war factors insignificant.

Duration and intensity of the exposure to political violence.

Literature that examined the impact of survivors' environment and conditions during the war confirms the link between the intensity and severity of the exposure to the trauma and its

long-term impact. It is argued that experiencing torture and starvation for a shorter period of time or with less severity has been correlated with better post-war adaptation for child Holocaust survivors (Rosen & Reynolds III, 1991).

Family and social support.

The role of familial and parental interaction and support during the Holocaust is examined in two forms in the literature. The first is the parent's reaction to traumatic events and its impact on the way the child perceives and interprets those events. For example, Yehoda, Halligan, and Grossman (2001)'s study reveals that parental trauma and parental PTSD can contribute to the experience of childhood trauma, which may have a long-term effect on child refugees' development as adults.

The second form in which the role of parental support is relevant is the long-term impact of the *absence* of a family or parent, or their death during the war (Yad Vashem, 2016). Sigal and Weinfeld (2001) discuss, in their study, the ability of some children to find a replacement parental figure, such as distant family members, adult strangers, orphanages or group homes. They argue that this support was effective in cases where it was provided consistently, and had a long-term impact in helping the child survivors cope successfully with their traumatic experiences (Sigal & Weinfeld, 2001).

As for the factor of social support, the literature shows that social support plays an important role both *during* the war and *after* the war, and is important as a long-term factor for good adaptation (Ayalon, 2005; Sigal & Weinfeld, 2001). More specifically, having a social network was an important means of physical survival and a source of emotional support (Davidson, 1992; Hass, 1995; Sigal & Weinfeld, 2001) as well as a factor for Post Traumatic Growth. (Lev-Wiesel & Amir, 2003a). An illustration of the importance of social support as a protective factor that plays an important role in recovery, healing and good adaptation after the war is shown in the case of some of the survivors' illegal immigration to Israel (Klein & Reinharz, 1972; Ayalon, 2005).

Natal culture.

The factor of natal culture in the context of child Holocaust survivors cannot be elaborated on here, due to the limited scope and length of this dissertation. However, I can briefly

mention that the complexity discussed earlier also exists with regards to the role that Jewish religion and culture took on during and after the Holocaust (e.g.: Brenner, 2014; Katz, 2007).

Age at the time of the traumatic experience.

The inconsistency that was found in the literature that focuses on refugees in general is also found in literature surrounding child Holocaust survivors, while some studies show youth as a risk factor (Lev-Wiesel & Amir, 2006; Shanan & Shahr, 1983; Suleiman, 2002; Van der Kolk, 2007). In contrast, other studies found that youth, due to its openness and flexible response to new experiences, can be seen as an advantage that helped the survivors to rebuild their lives after the war (Davidson, 1992; Hass, 1995).

An exceptional study was done by Sigal and Weinfeld (2001). It was a 40-year follow-up study which was consistent with earlier studies and showed that Holocaust survivors who were children at the end of the war showed a higher level of long-term resilience and effective adaptation as adults than survivors who were adolescents or young adults at the end of the war. The latter manifested greater levels of paranoid, depressive and masochistic symptoms. The same authors argue that the limited ability of child survivors to cognitively process the meaning of their experiences during the Holocaust as traumatic and life-threatening, was actually protective, compared to survivors who were adolescents or adults at that time and who were able to fully understand the meaning of the events, and therefore be traumatized by them. However, the same authors also note an important reservation; in some cases, the same developmental protection these children had may have been diminished once they reached the developmental stage that enabled them to grasp and appreciate traumatic events. Those child Holocaust survivors would face the same difficulties in adjustment as the older survivors later in life.

One of the ways to illustrate the complexity of the unique experience of children during the Holocaust is illustrated by the following explanation by Suleiman (2002):

Child survivors of the Holocaust, [were] too young to have had an adult understanding of what was happening to them, but old enough to have *been there* during the Nazi persecution of Jews [...] the trauma occurred (or at least, began) before the formation of stable identity that we associate with adulthood, and in some cases before any conscious sense of self. Paradoxically, their 'premature bewilderment' was often accompanied by

premature aging, having to act as an adult while still a child... this was yet another form of trauma (p. 277).

Personality characteristics, personal resources and protective mechanism.

There is a consensus in the literature about the important role that personality traits and personal resources play as factors that support resilience, increase achievement of greater adaption during and after the war, and decrease PTSD symptomology (Lev-Wiesel & Amir, 2003a) These included belief in God, belief in being special because of surviving past traumatic experiences, and the ability to enjoy life despite the uncertainty of the future. These are also considered adaptive mechanisms (Greene, 2002; Hass, 1995). Helmreich (1992) offers ten personality traits, which helped survivors adapt to their new life after the war: flexibility, assertiveness, tenacity, optimism, intelligence, distancing ability, group consciousness, assimilating the knowledge of survival, finding meaning in one's life and courage. Sigal and Weinfeld's (2001) study adds other traits such as: an easy temperament, and active coping.

As for protective mechanisms, the usage of denial, over-activity (Davidson, 1992) and suppression of the memory are mentioned (Sigal & Weinfeld, 2001), as well as a sense of strength and self-identity which may also decrease the level of psychological distress (Lev-Wiesel & Amir, 2006). Additional studies suggest the use of compensatory mechanisms such as restriction of cognitive functioning and detachment (Shanan & Shahrar, 1983).

3.3.: Limitations and gaps in the literature explored

Given that the topic of my research focuses on immigrant population, it is important to mention the cultural aspects of the research on trauma. In the case of the participants of this study, the cultural expression of trauma by an Israeli-born individual may be different from the way it is expressed by an Argentinian Jew, even though both Israel and Argentina are considered part of "western culture".

Cultural interpretation of trauma is one of the weaknesses that emerged in the literature explored in this study. Specifically, there is an evolving scholarship that puts aside the western interpretation and its clinical interpretation while examining the experience of trauma. As mentioned earlier, when looking at the research done in this field, it is important to remember that a reaction to trauma may be expressed and perceived differently across different cultures, such as through the use of metaphors that may represent anxieties, horror, loss, moral crisis,

shock or lack of closure on the traumatic disturbing past (Kirmayer, 2014; Hinton, Reis & de Jong, 2015; Van Duijl et al., 2010). A western assessment should take these unique cultural expressions of symptomology into consideration (Kirmayer, 2014).

The deficiency of cultural perspective presented above may partially explain the complexity and inconsistency that can be found in some studies regarding the negative long-term impact of childhood trauma related to political violence. For example, in studies by Kinzie et al. (1986) and Berthold (1999) on Cambodian adolescents, findings showed that 25-50% of adolescents were diagnosed with PTSD years after experiencing trauma, and in another study by Weine, Becker, McGlashan, and Laub (1995) on Bosnian adolescent victims of ethnic cleansing, 25% met the criteria for PTSD, and less than 25% meet criteria for depressive disorders. However, it is also argued that, even in studies on children and adolescent refugees that show a much higher proportion suffering from PTSD, symptoms may not always be identified because they were experienced *silently* and did not impact school functioning (Pumariega et al., 2005).

The long-term effects of war are not easy to measure scientifically. Although the literature review revealed a variety of methods (ethnography, observation, narrative, scale-based measures, analysis of clinical interviews, personal narratives, and drawing on historical archival material), measuring the complexity of the long-term impact of childhood exposure to political violence raises multiple questions and limitations.

Apart from the objective difficulties of scientifically measuring the effects of political violence, I was surprised to find that, despite the rich literature examining risk and resilience factors for mental health experienced by refugee children and resettled adult refugees *separately*, there are relatively few longitudinal and retrospective studies that *combine* childhood trauma and its long-term impact in adulthood in the context of forced immigration, with some exceptions like studies done with child Holocaust survivors, and studies focusing on LGBT forced migrants (e.g.: Kahn & Alessi, 2017).

The worldwide refugee studies that were mentioned in this study can be divided into two categories: studies that focus solely on the long-term effect of childhood war-related trauma, showing mostly negative outcomes, and studies that examine long-term risk and protective factors within this context. However, even within the relatively few longitudinal and retrospective studies, there are significant weaknesses and limitations.

1) **Sampling:** Some studies have based their findings on relatively low sample sizes, as a result of the understandable difficulty retaining participants at follow-up (Fazel et al., 2012; Tol, Song and Jordans, 2013). Also, almost all studies about resettled refugees focus on a *single* country of resettlement, often ignoring the legal immigration status of the participants, the length of their tenure in the host country, and their country of origin (Robinson, 2013).

2) **Inconsistency regarding the measures used:** The research designs used in the studies are mixed and heterogeneous (Fazel et al., 2012). This makes it difficult to accurately compare the results given and to reach final conclusions. Also, there was a lack of consistency regarding the measures at different time points and the length of follow-up (Tol, Song & Jordans, 2013). Furthermore, exposure of children to political violence includes multiple levels of risk, but even when using the risk-accumulation model, each of these measures still has its weakness (Ferrari & Fernando, 2013). Robinson (2013) notes additional weaknesses. First, the lack of consensus regarding the best means to assess the exposure to political violence: is it by the total number of traumatic events experienced, the range of different types of events, the duration of exposure, their intensity or other variables? Second, measures that require children or adults to recall exposure to traumatic events and situations raise ethical dilemmas. Third, retrospective measures often have poor validity. Fourth, focusing on exposure to particular traumatic events ignores the many other direct and indirect effects of armed conflict on child refugees. These are difficult to quantify and rarely assessed (Robinson 2013). That said, there are a very limited set of examined predictors, and inconsistency of the chosen factors examined across different studies (Fazel et al., 2012).

3) **Lack of differentiation in groups studied:** Studies group together both young children and youth although, as literature shows, the developmental resources of each age group are different (Garbarino & Bruyere, 2013).

4) **Inconclusive results:** The above limitations and weaknesses make it difficult to reach clear conclusions (such as the factor of gender). Nevertheless, Fazel et al. (2012) argue that despite the inconsistency in longitudinal and retrospective studies in this field of research, evidence shows that complex comorbidities of PTSD and other disorders are common in the cases of adult survivors of forced displacement during childhood.

3.4.: Conclusion

Given the limited existing scholarship and the significant methodological issues within the relatively few longitudinal and retrospective studies, it seems important to expand this field of research. In that sense, this dissertation can contribute retrospective research to existing knowledge, reducing the current gap in the literature by analysing the present-day functioning of adult Jewish Argentinian immigrants to Israel who experienced the military dictatorship in Argentina as children (1976-1983).

In the light of the literature explored above, when focusing on the case of the understudied immigrant population of adult Jewish Argentinian immigrants to Israel, special attention has been given not only to the negative mental health impacts, but also to the positive impacts of resilience and post-traumatic growth. Additional attention has been given to risk and protective factors, which were identified in the literature exploration, as well as to other factors, which are not mentioned in the existing literature.

CHAPTER 4: RESEARCH DESIGN AND METHOD

In this chapter, I will explore conceptual framework and design of my research. I will first look at some of the existing theories and concepts related to my study and explain the rationale of choosing my specific framework over others. I will then describe the relationships between these theories and concepts and the way they are linked to my study. I will then continue with a detailed description of my methodology and procedures for data collection and analysis the data. This will be followed with elaboration on the ethical issues that were taken into consideration and the means of reducing or eliminating these issues. This chapter will conclude with the researcher's reflexivity and positionality and with the limitations of this research.

4.1: Conceptual framework for this research

For the purpose of this study, I chose to construct an original conceptual framework, which provided me with a conceptualization of how specific ideas in my study may connect to each other (Grant & Osanloo, 2014; Sotero, 2006). This section will briefly explore each of the concepts and theories that make up my framework, and the way their integration into the research design and analysis provided me with a conceptual map and an action outline for my research objectives (Camp, 2001; Luse, Mennecke & Townsend, 2012). Given that my study looks at the intersection between the experience of childhood political trauma and migration stress in adulthood, I will draw upon trauma and migration and resettlement theories. I will first explain my choice of using Kirmayer's (2014) definition of trauma. This will include a description of one of trauma's long-term negative outcomes: the concept of Complex PTSD. I will then explore the strengths and weaknesses of three migration and resettlement theories and explain my rationale for choosing to include Beiser and Simich's (2011) paradigm of "resettlement and mental health" in my conceptual framework. This will be followed by a description and definitions of some of key concepts which are included in my study's conceptual frame work: forced migration and voluntary migration, resilience and Post-Traumatic Growth (PTG). I will conclude this chapter with an explanation of the overall conceptual framework model for this research.

4.1.a: Trauma theory.

Garbarino and Bruyere (2013) provide several definitions of trauma, suggesting trauma is a deep and significant psychological threat: “to be traumatized is to come face-to-face with human vulnerability in the natural world and with the capacity for evil in human nature” (Herman, 1992 p. 8). Another definition, given by the same authors, sees trauma as “the simultaneous experience of extremely powerful negative feelings (overwhelming arousal) coupled with thoughts that are beyond normal ideas of human reality (overwhelming cognitions)” (Garbarino, 2008; Garbarino & Bruyere, 2013, p. 253). In contrast, Calhoun and Tedeschi (1998) claim that a traumatic event may be a threat not only to one’s physical integrity (the DSM-IV definition of trauma), but also to one’s cognitive integrity, in cases where it poses a significant difficulty for persons to comprehend their place in the world as they did prior to the event. Janoff-Bulman (1992) suggests separation and abandonment could also be considered traumatic in some cases (Janoff-Bulman, 1992). Finally, Galtzer-Levy (1997) discusses trauma from a psychoanalytical perspective, suggesting that trauma is:

An event whose intensity is such as that the person is overwhelmed to the point of not functioning in any ordinary psychological mode... He feels overwhelming anxiety, helplessness, or at least the threat of those states. Subsequent events reminiscent of the trauma are likely to precipitate again its psychological dangers (p.142).

Kirmayer’s (2014) definition of “trauma” has four components:

(1) wounding violence; (2) violence that has lasting effects on physical and mental health, which is emblematic of PTSD; (3) states of extremity that break all bounds of reason, containment, and control, to violently disrupt and destroy the social order; and (4) an open-ended set of diverse and shifting sorts of events that are linked metaphorically to one of the first three meanings (p.389).

While each of the definitions above have merit, Kirmayer’s definition is most relevant to the Argentinian Jewish context. Kirmayer’s (a social and transcultural psychiatrist) definition interprets the concept of trauma within the context of political violence. As such, it is the definition which seems to be most suitable to the case of the Argentinian Jewish immigrant experience presented in this study.

Complex Post Traumatic Stress Disorder (C-PTSD).

When trying to understand the long-term impact of childhood trauma on one's life, specifically in cases where it is related to the experience of political trauma during childhood, there is a need to look into the concept of Complex Post Traumatic Stress Disorder (C-PTSD). C-PTSD is a relatively new concept, first suggested in 1992 by Judith Herman after analyzing survivors of prolonged domestic, sexual, or political victimization 50 years after the original events. However, despite its prevalence, the concept has never been included in the DSM's chapter on "Trauma- and Stressor-Related Disorders" (American Psychiatric Association, 2013; Friedman, 2013).

When exploring the literature on C-PTSD, it seems that since Herman's 1992 publication, there is a significant lack of consistency when discussing the different aspects of C-PTSD. This inconsistency relates not only to its name (WHO, 1992; van der Kolk, 2005; Classen, Pain, Field & Woods, 2006; Dorahy et al., 2013; Courtois & Ford, 2012; Cloitre, Courtois, Ford, Green, Alexander, Briere & Van der Hart., 2012) but also to the diagnostic symptomology and the way it is similar and differ from PTSD. While some argue that C-PTSD includes some of the PTSD symptoms (Cloitre et al., 2014.; Wolf et al., 2015; Resick et al., 2012; Dyer, Dorahy, Shannon & Corry, 2013; Herman, 1992; Courtois, 2004; Margolin & Vickerman, 2007; Roth et al.1997), other scholars argue that although some the symptoms of C-PTSD and PTSD may overlap, each disorder has also its own unique and distinctive symptoms (Resick et al., 2012, p. 245). The third argument is that C-PTSD requires that an individual manifest ALL of the PTSD core symptoms and, in addition, an individual must also display symptoms in three major domains: (1) affective dysregulation, (2) negative self-concepts, and (3) interpersonal problems. (Elklit, Hyland & Shevlin, 2014). Finally, the fourth argument is that C-PTSD symptomology overlaps with other disorders, such as borderline personality disorder (BPD), and major depressive disorder (MDD) (Resick et al. 2012; Cloitre et al., 2014; Ford & Courtois, 2014).

It should also be mentioned that the controversy related to C-PTSD symptomology reflects the difficulties of measuring C-PTSD, and evidently creates a controversy with regard to the ways it should be treated (De Jongh et al., 2016; Cloitre, 2015). For the purpose of this study I will use the interpretation of Complex PTSD's symptomology suggested by Cloitre, et al. (2012), which includes all the core symptoms of PTSD (e.g.: re-experiencing, avoidance/numbing, negative mood and cognition and hyperarousal), as well as disturbances self-

regulatory capacities in some or all of the following five domains: “(a) emotion regulation difficulties, (b) disturbances in relational capacities, (c) alterations in attention and consciousness (e.g., dissociation), (d) adversely affected belief systems, and (e) somatic distress or disorganization” (p.4)

Despite the debate regarding the C-PTSD diagnosis described above, there is some agreement among scholars that exposure to a prolonged or repeated traumatic experience from which the victim had no escape [ascribable to physical, psychological, environmental, family or social restrictions] is particularly likely to cause C-PTSD (Herman, 1992; Cloitre et al., 2012; Cloitre, Petkova, Wang & Lu, 2012a; Courtois, 2008). The settings or circumstances of this type of trauma or catastrophe can be the public sphere of political violence (Herman, 1992; WHO, 1992; Courtois, 2004; Cloitre et al., 2012; Courtois, 2008), as well as in the private sphere of sexual or domestic relations within one’s family (Herman, 1992; Cloitre et al., 2012; Choi, Klein, Shin & Lee, 2009; Jackson, Nissenson & Cloitre, 2010; Roth et al., 1997), and even within the individual sphere (e.g.: in cases of an acute or chronic illness) (Courtois, 2004). Another consensus in the literature regarding C-PTSD relates to the long-term significant impact that an exposure to trauma during childhood may have in adult life, given that the trauma was experienced during the vulnerable time - when the self is still being formed and shaped (van der Kolk, 2005, 2012, 2014; Courtois & Ford, 2009, 2012; Cook et al. 2017).

For the purpose of this study, I will use the definition of “Complex trauma” (C-PTSD) as defined by Van der Kolk, (2005) given that my research is primarily focused on childhood trauma, and Van der Kolk’s definition includes the context of political violence. According to Van der Kolk’s definition, complex trauma is “the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g.: sexual or physical abuse, war, community violence) and early-life onset” (p. 401).

4.1.b: Theories of migration and resettlement: their strengths and weaknesses.

In this section I will discuss three possible migration theories and their relevance to my study, and the reasons for choosing one of them: Lee's (1966) “push and pull theory”, acculturation theory (Berry, 2005), and Simich and Beiser's (2011) paradigm of resettlement and

mental health.

The “push and pull” theory.

The “push and pull” theory (Lee, 1966) is focused on the circumstances which motivate individuals to leave their countries of origin and immigrate to another country. The “push” factors are related to elements situated within the homeland that are dissatisfactory, driving these individuals away from their place of origin, while the “pull” factors are the elements that attract individuals to the new destination (Adams, 2003; Dodani & Laporte, 2005).

The “push and pull” theory is highly relevant to this study. As previously mentioned, the immigration of Argentinian Jews to Israel represents a unique combination of both voluntary immigration and forced migration, given the fact that some Argentinians Jews were motivated to make *Aliyah* based on ideological, religious or economics reasons, while others were forced to escape from Argentina during the last military dictatorship due to political persecution that put their lives at risk. The literature explored for this paper also shows that the circumstances of migration (whether it is voluntary or forced migration) are correlated with the nature and the intensity of the stressors and traumas experienced during the migration trajectory. There is clear evidence that extensive negative long-term emotional outcomes can result from compounded trauma in the case of forced migration. As mentioned in Chapter 2, the Argentinian Jews who were forced to escape to Israel, had gone through pre-migration and transit phases, which included at times long, complex and life threatening traumatic situations. Therefore “push and pull” theory seemed to be relevant to my study especially given the fact that my participant population consist both voluntary and forced migrants.

Although this theory is relevant to my study, the simplicity of this theory may not fully address the complexity presented in my study's topic and objectives. Although “push and pull” theory can address the factor of migration circumstances as a risk or protective factor, it does not provide me with a solid ground to examine the interplay of many other risk and protective factors which are situated within the migration trajectory, as well as their assumed impact on my participant's mental health as adult immigrants in the context of childhood political trauma.

Acculturation theory.

It is quite common to use acculturation theory in the context of immigration studies, given that it can help to explain cultural adaptation to the host country and the possible impact of a fundamental change in cultural environment on one's mental health in the context of immigration. Acculturation theory was first defined by Herskovitz (1936 as cited in Berry 1997), which was followed by other historical publications (Coelho, 1972; Berry & Annis, 1974; Berry, 1990,1992) as a way of addressing the process of cultural transition, within the context of a direct encounter of one culture with another culture or cultures, and its impact on stress and conflict.

According to Berry (2005), the theory describes four strategies of the cultural encounter: integration (being engaged with both cultures); assimilation (giving up one's natal culture while fully adopting the dominant culture); separation (keeping one's natal nature while disconnecting from the dominant culture); and marginalization (disconnecting from one's natal culture and from the dominant culture).

Since then, this theory has been expanded to social, family and individual levels (Berry, 2005) and triggered a growing debate related to the relationships between the dominant culture of the host country and immigrants' minority cultures. This debate, which focuses on the power balance between the minority culture and the host country's dominant culture, includes some scholars who interpreted acculturation as "a one-way street" in which immigrants should leave behind their natal culture and embrace the dominant culture of the host country of (Dauvergne, 2005; Rogler et al., 1991; Milton Gordon, 1964 p. 71 cited in Suárez-Orozco and Suárez-Orozco 2001). In contrast to the above, other scholars interpreted acculturation theory as a reciprocal process of cultural encounter in which each culture contributes to and enriches the other culture(s) (Canadian Task Force and Beiser, 1988; Berry, 2005; Suárez-Orozco and Suárez-Orozco, 2001).

At first, this theory seemed to have relevance to my study, especially given the argument of previous scholars (discussed in Chapter 2) that there is a lack of communal public visibility of Latin-Americans (including Argentinians), and that there is a low level of adaptation of Argentinian immigrants to Israel. This is particularly the case among anti-Zionists Jews who were forced to escape Argentina during the dictatorship, and who were also rejected by Israeli society who perceived them as "anarchists". Furthermore, given that the focus of my study is the long-term impact of childhood political trauma in the context of its intersection with migration

experienced during adulthood, the concept of “acculturation stress” (Berry, 2005) as a presumed risk factor for mental health is also relevant to my study.

The literature shows that the compromising of one’s mental health with this type of stress may manifest itself in psychiatric disorders (Srirangson, Thavorn, Moon & Noh, 2013), depression and anxiety, somatic symptoms, and feelings of being excluded and estranged (Ai, Pappas & Simonses, 2015; Abebe, Lien & Harslof, 2014; Yu, Stewart, Liu & Lam, 2014; Leong, Park, Kalibatseva & Zornitsa, 2013; Revollo et al., 2011; Shin, Han & Kim, 2007). This type of stress can also cause confusion about one’s identity, and difficulties with one’s ability to function within family, work, and educational environments (Berry, 1997). While usually used in the context of adult immigration, the negative impact of immigration stress on one’s mental health may also be applied to immigrant adolescents (Smokowski, Chapman & Bacallao, 2007; Rothe, Pumariega & Sabagh, 2011; Potochnick & Perreira, 2010), the immigration age of most of my study participants.

However, while the use of this theory would have helped with an understanding of participants’ experience as adult immigrants in Israel, allowing an examination of their potential acculturation stress within the process of cultural adaptation, this is not one of the main objectives of this study. As mentioned earlier in Chapter 2, this study's objectives are focused *primarily* on the long-term impact of childhood political trauma on mental health, and its related risk and protective factors within the migration trajectory (e.g.: pre-migration, transit, post-migration) in the context of both forced migration and voluntary immigration. As such, acculturation stress can only be used only as one of the potential risk factors for participants’ mental health and their level of cultural adaptation in Israel can be interpreted as only one of the possible outcomes of the long-term impact of their childhood political trauma. Therefore, despite its potential contribution in understanding particular elements in my study as specified above, using this theory as one of the central components of my conceptual framework would be less useful when answering my research question.

Simich and Beiser's (2011) paradigm of “resettlement and mental health”.

Simich and Beiser (2011) offer an interactive paradigm which can illustrate the complexity of risk and protective factors across time and place. This paradigm includes both risk and resilience factors for immigrant mental health across pre- and post-migration phases.

Although this view was adapted from a model based on refugees' experience (Beiser, 1999), Simich and Beiser's (2011) model (Figure 3) has guided studies focused on the topic of resettlement and mental health among different refugees and immigrants communities across Canada, and in cross-national studies involving Canada, Ethiopia and Israel (e.g.: Beiser, 2009; Beiser, 2014; Este, Simich, Hamilton & Sato, 2017; Beiser, Simich, Pandalangat, Nowakowski & Tian, 2011). Simich and Beiser (2011) use this model to illustrate their argument about the experiences of both voluntary and forced immigration. It involves the intersection of variables such as social resources, personal resources, sociodemographic characteristics, post- and pre-migration stressors, and the possible negative or positive impact of all the above on the immigrant's mental health during the resettlement phase. In contrast to scholars who offer a division of factors of risk and of resilience through an illustration of their linear impact (e.g.: Kirmayer et al., 2011), Simich and Beiser's (2011) interactive paradigm is a multi-dimensional view, as it focuses on the relationships among different factors across time and place. Its interactive nature accounts for many different scenarios, numerous combinations of relationships, and possible negative or positive outcomes to one's mental health (see Figure 3).

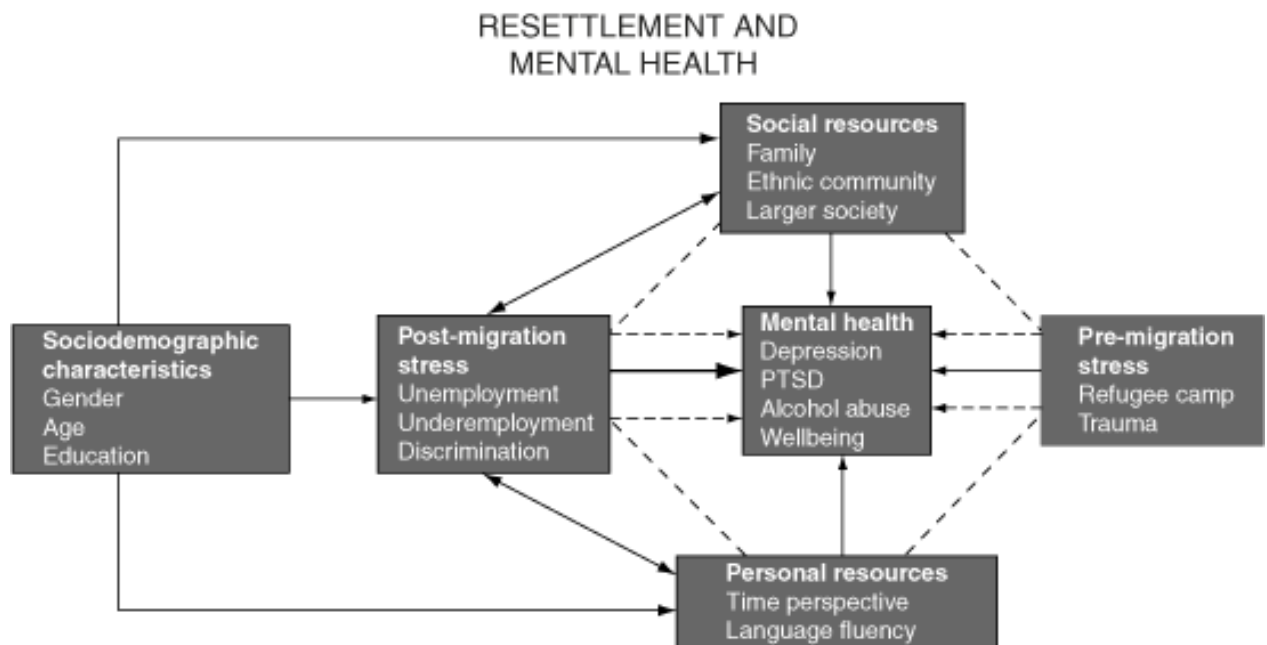
Another observation suggested by the same authors is a result of the factors themselves; some of them may be not all good or all bad in the context of immigration situated within time and place, as they can be *both*. For example, the role of suppression of traumatic memory as a coping strategy, compared with the common clinical interpretation of it as a pathological defence. However, Simich and Beiser (2011) also argue that later in life this protective strategy may turn into a risk factor for depression as recall may happen at an older age, although it is suggested that work history and stable relationships can be used in this case as protective factors. Simich and Beiser (2011) also argue for the possibility of specific variables to be both risk and protective factors *at the same time*. For example, studies show how social support and social networks are considered protective factors as they decrease the social isolation of immigrants, and can even decrease suicide rates. However, social support can also be a risk factor in that it isolates immigrants from non-ethnic communities and by creates a barrier to their adaptation to the host country.

Immigrants can become cocooned by the like-ethnic community, with such long-term deleterious effects as decreased probability of learning the language of the receiving society, decreased social contact outside the ethnic community, and heightened risk of

entering employment tracks with little prospect for upward mobility (p. 329).

In contrast to each of the two migration theories discussed above, which offer an understanding of a single variable in my study, Simich and Beiser's (2011) paradigm of “resettlement and mental health” strongly aligns with my study objectives. This paradigm addresses most of the essential variables in my study, as well as the potential relationships among them. As such, including it in my conceptual framework provides a solid ground to voice the data collected and its analysis.

Figure 3 : Resettlement and mental health (Simich & Beiser, 2011).



4.1.c.: Key concepts included within the conceptual frame work.

In addition to the concepts defined earlier in this paper (political violence, risk and protective factors), in this section I will define the concepts of forced and voluntary migration, as well as key concepts which emerged in my literature review in relation to some of trauma’s positive long-term outcomes, namely resilience and post-traumatic growth.

The concepts of forced migration and voluntary immigration.

To fully understand the concept of forced migration, definitions of “voluntary immigration” and “forced migration” are required, as they can help to distinguish between push and pull factors in relation to forced migration, and those related to voluntary immigration. Voluntary migration is what occurs when individuals move to a different geographical, political, and cultural location of their own volition (Messias, 1997; Messias & Rubio, 2004). The main characteristic of voluntary immigration, in most cases, is the notion of pre-planning and completing a decision process, usually a long time prior to the physical action of the relocation (Hull, 1979; Messias, 1997). “Forced migration”, however, is different from voluntary immigration in many ways. For example, a refugee – a person forced into migration by political circumstances – is defined by the UN High Commission for Refugees (UNHCR) as follows:

A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries. (UNHCR, 2018)

The UNHCR definition of “refugee” and forced migration, though imperfect, can provide a useful baseline for discussion involving my research sample.

The concepts of forced migration and voluntary immigration are highly relevant to this study. As previously mentioned, the immigration of Argentinian Jews to Israel represents a unique combination of both voluntary immigration and forced migration, given the fact that some Argentinians Jews were motivated to make *Aliyah* based on ideological, religious or economics reasons, while others were forced to escape from Argentina during the last military dictatorship due to political persecution that put their lives at risk. The literature explored for this paper also shows that the circumstances of migration (whether it is voluntary or forced migration) are correlated with the nature and the intensity of the stressors and traumas experienced during the migration trajectory. There is clear evidence that extensive negative long-term emotional outcomes can result from compounded trauma in the case of forced migration. As mentioned in Chapter 2, the Argentinian Jews who were forced to escape to Israel had gone through pre-migration and transit phases, which included at times long, complex and life threatening

traumatic situations. Therefore taking into consideration participants' immigration circumstances seems to be relevant to my study, especially given the fact that my participant population consists of both voluntary and forced migrants.

Resilience.

The American Psychological Association's defines resilience, as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (American Psychological Association, 2014, para. 4), while the Oxford English Dictionary defines resilience as "the capacity to recover quickly from difficulties; toughness" and as "the ability of a substance or object to spring back into shape; elasticity" (Oxford, 2019). These definitions may appear to be a clear enough description of this concept; however the literature presents a decades-long debate about what parameters to use to define resilience. The concept of resilience (both in terms of its general use in the literature and within the specific context of trauma research) can be defined in more complex ways.

Consensus exists that resilience requires facing the experience of a traumatic event to start with, and elements like adaptation and positive functioning in the aftermath of the traumatic experience. The debate about the definitions of resilience focuses on three main aspects: resilience as a personality trait (and personal resources), resilience as a process and resilience as an outcome (Mancini & Bonanno, 2010; Southwick et al., 2005).

The first perspective sees resilience as a personality characteristic ("resilient people") (Southwick et al., 2014; Bensimon, 2012.) or as a personal resource (Christopher & Kulig, 2000). Within this perspective, Davydov, Stewart, Ritchie and Chaudieu (2010) and Ong, Bergeman, Bisconti and Wallace (2006) see resilience in general as a way in which the individual manages to decrease negative mental health (e.g.: the extent of stress experienced) and promote wellbeing by minimizing harm, providing protection and encouraging promotion. According to Agaibi and Wilson's 2005 review of the literature, post-traumatic resilience is correlated with a group of personality traits, which include: extroversion, high self-esteem, assertiveness, hardiness, internal locus of control, and cognitive feedback. The same authors argue that post-traumatic resilience is also linked with ego resilience, such as flexibility, energy, assertiveness, humor, transcendent detachment, and a good capacity for affect regulation.

The second perspective sees resilience as a process: dynamic and circumstantial, related to adjustment or positive adaptation through the action of protective factors in adverse circumstances (Southwick et al., 2014; Luthar, Cicchetti & Becker, 2000). Therefore, in contrast to the definition that sees it as “a stable characteristic of personality”, here, resilience is defined as “a variable dimension of behavioral adaptation under situational pressures” (Agaibi & Wilson, 2005, p.197). Tummala-Narra’s 2007 definition of resilience sees it as a dynamic, evolving, or “unfolding” process, so that “vulnerabilities and strengths emerge during developmental, societal, and cultural transitions throughout one’s life and during periods of acute stress and trauma” (Tummala-Narra, 2007, p.35). The emphasis in this definition is on behavioral adaptation (Unger, 2011) or, as put by Agaibi and Wilson (2005), “a complex repertoire of behavioral tendencies [...] a form of behavioral adaptation to situational stress and a style of personality functioning” (p. 196).

The third perspective defines resilience as an *outcome*: a positive manifestation of the action of protective factors in the context of adversity (Southwick et al., 2014; Masten, Best & Garmezy, 1990). In the context of this interpretation, resilience is a full recovery without any emotional “scars” (Zantra, Hall & Murry, 2010, p.5-6) and, specifically, “a recovery from PTSD to optimal states of functioning and psychological immunity to psychopathology” (Agaibi & Wilson, 2005, p.196; Feder et al., 2010).

It should also be briefly mentioned that apart from the psychological approach described above, other scholars argue that resilience must be understood using familial, social, organizational and cultural contextual lenses (Southwick et al., 2014; Ungar, 2012a, 2012b, 2013; Ungar, Ghazinour & Richter, 2013; Tummala-Narra, 2007). Using a contextual lens, other variables that impact resilience include the individual’s age and life domains (e.g.: adaptation to stress in the workplace versus personal relationships), as well as encounters and interactions with other variables like environment, societies and other individuals (Anleu Hernández & García-Moreno, 2014). Yet even those varied variables may change *over time* (Anleu Hernández and García-Moreno, 2014). To add to this complexity, resilience in one life domain is not necessarily evidence of resilience in another domain (Southwick et al., 2014). In contrast, one can also find in the literature definitions of resilience that situate it within only one domain (e.g.: Connolly, 2005).

When looking at the wealth of perspectives and interpretation of the concept “resilience”, I went back to my study objectives which are focused both on the participants’ descriptions of their experience and coping strategies following their encounter with the political trauma in Argentina as children and throughout their adult lives. It therefore makes sense to use the definition of resilience as “behavioral adaptation under situational pressures” (Agaibi & Wilson, 2005, p. 197). Given that another main objective of my study is to look at the mental health outcomes of childhood political trauma (both positive and negative) it also makes sense to adopt for the purpose of this study a definition that perceives resilience as an outcome (Southwick et al., 2014), yet with one reservation. Unlike as indicated in some scholars’ definition (e.g.: Zantra, Hall & Murry, 2010; Agaibi & Wilson, 2005; Feder et al., 2010), in the case of my study, a resilient outcome may not necessarily include a full recovery from PTSD or lack of any other forms psychopathology. Finally, when looking at the study objective to examine certain risk/protective factors in relations to mental health outcomes, personality traits should be addressed as well. Given all the above, for the purpose of my study I have chosen to use Agaibi and Wilson’s (2005) description of resilience as the ability to adapt and cope successfully despite threatening or challenging situations, a description which combines all the three elements mentioned below.

Resilience is a good outcome regardless of high demands, costs, stress, or risk. Resilience is sustained competence in response to demands that tax coping resources[...]. Resilience has also been postulated to include strong extroverted personality characteristics (e.g., hardiness, ego resilience, self-esteem, assertiveness, locus of control) and the capacity to mobilize resources (p 198).

Before concluding the discussion about “resilience”, given that my study focuses on immigrants, special attention should be given to resilience within the context of forced migration (Kinzie, 2007; Lev-Wiesel & Amir, 2006) and immigration in general (Roberto & Moleiro, 2015; Ehrensaft & Tousignant, 2006; Tummala-Narra, 2007; Berger & Weiss, 2006; Bak-Klimek, Karatzias, Elliott & Maclean, 2015; Canadian Task Force & Beiser, 1988; Suárez-Orozco & Suárez-Orozco, 2001). Additional attention should be given to the risk of cultural bias when researching resilience (Rousseau, Said, Gagné & Bibeau, 1998; Tummala-Narra, 2007). An example of such cultural bias is when one examines only one aspect in a specific domain, while neglecting other aspects in the same domain (Tummala-Narra, 2007) or when using exclusively

western cultural criteria of identifying, defining and measuring resilience (e.g: Werner-Wilson, Zimmerman & Whalen, 2000; Rousseau et al., 1998a; Tummala-Narra, 2007).

Post Traumatic Growth (PTG).

A relatively new emerging field within the study of resilience is: Post Traumatic Growth (PTG), which, as the literature shows, is one of the long-term outcomes of childhood trauma, in our case trauma related to political violence. PTG can be confused with the concept of resilience. However, PTG can actually be seen as the *outcome* of resilience, although both concepts relate to positive outcomes of trauma and have similar promoting factors (Westphal & Bonanno 2007; Almedom, 2005). Lev-Wiesel and Amir (2006) distinguish between the concepts: “bouncing back” from trauma in the case of resilience, and to “[managing] to further develop and grow” in the case of PTG (p. 151).

The argument that an individual may benefit from a positive change after suffering is suggested in ancient writings of several religions and cultures and was developed by scholars like Frankl (1984) and Yalom (1980). However, Calhoun and Tedeschi (2013) were the ones who first introduced PTG, and define it as “the experience of positive change that the individual experiences as a result of the struggle with a traumatic event” (p. 19). More specifically, Berger and Weiss (2009) argue that the PTG model stresses “the cognitive-emotional processing of challenges triggered by exposure to a stressor event in the transformation of trauma into triumph” (p. 64), meaning that the outcome of traumatic event may represent an opportunity for personal growth (Berger & Weiss, 2003).

If trauma, according to Calhoun and Tedeschi (1998), is defined as a negative event that involves losses, generates immense emotional pain and as an event that “threatens to shake or shatter one’s basic assumptions about the self, the world and the future” (Berger & Weiss, 2003, p.28), then achieving PTG in the aftermath of trauma demands cognitive processing of all the losses and the reconstructing of one’s core narrative about the self that had survived the trauma, authentic relationships one has with others, and the creation of new purposeful meaning of the world and life, which includes reviewing the validity of one’s pre-trauma values and priorities (Berger & Weiss, 2003). In other words, one needs to reconstruct a new narrative “that bridges the *before* and *after* the stressor event” (Berger & Weiss, 2009, p. 64). In other words, in order to achieve positive change after experiencing traumatic or stressor events, one needs, on one hand,

to cognitively process and confront one's difficult emotions and shattered assumptions about the self and the world and, on the other hand, to search for meaning (Berger & Weiss, 2003).

The positive outcome of PTG is manifested by dramatic life change, either by a decline of negative changes or by positive changes, such as a greater sense of mastery, a greater appreciation of social networks, and a clearer understanding of one's values (Berger & Weiss, 2003). Furthermore, the same authors argue that those individuals who have managed to achieve PTG believe they have grown in many ways by achieving a greater level of spirituality, a greater appreciation for life, a greater ability to adapt and good psychological functioning.

Studies related to PTG have been done in relation to various domains, such as natural or technological disasters, bereavement, war, abuse, life-threatening disease, disabling accidents and immigration (Berger & Weiss, 2003, 2006, 2009). A rich literature of empirical studies illustrates the PTG model across different cultures (Berger & Weiss, 2009), and has shown strong evidence of the benefits from various adversities by 45-90% of participants (Berger & Weiss, 2006). However, there are relatively few studies on PTG in the context of migration (e.g.: Berger & Weiss, 2006, 2003) and there is a lack of sufficient research regarding its mechanisms (Berger & Weiss, 2006). In recent years, however, there is an emerging body of scholarship about PTG in the context of refugees (e.g.: Teodorescu et al., 2012; Powell et al., 2003; Kroo & Nagy, 2011; Hussain & Bhushan, 2011).

Being acquainted with the unique characteristics of each of the negative and positive outcomes specified earlier should help me to identify their various long-term representations through my data collection and analysis, as I keep in mind the following questions: do all or most participants experience one or few negative or positive outcomes? What are the characteristics of these outcomes? Do all participants' reactions in the present day indicate the presence of the most extreme negative outcomes, or are there cases in which moderate emotional and behavior reactions are identified? Are there any relationships between negative and positive outcomes?

4.1.d: The conceptual framework model for this research.

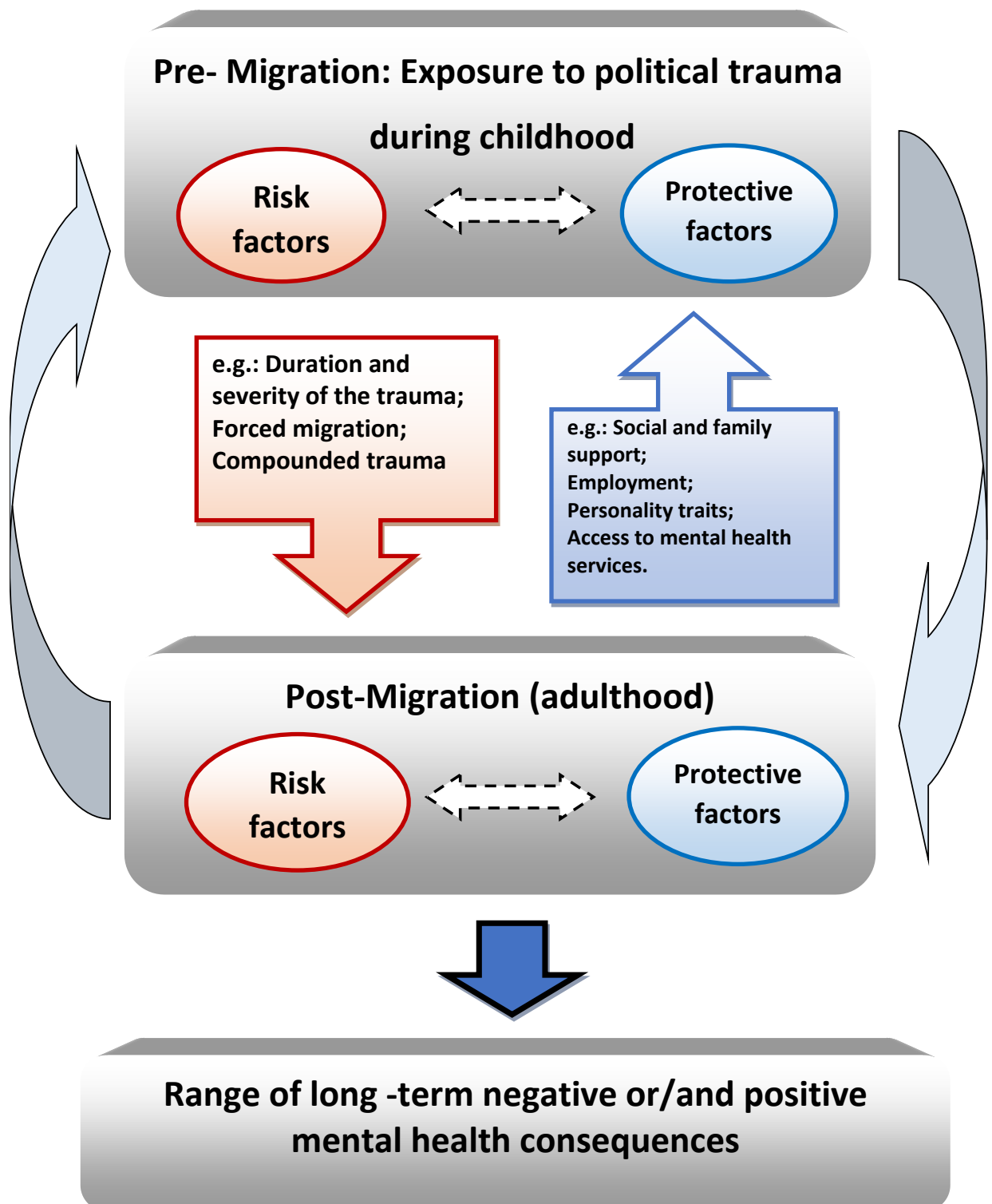
This model represents a presumed reciprocal and ongoing movement between the past (individuals' experience of childhood mass political trauma in their country of origin) and the present (immigration during adulthood, the post-migration phase) This reciprocal and ongoing

movement can be negatively be affected by the past, yet at the same time it may also act as a mediator for some risk factors originated in the past.

More specifically, my conceptual framework offers a model which includes interconnected concepts and bodies of theory in the context of the experience of childhood political trauma and its transmission into adulthood within the various temporalities, risk and protective factors situated across the migration trajectory, the possible mediation of pre-migration risk factors by post-migration protective factors (and vice versa), and the assumed link of all these elements to a range of possible long-term negative and/or positive outcomes for mental health in adulthood.

Figure 4 represents and illustrates how one's mental health outcomes in the context of experiencing childhood political trauma and immigration stress in adulthood may be subject to a complex relationship among multiple factors across the migration's landscape of time and place, and the result of an on-going reciprocal dynamic among them. Finally, as also visually illustrated in Figure 4, mental health outcomes in the present-day are assumed to be manifested through a range of long-term negative or/and positive mental health outcomes.

Figure 4: Conceptual model of childhood political trauma and adult migration.



Implementing this multi-dimensional conceptual framework through the process of data collection and analysis provides me with a solid grounding to better understand the complex and multilayered intersection of my participants' traumatic childhood experiences with their experience as adult immigrants in Israel in present day, and its impact on their mental health. As such, it uses a framework of thought, direction, approach, action and outline to examine the presumed relationship among the different variables, and the possible link between these reciprocal relationships across time and place and the prediction of possible mental health outcomes in relation to my research question. On a practical level it helps me to form, articulate and structure my methodology, my data analysis and my discussion.

4.2: Research methods

In this section I will discuss the methods and procedures used in my research, and how they serve my research topic and objectives (as specified in Chapter 1). I will begin with a discussion about the rationale of using a qualitative approach and specifically the choice of using the narrative holistic approach. I will then proceed with a description of my procedures, ethical considerations, and conclude with a reflection on my reflexivity and positionality as a researcher.

4.2.a: Rationale for the qualitative approach of narrative interviews and observations.

As the purpose of my research is to expand our understanding of an exploratory research question, it was clear that I would need to use a qualitative methodology that captured the subjective and unique experiences of immigrants. An in-depth exploration requires a qualitative data tool that documents participants' perspectives rather than my own "expert opinion". Despite the obvious advantages that one can find in qualitative approach, there are also some disadvantages, which relate to the relatively small number of participants and the subjectivity of the researcher. These weakness and limitation will be further explored in this chapter and in the last chapter of this paper.

Given my objectives, I chose narrative research as the principal approach for this study. While other qualitative approaches like ethnography, phenomenological, grounded theory, and case study have their advantages for exploratory research (Morrow & Smith, 2000), the narrative approach is most relevant for my study for a number of reasons. Narrative research helps

researchers to use data to construct meanings that are situated within the wider social contexts (Chase, 2005; Bruner, 1990). In my study this is very helpful given the historical context of the military dictatorship, as well as the adaptation of the participants as adult immigrants in Israeli society and that adaptation's wider meaning in relation to the long-term impact of childhood political trauma in the context of forced migration.

Another relevance of the narrative approach to my study is that as a method to collect data, unlike semi-structured interviews that may suppress participants' stories (Morrow & Smith, 2000), it enables participants to freely express and interpret their life story (Lieblich, Tuval-Mashiach & Zilber, 1998) without any interruption or interference coming from the researcher. Using this approach of narrative data collection and analysis gives "a voice" to the subjective meaning and interpretations of the story from the perspective of both the researched and the researcher, situating these interpretations within a social context (Daiute & Fine, 2003). This approach is specifically useful when the participant's narrative is focused on and derived from a specific traumatic event (Chase, 2005), which is the case of this study. In addition, the complexity of narrative inquiry can also be shown by the existence of multiple analytic lenses. Among the analytical lenses applied to my research are representation of the narrator perspective, the construction of reality (in the case of my study, through the retrospective gaze of the participants on their childhood experience during the dictatorship), and the sociohistorical context (in our case the dictatorship in Argentina during 1976-1983, and the past and current social location of my participants) (Chase, 2005).

Furthermore, literature shows that studies in the fields of mental health increasingly use narrative methodologies (e.g.: Davidson, 2003; Kirkpatrick, 2008), as this method is effective in illustrating the subjective experiences of participants. The same argument is also applied to the case of research about immigrants. Here, too, this methodology has been shown to provide immigrants with the opportunity to express their subjective experiences within both personal and cultural contexts (e.g.: Polkinghorne, 1991; Knaifel & Mirsky, 2015; Morrow & Smith, 2000). Given that my study focuses on the mental health of immigrants, using narrative seems to be a suitable methodology, as it allows me as a researcher to access to the respondents' points of view and experience, as well as to highlight the beginning, middle, and end of their stories (Alasuutari, 1997; McAdams, 1993; McAdams, Josselson & Lieblich, 2006; Morrow & Smith, 2000).

Given that my research question looks at the possible link between experiencing political trauma during childhood and the long-term impact of this experience in adulthood, this methodology offers insight into the association between their childhood life experiences in their country of origin, Argentina, and their life experiences as immigrant adults in Israel. It is also useful in analyzing their subjective presentation and interpretation of their life circumstances, meaningful relationships and events during their childhood and adulthood and the way their childhood adversity reflects in their coping strategies as adult immigrants. The order and way participants choose to create and construct their life story in relation to their childhood trauma provide meaningful data for this research. As such, narrative analysis should pay attention to the use of significant metaphors, principal themes, and the way stories are structured (Morrow & Smith, 2000).

Furthermore, my choice to use the narrative method is an opportunity to give a voice to “silent narratives”. The act of narrating itself can potentially promote and encourage a positive change on the personal level, as it may help the individual to become self-empowered. As mentioned earlier, the act of narrating one’s self provides the possibility of making meaning retrospectively and understanding one’s actions and their results over time, by reconstructing past experiences and by giving them new shape and order. This may offer the narrator an opportunity to process traumatic or difficult events (e.g.: stories of survival, exploitation, marginality), provide them with meaning, challenge the status-quo, and sometimes construct a more positive version or interpretation of these difficult events (Chase, 2005). Further, Chase (2005) argues that the positive impact is also embedded within the opportunity for the participant to give these experiences a voice in front of an “audience” that hears them and to receive validation. When narrative researchers give a voice to “silent narratives”, they help to promote social justice as “talking to other’s perspective is a necessary step in constructive social change” (Chase, 2005, p.668). Given what the literature tells us about the relative silence within both the micro and the macro levels about the traumatic dark period of the military dictatorship in Argentina, using the narrative approach would provide these participants, who are trauma survivors, the opportunity to tell their story in *their* way, with no interruptions, in a safe environment. As such, telling their story using their own words may offer an added and important value to participants’ participation in this research.

The main weakness of using the narrative approach for data collection occurs when the uninterrupted life story does not answer some of the research questions and objectives (simply because the participant chose for various reasons not to include specific topics in the narrative). For this reason, the second part of the interviews for this study consists of semi-structured and structured questions which aim to address the possibility of encountering this gap.

Furthermore, given that my research question looks at the emotional and behavioral reactions of my participants in the present-day, which may indicate the long-term outcomes of their exposure to political trauma during their childhood, it is also important for me to enhance the narrative approach by making observations during the interviews. The observations are intended to identify specific emotional and behavioral reactions which may be correlated with what we know about Complex Post Traumatic Stress Disorder symptomology. There is a consensus in the literature that observations are an important source of data in qualitative research, and that it is part of the majority of qualitative research methods (Merriam & Tisdell, 2015; Adler & Adler, 2008; Morrow & Smith, 2000). Merriam and Tisdell (2015) argue that, although the research method of observation is traditionally more identified with ethnographic studies and with “field studies”, this research tool has also been used in other types of qualitative studies such as in interviews.

In the case of my research, my direct observations took place during the formal interviews, and were restricted only to the interview room. My structured observations during the interviews (interval recording) were accompanied by an observational “check list” (see Appendix A: Observation check list) which included not only the documenting of participants’ emotional and behavioral reactions which were exhibited while they were talking about their experiences (e.g.: somatic reactions, tearing, sobbing) but also their reactions to distractions of noise outside the interview room (e.g.: ambulance sirens), as well as their relationship with me, the observer. Using observations as a research tool was secondary and used alongside the narrative holistic approach. Taking notes of my observations during the interviews, and right after they ended, provided me with important data which was an insight into actual and not only reported behavior. This enhanced and expanded the data that was achieved through the narrative method approach. As put by Morrow and Smith (2000) “the primary data from observations are the concrete particulars, or fine grain details of action in context, which the researcher painstakingly and accurately records” (p. 210).

4.2.b: Procedures.

After performing a screening according of around 30 candidates, according to my inclusion criteria, my participant population eventually included 15 adult immigrant Jews, male and female, who immigrated from Argentina to Israel. While a relatively small sample, given the depth of the interviews done, it provides the research with insight about the various life experiences of the immigrants.³

Inclusion criteria.

1. Age: Given that my research was focused on investigating possible intersection between childhood adversity in the country of origin and immigration experiences in adulthood in the host country, I focused specifically on adult Argentinian Jews who were children at the time of the military dictatorship in Argentina that between 1976 and 1983. Participants' mean age at the beginning of the dictatorship was 6 years old.
2. Immigrants to Israel: Participants must have immigrated to Israel during or after the dictatorship.
3. Language proficiency in Hebrew: Participants had to be able to read the consent form or understand the information presented in the consent form in cases that it was read aloud to them. Including participants who cannot read Hebrew allowed me to recruit a diverse population of individuals. Furthermore, it provided an opportunity for individuals who have been marginalized to share their stories. Participants had to be able to fully understand the questions asked during the interview and to express themselves freely in Hebrew. This criterion impacted the number of participants, as those who did not have language proficiency in Hebrew (about four of them), had to be excluded.

³ Although the participant population of this study includes both voluntary immigrants and forced migrants (political refugees), in this dissertation they are at times all referred to as "immigrants" given that according to the "law of return" in Israel (specified in chapter 2), Jewish individuals who escape to Israel due to political violence, do not obtain refugee status, but are rather "automatically" considered as a voluntary Jewish immigrant, who chose to make an *Aliyah*, and therefore entitled to get an Israeli citizenship. This is in contrast to non-Jewish individuals who are forced migrants, and who need to apply for a refugee status.

4. Time of residence in Israel: Each participant had to have been an immigrant in Israel for several years, assuming that after several years most immigrants would have managed to have language proficiency in Hebrew and have, to some extent, an idea about their level of adaptation as immigrants in Israel. However, as some participants escaped to Israel with their parents as children (during the dictatorship), or as teens, and as young adults (after the dictatorship was over), their time of residence in Israel ranged between two to four decades.
5. Gender: The researcher strived to achieve a balance of male and female participants.

Exclusion criterion.

Individuals who were already emotionally unstable, and who seemed to be struggling with an extensive emotional distress at the time of the screening were excluded from participation. This was determined by using a distress screening script, which includes specific questions (see Appendix B: Initial phone screening script). This screening tool was not a diagnostic tool, but rather it aimed to provide me with a snapshot of participants' perception of their current level of emotional distress, if there was a recent cause for this stress (less than a month ago), and if they have access to coping resources. In the case that the source of the emotional distress happened less than a month ago, and/or in case that it seemed that there was a paucity of support and coping resources after the recruitment ended, the researcher asked about possible resources available to the person, and when necessary, offered a list of resources compiled for the project. None of the individuals asked to receive the details of the list of services. Despite the obvious limitation of doing a relatively brief screening interview over the phone, this screening tool seemed to be very efficient, as was illustrated in two cases where two potential respondents were excluded following their intense emotional stress which had resulted from a recent loss of one of their close family members. In these cases, it was obvious both to the researcher and to the potential correspondents that participating in the study would significantly increase their current emotional stressful engagement and vulnerability, and it would be a burden that might potentially harm their mental well-being.

Participant recruitment.

The following strategies were used to recruit the participant population for this study:

1. Snowball sampling, starting with the researcher's personal acquaintances (Argentinian immigrant Jews) who forwarded the study invitation to their social networks and encouraged eligible individuals to contact the researcher. As the researcher, I asked my contact person: "Do you know anyone who could be suitable to participate in my study? Would you be willing to call them and see if he/she is interested to participate in the research? If so, you can please give them my phone number".
2. Sampling also included advertising about the study on social media by using online social networks and platforms such as WhatsApp, Facebook, email through third parties (e.g.: someone who knows someone who was in the Argentinian community and who may suit the study criteria)
3. The promotional scripts and letters included an easy-to-read text in Hebrew about the study, its purpose and objectives, and ways to contact the researcher directly while retaining confidentiality (see Appendix C: Recruiting through the social media and Appendix D: Recruiting script - over the phone).
4. I expanding my sources by contacting "Argentinian Kibbutzim", and asking the Kibbutzim's administration office to connect me with some of the residents.

Conducting the narrative interviews.

After receiving a formal approval from the Research Ethics Board at McGill University to conduct this research, I met with each of my 15 participants. As the interviews were conducted in person, I had to travel to locations that were convenient for the participants, assuring that the location offered the participant confidentiality and privacy. One interview was conducted in a local coffee shop, two other interviews were conducted in a private room at the participant's workplace, and another interview was conducted in a room at a local community center. All the rest of the interviews occurred in participants' homes, usually at times of the day when there was no one else home. In the cases that there were other members of the family present, the interview was conducted in a room with a closed door. Given that each of the 15 interviewees was located in a different area of Israel, I traveled to participants who were located at the north, center and south of the country, in big cities, small towns in rural areas and kibbutzim.

I conducted the interviews in Hebrew. The average time of each interview was two hours; the shortest one lasted half an hour, and the longest one lasted 2.5 hours. More about the reasons for the difference lengths and the meaning of it, will be discussed in the analysis section of this paper (chapter 8). In one case, it was necessary for me to reconnect with the participants over the phone for clarification after the interview had been conducted. All the interviews were audio-recorded and transcribed a short time after conducting the interviews. A copy of the transcript has been offered to the interviewees. Out of 15 participants only 6 asked to receive the transcription of their interview.

As mentioned earlier, for the purpose of data collection, I used the narrative method (Denzin & Lincoln, 2005). More specifically, in my study, I used a two-phased narrative interview (Rosenthal, 1993). The first phase was an open life-story interview (main narrative) with minimal involvement of me as an interviewer. This part began with me asking the interviewee: “please tell me your life story”.

The aim of this phase was to identify what themes participants spontaneously raised in relation to their life during their childhood, and in relation to their behaviors and emotions after they immigrated as adults to Israel, and the *ways* in which these themes were raised. For example, given that the first part of the interview was without any intervention or direction given by me, the life story was not always told as a linear narrative but moved back and forth between present and past (e.g.: towards the end of the life story section one interviewee said: “I forgot to tell you about an important event that I have witnessed as a child...” and then began to talk about it). In some cases, interviewees chose to stop the flow of their narrative about their life story at the point where they immigrated to Israel, and then became silent, as if their life story was completed at that point and did not continue with their life experience as immigrants in Israel. Another example is found in cases where some participants used present tense when describing traumatic events that they experienced as children, even when they had occurred more than four decades ago.

The second phase was an interview that was more structured, including some clarification questions about the first part (when necessary) and a list of possible semi-structured and structured questions on topics that as the researcher I felt were not addressed or clear enough during the first part of the interview (see Appendix E: An interview guide). The content of the questions was focused on two periods of the participants’ lives: participants’ childhood, during

which they were exposed to the political trauma during the military dictatorship in Argentina, and the circumstances of participants' immigration to Israel followed by their present-day behaviors and emotions as adult immigrants in Israel. Finally, demographic information was collected.

During the interview, I was also able to identify additional themes that I had never considered prior to the interview, as well as to note participants' reactions to my questions, and to think about possible meanings of these reactions. For example, in some cases, when asking participants to elaborate about a specific painful event that they experienced during their childhood, they either ignored my question and provided me with a lengthy general chronological explanation about the major political events in Argentina at that time, or responded that they did not understand the question because of a language barrier. This was in spite of the fact that their Hebrew proficiency had been demonstrated throughout the interview, and the fact that they did understand the same question asked again later in the interview. These reactions implied to me that it was potentially too difficult for them to talk about those painful events, and that they required more time to return to it later in the interview, if they could discuss it at all.

Since I conducted the interviews in Hebrew, in order to establish the accuracy of the translation (from Hebrew to English), the sections in the interviews that were used for my dissertation were independently translated by an additional bilingual person (who has signed a confidentiality pledge not to reveal the data) and the two versions were compared. In addition, back translation (Sinaiko & Brislin, 1973; Brislin, 1970) has been used by both me and the bilingual person in order to establish accuracy.

Data analysis.

After doing the transcription, I maintained confidentiality by replacing the names of the participants with pseudonyms, and by redacting from the transcripts any other identifying information, before I started to analyse the data.

Although there are several approaches for analysing narrative data (e.g.: Esin, Fathi & Squire, 2014; Chase, 2005), the most suitable approach for my study was the holistic approach, which includes both form and content analysis of the narrative (Lieblich, Tuval-Mashiach & Zilber, 1998) as it is the closest to an intuitive reading of clinical sessions. This approach includes a combination of various aspects: seeing each story as a whole (holistic), identifying themes and categories in it, looking for shared themes that are common to all the

fifteen stories, and identifying within them possible abstract or theoretical concepts. This approach included the following four procedures:

Procedure 1: I analysed the interviews using the holistic approach, by reading each story (case) as a whole, and then added in comments to it intuitively.

Procedure 2: My second reading was a more in-depth exploration of each story (case) for the purpose of identifying what themes and categories can be found in it, as well as sub-categories in the individual narratives.

Procedure 3: I looked for shared themes that were common to all the stories, by going over all the participants' narratives, and comparing them to each other.

Procedure 4: Finally, I aimed to conceptualize the themes on a more abstract/theoretical level (e.g.: sources of support in migration, coping with trauma etc.) and identified within them possible abstract or theoretical concepts.

Evaluation of findings.

The nature of the qualitative research can sometimes pose difficulties in assuring the trustworthiness of the research results. As argued by Graneheim and Lundman (2004):

There is no single correct meaning or universal application of research findings, but only the most probable meaning from a particular perspective. In qualitative research, trustworthiness of interpretations deals with establishing arguments for the most probable interpretations. Trustworthiness will increase if the findings are presented in a way that allows the reader to look for alternative interpretations (p. 110).

Credibility, dependability, transferability and validity are essential criteria for achieving trustworthiness in qualitative research (Lincoln & Guba, 1985; Golafshani, 2003; Graneheim & Lundman, 2004). Further, as a researcher I made an effort to present my findings in a rigorous manner and combined them with suitable quotations.

Credibility: Credibility refers to the way the data and its analysis address the planned focus of the research (Graneheim & Lundman, 2004; Polit & Hungler, 1999). As a researcher, I made sure to select participants with different life experiences in order to provide different perspectives on my research question (Patton, 1987; Adler & Adler 2008). Although the 15 narratives shared similar themes, their social environment, emotional history, as well as the nature and the length of their exposure to the political traumatic events were in each case unique

(e.g.: participants whose parents were activists and had taken an active part within the resistance against the military regime vs. participants whose family members were not involved and therefore had more of a passive exposure to the events). As a researcher, I also made sure to use the proper method for data collection, in this case a narrative interview method, assuring its quantity and quality was sufficient to answer the research question (Graneheim & Lundman, 2004). The two-part structure of the narrative interview allowed me to receive both a sufficient quality and quantity of data by obtaining data that was provided in a spontaneous and genuine way in the first phase of the interview (the “life story”) and, in the second phase, by asking questions when there was a need for clarification or elaboration (for example, in cases when it was emotionally difficult for the participants to elaborate specifically on their traumatic experiences in the first phase of the interview).

As for the analysis process, as a researcher I made sure to select the most suitable meaning units, and that the categories and themes properly covered the data by seeking another opinion among experts such as my co-field supervisor (e.g.: decisions related to exclusion/inclusion of data, relationships between various categories). That said, my “coding tree” had to be changed multiple times according to the themes that emerged from the data, and following an on-going consultation with my research supervisors during the various stages of my data analysis.

Other tools that helped me to maximize and enhance the credibility of my research included:

1. Awareness of uncontrolled or unexpected factors may have had direct and indirect effects on how participants responded during the interview (e.g.: participant’s state of health, ability to concentrate, mood, and level of tiredness, external interruptions).
2. My conclusion should not attempt to have “external transferability”. Since my research was focused on a relatively small group of people, I clarify that the conclusions reflect the specific sample.
3. Handling negative results: Stoecker (2005) describes the dilemma concerning researchers’ handling of negative results, arguing that it may influence the content of the results to be more “positive” than it actually is. Therefore, I had to

overcome my emotional barriers and present this material in a constructive light, even though that my conclusions had included some criticism.

Dependability: According to Lincoln and Guba (1985), dependability refers to the level of consistency in relation to the extent to which data changes over time, followed by the modifications within the researcher's decisions during the process of data collection and analysis, especially in cases when there is an extensive amount of data collection and when its collection lasts over a long period of time. However, Graneheim and Lundman (2004) argue that while it is essential for the researcher to be consistent in the focus of inquiry for all the participants, there is also a value to keeping an awareness of the data collection as an evolving process, as it may help to raise follow-up questions or provide a more focused observation. Graneheim and Lundman (2004) write: "the extent to which judgements about similarities and differences of content are consistent over time can...be addressed by an open dialogue within the research team" (p. 110). That said, even though there were only 15 participants in my study, as a researcher I made sure that there was consistency within the focus of the data collection, and when necessary I consulted with my research supervisors about the evolving process. At the same time, while keeping this consistency, it was also evident that my awareness of themes and various emphases during the interviews was different in the first interview I had conducted from in the 10th or 15th.

Transferability: This term refers to "the extent to which the findings can be transferred to other settings or groups" (Polit & Hungler, 1999, p. 717). In order to facilitate transferability, I provided an accurate description related to the selection of the participants, their characteristics, the particular culture and the context, as well as a description of the data collection as well as the process of analysis. The findings from this research may be transferable to working with Argentinian Jews in other countries, or to other traumatized migrant populations in Israel and elsewhere. I have provided enough detail for readers to decide what is relevant in other contexts.

Validity: One of the methods that I used in order to ensure validity was triangulation during my data collection. As put by Golafshani (2003, p. 603) in relation to validity in the context of qualitative research, "triangulation is typically a strategy (test) for improving the validity and reliability of research or evaluation of findings." Given that I combined audio recording of participants' narratives and observations done before, during and after the interviews, I was able to compare the findings collected through each of methods, in order to draw conclusion. For example, I could compare how participants' descriptions of their Complex

PTSD symptomology aligned with my observation of their verbal, emotional and behavioral reactions during the interview (hypervigilance, somatic reactions, sobbing, etc.)

In addition, when analysing the data, I also ensured convergence of themes through an ongoing thematic revision and confirmation throughout the process. These revisions included comparing my own thematic analysis with the one suggested by my supervisors. My supervisors proposed, at times, perceptions that were different than mine in terms of, for example, the identification of the main themes, the nature of their connection to each other as well as to various sub-themes and the unification of similar sub-themes. After a process of continuous back and forth revisions and discussions about the themes represented in the coding chart, the final model for my thematic coding suggested a division into two main sections: (1) “objective” and subjective descriptions of the events experienced during childhood (including direct and non-direct exposure to traumatic events during the dictatorship) and (2) their experiences since immigrating to Israel. This allowed a structural foundation that helped the relationships of participants’ experience as children with their emotional world as adult immigrants to emerge. However, even after the thematic coding chart has been established, it was subject to ongoing modifications in light of the unexpected findings that sometimes emerged during the analysis process. As a researcher, it demanded flexibility in order to allow me to expand my understanding of the complexity of participants' experiences, and open-mindedness to suggestions that were different from my own initial thoughts.

4.3: Ethical considerations

As in any research done with humans, there are potential harms and risks that need to be taken into consideration. In this section, the particular harms and risks of my research will be explored, followed by the steps that I took to reduce and eliminate them. This will be followed by a discussion about the oral and written procedures that had been followed to obtain informed consent from the participants.

4.3.a: What were the potential harms and risks?

There were only minimal potential risks involved in this research, largely because the participants were adults who seemed to have reasonable social functioning (stable jobs, created

their own families, not hospitalized). Nonetheless, I did acknowledge that there was one main potential risk. Discussing one's painful memories about sensitive issues or current concerns can be a painful experience that in some cases can activate PTSD or trigger depression (Panel on Research Ethics, 2016b). The interviews for this study covered sensitive topics related to childhood adversity experienced in Argentina. The primary risk was that a participant would feel uncomfortable and upset, with a low possibility of the more severe outcomes mentioned above. This was the reason for conducting careful screening (see Appendix B) to exclude people who were already emotionally unstable, who have been engaged with a recent emotional stress or who lacked access to coping resources (both internal and external). Nevertheless, there was still a risk that the interview could have triggered an emotional crisis for some participants.

Despite the possibility that participants would feel uncomfortable, given the steps that I, as a researcher had taken in order to minimize or eliminate this risk (see below), no psychological or emotional harm has occurred.

4.3.b: How these risks were minimised and eliminated?

In order to reduce this risk of discomfort or distress, I took the following steps:

- 1) Participants were informed in advance that the interviews could raise potentially painful memories, and that they had the right to refrain from answering certain questions. Additionally, they were informed that they could withdraw from the study at any time without penalty. This verbal comment in the beginning of each interview was in addition to the written informed consent (see Appendices C and D). In addition, before asking particularly sensitive questions, I said: "I'm going to ask you some questions about your exposure to political violence in Argentina. You do not have to answer, in which case please just say "let's skip that one".

- 2) After participants signed the consent forms, they received the addresses and phone numbers of mental health clinics in their area. The participants were instructed to contact the mental health clinics if they feel distress during or after the interview. To the best of my knowledge, none of them used this service. The same suggestion was offered during the phone screening of potential participants who were expressing emotional distress, yet none of them asked to receive the details of the list of services.

3) Given my theoretical and practical experience in providing psychosocial support in clinical counseling settings, I felt confident that I would be able to detect when a participant was experiencing acute distress or needed immediate attention from a mental health professional. This situation did not occur. As a researcher, I was attentive to the emotional state of the participants throughout the interview and after it. If necessary, I would have gently shifted the participant away from their focus from the emotional distress into less emotionally charged directions of discussion. At the same time, as a researcher it was not my role to provide treatment, but to arrange for the participant to see a mental health provider if necessary. Also, I knew that at any time I could have always consulted with experienced clinicians on my doctoral committee in Montreal or my field research co-supervisor in Israel, who is an experienced clinical psychologist.

4) Although there were questions that may have produced distress, especially those to childhood adversity in relation to (but not limited to) the military dictatorship in Argentina, this study was designed to incorporate best practice methods to minimize the risk of re-traumatizing participants. For example, participants were not required to discuss their victimization-related experiences in detail and they were able to refuse to answer any questions that had made them uncomfortable. Given the fact that the purpose of the research interview was not therapeutic, the aim was not to ‘dig deep’ into the traumas or the pain. That said, as the researcher I tried as much as possible to keep the structure and the empowering nature of a research interview. Indeed, according to the participants’ feedback, the interview was an empowering experience for them, an opportunity for them to share their life story and to contribute knowledge from their life experience that could benefit others, without compromising their emotional wellbeing during or after the interview.

5) Given the fact that this research involved information of great sensitivity, throughout my work I was engaged in an ongoing discussion with my academic doctoral advisors, specifically with my doctoral supervisor, who has significant experience as a researcher, and with my field research co-supervisor in Israel, who is an experienced professional clinician and a researcher. Their perspectives helped me to identify the ethical implications of the research at each stage of my work. By doing so, I was able to implement ways to minimize any associated risks. Categories I implemented these suggestions into included the design of the research,

measures for privacy protection, potential uses of findings, and whether it could negatively on affect the participants.

6) Oral and written procedures were followed to obtain informed consent from the participants. The information about the purpose of the research, the processes of the research, the potential risks and their rights (e.g.: the participants can refuse to answer to any questions and can leave any time during the interview if necessary) during the processes were clearly shared with all research participants through a discussion of the consent form (see Appendix F: consent form) before commencing interviews. Only then were they asked to sign. I also ensured that participants were not obligated to share any unwanted private information during the interview. I presented a blank copy of the consent form and reminded the participants of their rights as research participants.

4.4: Researcher reflexivity and positionality

In addition to the criteria specified above, implementing reflexivity and being aware of one's positionality in the research practice is a vital component that helps achieve trustworthiness. As Goldstein (1994) and Mason (2002) argue, in qualitative research the subjectivity of the researcher prevents neutrality, objectivity or detachment from the data that is collected. A concept which strongly relates to the researcher's subjectivity is *countertransference*, which initially was developed in the realm of the "intersubjective approach" in psychoanalysis. In qualitative research, countertransference is not treated as an obstacle or "contaminating" factor, but rather as a very important source of information about unconscious processes (Holmes, 2014). Furthermore, countertransference can be seen as a sources of insight and understanding about one's research question. That said, countertransference, along with all other data in my study, was used as one of the objects of my research, and as an integral part of my data. More specifically, considering that I am an immigrant researcher analyzing and interpreting other immigrants' narratives, I experienced cultural countertransference, a topic that has been thoroughly explored in the literature (e.g.: Mirsky, 2011; Nagai, 2009; Perez-Foster, 1998).

It is important to clarify that there is no contradiction between counter-transference and reflexivity. On the contrary, countertransference is to be acknowledged, recognized, recorded, but

certainly not acted upon. In other words, it is the way the researchers treat their emotional reactions, from the stance of “observation” and as a source of information. This way, the awareness of their subjective experiences as researchers enrich the understanding of the experiences of the research participants, and therefore help to capture participants’ genuine experience as expressed through the interviews. Below are some examples of my subjectivity and counter-transference raised during my data collection and the data analysis. These examples are followed by various self-reflection tasks that I did in order to continually reassess my positioning.

4.4.a: My social location.

During the interviews, I felt that I was able to connect better with participants who were closer to my age. Also, as a woman, I felt more comfortable during interviews that were conducted with female participants who were closer to my age, as I thought I could better understand their experience. In some cases, I also felt that I liked and preferred some interviewees over the others, because their life story appealed to me more, or due to our shared age and gender. I was glad to see that later during the process of analysing the data, these subjective barriers became less and less significant. All of the above had an impact (whether consciously or unconsciously) during my data collection, and later on within the process of analysing the data and retrieving conclusions.

As a doctoral student, I am obligated to follow an academic discipline, and to hold to academic theories and beliefs. These affected my conduct during my research by compelling me follow academic procedures and ethics, but also motivated me to see how theoretical concepts I have learned intersect with my research question, data and findings. It was not an easy task to put aside and “forget” theoretical knowledge in order to approach my data collection and analysis with a fresh eye. I tried to be aware of the need to not impose theories and findings of many other studies. Furthermore, I also noticed that my status as a “doctoral student” created a situation of an unequal relationship between me and my participants (all participants except one had obtained lower levels of education), yet it had given me the legitimacy and privilege of asking the participants to give their time and their trust, so I could get a sufficient quality and quantity of data for my research topic, even if that meant touching on sensitive and painful subjects during the interview. I also noticed that some of my participants perceived education (or the lack of it) as

an extremely important component in one's life. Therefore, I felt that my position as a doctoral student put me in a powerful position and with it came a responsibility of how to use this power ethically and responsibly.

Another dimension of my subjectivity was situated within my professionally biased opinion, based on my meetings with emotionally distressed adult immigrants in Montreal. Even though the clients that I had seen in Montreal had different cultural backgrounds and different childhood traumas than my study's sample, I can assume that unconsciously I was expecting to see the same responses and conclusions as I did in my professional experience in Montreal. As my data collection proceeded, I quickly realised that I would need to be a "blank page" and be open to hearing and exploring new experiences with a fresh eye.

In addition to the above, being an immigrant myself suggests subjectivity and bias regarding the experience of immigration. During the process of data collection and analysis, I had almost automatically compared my personal immigration experience with the ones described by the participants. Although I did not immigrate from Argentina to Israel but from Israel to Canada under totally different circumstances, I found myself empathizing with participants' descriptions of their feelings of being or labelled as "the other". On a different level, I could personally identify with their experience of being part of a cultural minority (in their case, being a Jew in Argentina, followed by being an Argentinean in Israel, in my case, being an Israeli Jew in Canada). I also assumed that since I have been studying in Canada, not living in Israel for a while, I would have a somewhat similar experience and understanding of what it is like to feel like "the other" in Israel. Other topics that I found myself personally relating to were the existence of multiple national identities, the dissonance and tension between dual loyalties and sense of belonging to the country of origin and to the host country, followed by the awkward ongoing sense of being simultaneously "both here and there".

Another emotional subject that emerged during the interviews was my somewhat ambivalent attitude towards Israel, my homeland, a country where I criticize some political and cultural elements, while feeling a deep emotional attachment. Although during the interviews I could at times theoretically agree with some of my participants' political and cultural criticism about Israel at the present time, at times I had found it emotionally difficult to listen. These strong emotions also occurred during the process of the interview transcription and the data analysis. I can assume that the source of my strong emotions is located within the nostalgic

memories of my homeland. My strong attachment to my homeland can also explain why, during some interviews when participants were praising Israel, I had mixed feelings of both pride and guilt for “abandoning” my homeland.

In addition, I was able to identify how other issues raised during the interviews had emotional impact on me, such as the topic of overcoming traumatic events and the presence or absence of family support, as these resonated with my personal history.

4.4.b: Counter-transference.

During and after conducting the interviews I experienced counter-transference. Some of the ways it was manifested will be explored in this section.

Cultural Counter-transference.

During the process of data collection and analysis, I was aware of my subjective bias about particular ethnic groups (Pérez-Foster, 1998), specifically towards my own culture as well as towards my participants’ culture. As an Israeli Jewish person who immigrated to Canada more than a decade ago, I hold a mix of firm cultural beliefs and values, and I can assume that these may have had some influence on the way I interacted with my participants before, during and even after the interviews, whether it was in a verbal or nonverbal manner.

I can also assume that my cultural bias must have had some impact (whether consciously or unconsciously) on the way I chose to interpret my data. For example, prior to my study, like many other Israelis, I did not know much about Argentinian people or their culture, and I held preconceptions about them. Of course, in reality, the Argentinian (Jewish) culture, like every culture, and like every ethnic group is more complex than my superficial assumptions.

My cultural bias had another aspect. On the one hand, I felt that the fact that I am a native Israeli-Jewish person, who lived in Israel most of her life, allowed me to use my first-hand knowledge and understanding of Israeli-Jewish culture, its language, history, cultural traditions, and values, in order to better understand the participants’ “Israeli experience”. Yet on the other hand, that fact that I have lived in Canada for many years, has given me the perspective of an outsider, as I have also adopted certain aspects of Canadian and Quebecois values and culture.

I perceived this unique mixed cultural subjectivity mostly as an advantage, as I believed that I was able from to relate to and understand my participants' Israeli-Jewish values, cultural beliefs and experiences, while using my "cultural intuition" (Berger, 2015, p. 223). Yet, given that participants knew that I am doing my PhD in Canada (therefore not considered to be "a *real* Israeli"), I did not represent in their eyes the judgmental and the patronizing attitude that the Israeli-Jewish society often holds towards immigrants in Israel.

When looking back at my cultural counter-transference, I have also realised that my individual experience of living in Israel and being an Israeli-Jewish person was not necessarily similar to my participants' experience, as there were and still are many external and internal variables and factors that can affect one's experience.

Further, given that I was not fully familiar with Argentinian culture, at times I failed to understand or to properly respond to verbal and non-verbal cultural nuances during the interviews. For example, over time I have learnt about the importance of the Argentinian habit to give a hug and a kiss when meeting and departing, as shaking hands may be perceived by some Argentinians as being cold, detached or even unfriendly behavior. Although my wish was to adjust to this physical cultural gesture, and by that to maybe please my research participants while establishing an atmosphere of trust, for me hugging and kissing a person I have just met, felt uncomfortable, especially given that according to McGill University's ethical research guidelines, my research participants should not be considered friends.

Experiencing Secondary Trauma Stress (STS).

Listening to participants' stories about their childhood traumatic experiences, and when later going over the data multiple times for the purpose of transcription and analysis, triggered in me symptoms of Secondary Trauma Stress (Salston & Figley, 2003; Figley, 2002). I "took home" these difficult descriptions of events and emotions. I found myself thinking, and even dreaming, about what was mentioned during the interviews.

There were also times during which I had found myself involuntarily reflecting on my own past traumatic or stressful situations, while experiencing feelings of helplessness, profound sadness and even fear and anger. During the time of the data collection and analysis, I found it difficult to be engaged with activities that would have given me pleasure.

One way of dealing with this was for me to share often with my field research supervisor, by email, some of the participants' quotations which had most affected me. Her insightful response and being able to share the pain and suffering that were embedded in these quotations, gave me some relief and the emotional strength to continue with my work. I was also able to receive support when sharing some of this emotional impact with my research supervisor, during our monthly phone meetings. Another method of coping was to engage in activities that were unrelated to my research (e.g.: going for walks in the neighbourhood park, art, watching humorous TV shows, etc.).

As I look back on this experience I can see how my secondary trauma was a clear indicator that my participants' childhood traumatic experiences are still very much alive, even though they occurred more than four decades ago.

4.4.c: Tools I used for self-reflection during my work.

As a researcher, I continuously engaged with self-reflection, and reassessed my positioning throughout the different stages of my study. This self-reflection helped me to identify how my positionality was impacting my attitude, my responses and my interpretations in relation to my research subjects. This allowed me to reposition myself throughout my work on this research project (Creswell, 2007).

There were several activities and tasks that I undertook to enhance my self-reflection and my awareness of my subjectivity. During the interviews, when experiencing strong emotions, I made a conscious effort to not expose them in front of my participants, shifting my focus back to the participants. I expressed my reactions only after the completion of the interview in my researcher's journal and later during my conversations and email correspondence with my supervisors. Taking notes during every step of the procedures of data collection and analysis, and then using them to retrace these steps, was helpful to me. In addition, by keeping a reflective journal that documented my thoughts, my feelings and reactions as a researcher throughout this process, I was able to reflect on my subjective reactions that may have included bias, resistance and counter-transference responses, or other emotional content that emerged during my work of the data analysis.

During my work, I also tried to be transparent about my researcher's bias and weaknesses, explaining and specifying to the readers of this dissertation that my position as a researcher includes my history, my social location, personal experiences, ideas and ideologies, and the way that I addressed these challenges that could have affected my data collection and my interpretations. In addition to the above, I used my knowledge of research principles, which I have obtained throughout my doctoral studies both on theoretical and practical levels, after participating in graduate level qualitative research courses and during my role as a research assistant in several qualitative research field work opportunities. All these tools were used as indicators during different stages of my research, and helped me to verify whether I was being influenced or positioned by my own personal bias and preferences. Also, during the analysis of data I maintained a sceptical point of view until I was able to make definitive conclusions. When drawing conclusions, and even during the process of analyzing, I did not dismiss data that did not "fit" with my desired results. I also did not try to "objectively" prove my personal opinion, but included different viewpoints (Dudley, 2005).

Finally, the study results specified in this dissertation were reported after using "thick description", allowing other readers to review my interpretation (Riessman, 1993). This review was achieved by my enlisting the help of my supervisors as per Berge (2001).

CHAPTER 5: FINDINGS I: Participants' childhood experiences of the military dictatorship in Argentina

In the next three chapters, I will explore the main themes I identified in my interviews. The purpose of my research is to examine the risk and protective factors for the mental health consequences of childhood political trauma among adult Jewish Argentinian immigrants to Israel. The topic of the first chapter is therefore the participants' childhood experiences during the Argentinian military dictatorship, while the second and the third chapters cover their experiences as adult immigrants in Israel. The interpretation of the intersection and the meaning of all these findings will be explored in the final chapter.

I will begin this chapter with a general demographic profile of my research participants. I will then map out key themes and excerpts illustrating their perceptions of stressors they encountered during their childhoods, and their coping strategies in the context of the social environment that surrounded them. This will help me to examine the participants' descriptions of their childhood experiences during the dictatorship, and their emotional and behavioral reactions to these events during childhood.

5.1: Participants' profile

Given that the Argentinian immigrant population in Israel is relatively small, this information is not presented in the form of a table, in order to maintain anonymity and to decrease the likelihood of identification based on the joint demographic data of each specific participant. As mentioned in the chapter on methodology, all participants were children at the time of the dictatorship. At the time of the interview they were principally in their early fifties, with the exception of one woman in her late forties. Of the 15 participants, nine were men and six were women. All participants were married or had been married and were parents to children. Most participants came from large cities in Argentina, though a few came from rural areas. All participants had reached a high school level of education, and five participants had at least completed a bachelor's degree after their immigration to Israel. While five participants had to immigrate to Israel in the midst of the dictatorship, the rest immigrated to Israel towards or after the end of the dictatorship. The occupations of the participants are varied and include careers in

academia, the Israeli Defense Forces (IDF), art, education, journalism, office cleaning, municipal work and counseling. Nine out of the 15 participants had a family member who was actively involved in resistance to the military dictatorship.

5.2: Family and social environment

After being asked to discuss their life stories, one of the first things that almost all participants spoke about was their family's immigration history and the arrival of their grandparents in Argentina as refugees from Europe escaping Nazi Germany. This was followed by mentions of the cities in which they were born and the occupations of their parents. Most of them spoke about their parents with pride and admiration, especially in cases where the parent was a political activist. When talking about their parents, most participants reported that their families were in relatively good financial situations prior to the dictatorship, which helped their parents afford, among other things, attendance at private Jewish schools for their children. A particular emphasis was placed on the importance of having had loving extended families during childhood and family's role as a source of support during the dictatorship. This was clearly expressed by Fabian (a pseudonym: all of the names used in this sections are pseudonyms), who suffered abuse due to anti-Semitism during compulsory military service: "it was a very difficult time, but we went through it...and almost each day we could go back home so we had the support from the family" (#3, 1.b.1 line 440-450, p. 13, Fabian).

Interviews reveal that the Jewish community was an additional source of support and was often seen as a protective parental entity. All participants mentioned their relationship with the Argentinian Jewish community and its institutions, whether they had had a strong connection with the community or not. Some of the participants describe their relationships with the Jewish community in a very emotional and affectionate way. According to their descriptions, the Jewish community provided its members with job opportunities, socialization in Zionist youth movements, a sense of belonging and identity and an attachment to Israel. For example, Gabriela described the daily morning ritual at the Jewish school, during which the flags of Argentina and Israel were raised, as "an amazing childhood experience! [...] we were raised on the idea that Israel is very significant for our existence" (#1, a.ii line 433-449, p. 11-12, Gabriela).

The role played by the Jewish community in the participants' lives was even more critical in relation to the military dictatorship, as during this period the community was perceived by some participants as a paternal figure, providing the members of its community with protection. Mariano described this protection as “this bubble [...] this greenhouse” (# 13, 1.a.i, line 16-27, p. 1, Mariano). Some participants described situations where the community’s role as a protector was critical. For example, Tomas described a situation where the community leadership collected fifty thousand dollars to bribe military officials to release his arrested brother. However, the community was not able to help in all cases. At times its failure brought great disappointment, for example in the case of Lorenzo, who suffered from anti-Semitism: “they were not able to help, so I lost my trust in the community” (#4, 1.a.ii, lines, 71-86, p.2-3, Lorenzo).

In contrast to the strong attachment some participants felt to the Jewish community, a more ambiguous feeling was expressed by participants whose families took part in resistance to the dictatorship. As Francisco described, these families detached themselves ideologically from the Zionist community in Argentina as Zionism was perceived as part of American imperialism.

When talking about their childhood neighborhoods, some of the participants described what it was like to live next Nazi war criminals who escaped to Argentina after World War II. Francisco described an encounter he had with the grandchildren of these neighbours in his elementary school and a violent interaction that his father had with one of these neighbours. During the interview Fernando remembered the horror he felt even as a five-year-old child: “in our neighborhood the roads and the streets were named after all kinds of German pilots [...]and in your mind there is this thought: ‘These are Germans, so you better watch it!’” (#15, 5.b & 5.a & 4.b, lines 316-332, p. 8-9, Fernando).

5.3: Participants' descriptions of their exposure to political violence

Overall, participants’ descriptions of their childhood experience during the dictatorship could be divided into two major types of exposure to the traumatic events: direct exposure and indirect exposure.

5.3.a: Direct exposure.

Participants' description of the direct exposure to the events included arrests, witnessing violence and executions, police searches of homes, fleeing and hiding, the daily risk of encountering police or military forces on the street, and compulsory military drafts (during their teenage years).

Personal encounters with the military Junta.

Participants' descriptions of their personal encounters with the Junta in various settings implied that the risk existed everywhere, in both public spaces and private homes. Based on their experience, there was therefore no place, not even in the privacy of a child's room, where one could feel safe. As put simply by Pablo: "We experienced it everywhere" (#6, 3.a.i, line 878-879, p.23, Pablo).

One element mentioned by all participants in describing their encounters with police officers in the streets was the "Green Ford Falcons", the special police cars that were a clear indication that something bad was about to happen. Another source of fear in the streets was unexpected check points, where soldiers would randomly check passing buses and crowds gathered in the streets, as well as the enforcement of 9:00 p.m. curfews. However, it seems that some of the most terrifying events for participants were arbitrary street arrests. Youth or even children could be arrested in the street because they had long hair, laughed too loudly, were outside after curfew, or for no reason at all. As put by Laura: "At any given moment they can arrest you [...] If you do not carry your ID with you, you can consider yourself dead" (#10, 3.a.i & 4.b, line 70-76, p. 2, Laura).

The descriptions of the arbitrary arrests included flashlights being shone in children's eyes, terrifying drives to the police station, children being forced to stand on their feet for hours without the possibility of using the washroom, children being put in small prison cells after having their photos and fingerprints taken, and phone calls to parents being allowed only days after arrests. Some participants were as young as eight when arrested. As described by Pablo:

There were a few times that the police came and arrested us during our afternoon activities at the camp of the Jewish community. They thought we were doing guerilla training and we all stood there, 8- to 12 year-old-kids, with their guns pointed at us. Then

we had to march by foot to the police station. You can imagine a convoy of kids marching in the streets accompanied by armed policemen. [...] Later on, our families came and picked us up from the police station but our educator, who was 18 years old, disappeared. (#6, 3.a.i & 4.b, line 255-266. p. 7, Pablo).

In contrast to participants who experienced arbitrary arrests, some participants were arrested following their involvement in minor resistance activities (e.g.: painting graffiti at night or distributing flyers in schools), encouraged by their politically-involved parents. Their descriptions of their memories of being arrested are stories of bravery rather than of victimization. For example, Sofia described, with a smile and laughter, how during one of the graffiti activities with her friends, one of them fell asleep and did not whistle when the police came. Their arrest included food and sleep deprivation for a few days until they were finally released.

Witnessing political violence in the streets was a common experience for all participants. Participants described how as children, they were compelled to watch these scenes, simultaneously curious and terrified. This is illustrated by the description provided by participants who witnessed executions in the streets. For example, Tomas was eight years old when he joined his neighbors in looking at bodies that had been left on the road by his parents' house:

One night, a big truck with soldiers came to our street, and then we heard shooting and screaming. I remember watching it through the window. Then the next morning we all saw on the road pieces of brain and a lot of blood...then I saw how the police came and took the bodies. These are the things that stuck in your head (#14, 3.a.i, line 32-38, p.1, Tomas).

While many witnessed political violence being inflicted on strangers, some participants described events involving the loss of someone who was familiar or close to them, such as family members, family friends, teachers and neighbors. Tomas remembered that one morning in the summer of 1975, he woke up to see that his brother was not in his bed, nor anywhere else. Later on, they found out that his brother had been taken to be executed under the town bridge. Eventually, someone suddenly realized that there had been a mistake in his brother's identification and his life was saved at the last minute. Francisco remembered stories of how his mother used to take him to the police station each time his father was arrested. Laura's brother

had to be smuggled to Uruguay, Mariano had a cousin who was very politically involved and was away for a long time, Gabriela's favorite music teacher disappeared without saying goodbye, and all of Pablo's educators in the Jewish youth movement disappeared. Sofia described the day that her father and brother, both political activists, were arrested, and she and her mother came to look for them at the empty communist party building whose walls were punctured by bullets holes and stained with blood.

It seems, though, that some of the most frightening events that recurred in each participant's testimony were the police house raids, violent invasions into their homes, which were supposed to be places of safety. Pablo recalled:

They knocked really strong on the external door, I was just a little kid then so I asked through the intercom 'Who is it?' They said: '*Policía*' but I thought they said "Auntie Lea", so I pressed the button to open the door saying "Come in Auntie Lea". Then we hear a big boom downstairs, and four gorillas charged in, each of them carries a rifle. I was so scared I will never forget it all my life (#6, 3.a.i, line 40-42, p. 3, Pablo).

Another safe environment that was invaded by the military Junta was participants' elementary schools. Some participants described how suddenly the environment which had been so protective and familiar to them became hostile and militarized. Some of their beloved teachers vanished and military discipline took their place. Boys had their hair length measured daily, harsh physical punishments were given, students and even whole classes "disappeared" and schools were temporarily or permanently closed. Participants described it being dangerous to even speak with friends during school breaks, because those in charge of discipline were eavesdropping.

Life on the run.

Participants whose parents were politically involved described their exposure to events that resulted from their parents' activities. At times, they took an active role in these events, such as alerting their parents to the approach of green Falcon police cars on their street, taking many different routes home with their parents in order to avoid surveillance, changing taxis several times on the way to a destination, learning not to tell the truth about their home addresses or the identities and occupations of their parents and often moving with their parents from one hiding place to another, causing them to miss or leave school. For example, Daniela, whose father had an important role in one of the resistance movements, described the day when they were forced to

escape after her uncle was caught. “We didn’t even pass by our house to take some clothes. [...] My parents, my siblings and we had to move every couple of days from one hotel to the other in different cities” (#8, 3.a.i, line 103-111 p. 3, Daniela).

Exposure to anti-Semitism.

Participants described how, in addition to the suffering caused by the dictatorship’s human rights abuses, they were subject, as Jews, to “special treatment” from both their peers and the Junta. Their narratives about encounters with anti-Semitism included facing psychological and physical abuse. For example, Fernando remembered daily bullying and harassment from his peers on his way to school. Other participants revealed that anti-Semitism was not only directed at them, but also toward their adult family members. This was illustrated by participants’ descriptions of the precautions that participants’ families took when celebrating the Jewish holidays, their fear of attending synagogues, and their hiding of external signs of their identification as a Jew (e.g.: removing the Star of David which was a part of the Jewish elementary school’s uniform). Another experience of anti-Semitism was the psychological and physical abuse endured by participants as older teens during their compulsory service in the Argentinian military. In their interviews, Lorenzo, Fabian and Fernando described their experiences as Jews in the Argentinian military, which included “special” physical punishments for Jews, and humiliations that at times resulted in suicide attempts: “I can’t say that how they treated us was a big surprise. We had to endure it in elementary school, on the streets; it was not the first time” (#3, 1.f, line 426-438; 440-450, p.13, Fabian).

Pablo and Mariano described how anti-Semitism was prevalent at non-Jewish schools through the school curricula, and how it was also prevalent even within communist organizations towards their Jewish members. Participants who went to Jewish schools, like Fernando, remembered experiencing bomb alerts and witnessing anti-Semitic graffiti on the walls of the local Jewish community center, and other participants recalled the way anti-Semitism affected their parents in the workplace and in their neighbourhoods.

5.3.b. Indirect exposure.

In addition to direct exposure to political events, participants described indirect exposure by the following means: reading, watching television and hearing stories at home and from their

peers about other people's experiences with the Junta (family members and friends who were arrested, tortured and disappeared).

“Do you know where your child is right now?”: TV propaganda.

Most participants remembered watching, as children, the military regime announcing its victory and rulership of the state on black-and-white television. They reported how glad they were to learn they would be missing school. They also remembered seeing, on television, the Argentinian flag, endless military parades and military songs, instructions to stay home, ongoing reports about the elimination of “guerrilla terrorists” and the following questions directed at their parents: “Do you know what your child is doing right now?” “All these military men show off and the speeches of Vidella all looked very Nazi”, recalled Mariano (#13, 3.b.i line 452-461, p. 12, Mariano). What most participants remembered from these broadcasts was the clear division between the “Good”, the Junta, and the “Bad”, the “dangerous” people and “terrorists” who were against the Junta and therefore deserving of persecution and death. Most participants who were still in Argentina at the time also remembered the daily broadcasts of the 1978 World Cup games, as all schools were closed during that time.

“How can a person hide in a refrigerator for a whole week?”

All participants said that stories about people who disappeared or were arrested and tortured began to be common knowledge. However, it seems that in the cases of children whose family members were political activists, the exposure to these stories was more personal, tangible, intense and vivid, as they often knew the subjects of the stories and at times were close with them. Nadia remembered a family story about a cousin who successfully escaped from Argentina after leaving her son behind. Fabian remembered a story about a 20-year-old family relative who was kidnapped and the family's unsuccessful attempt to buy his freedom. Daniela remembered the story of her aunt, who was caught by police and later tortured and put on the “death flights”. After Sofia mentioned stories that she heard about her brother's torture and about his terrible living conditions in prison, while sobbing, she then recalled the story about her childhood friend's father who was executed in front of his family in the washroom of their house. She then continued to tell another story about a family friend with whom they used to travel on family vacations, and who was found hanged on a tree in the town square.

Some of the impact that these stories had is illustrated in Francisco's description, who was sitting as a child at one of his parents' meetings with guerilla activists:

I hear the adults talking about bodies of friends who got killed and about other ones who were missing, and it was very interesting for me to listen, although as a 10-year-old I did not always understand what they were saying. For example, they talked about this woman who now needs a place to live and a job, after she had to hide for a whole week in an abandoned refrigerator at a gas station...and I remember this very well, because as a child it really bothered me: How can a person get into a refrigerator and stay there for a week? I mean, how did she manage with all that ice there? It bothered me a lot (#12, 3.b.i. line 446-461, p. 12-13, Francisco).

5.4: The subjective child experience of the traumatic event

In this section, participants described their subjective way of reacting emotionally to the traumatic political events as children, as well as the psychological and behavioral strategies which they used at that time to cope with it. Knowing how participants responded to traumatic events during the dictatorship as children, provides us with background for the impact that the childhood trauma may be having on them as adults in present day.

5.4.a: Emotional reactions.

The word used by all participants to describe their main emotional reaction during the dictatorship was "fear". Participants described themselves as anxious, as they feared the worst could happen at any time and in any place in the public, social or domestic spheres. The descriptions revealed that a component of this ongoing anxiety was a sense of helplessness and a lack of control. As put by Fernando: "The feeling is that something bad is going to happen to you at any time anywhere. This fear was always in the air. So you are constantly in a state of high alert" (#15, 4.b lines 395-402, p. 10, Fernando).

Although the elements of ongoing fear and anxiety seem to have been shared by all participants, it appeared that in the case of participants whose parents were political activists, the fear and anxiety were more concrete given the constant worry about the possible capture of their families and their personal familiarity with other people who were captured. For example,

Daniela described a dynamic in which the feeling of fear became greater over time due to the increasing frequency of anxiety-inducing events: “It is when the fear reaches a point that it paralyzes you, that you feel it in your body” (#8, 4.b line 351-366, p.10, Daniela). The anxiety-inducing events included hearing police sirens approaching her parents’ house and feeling that at any minute the house might be raided and her family arrested.

Some participants also described a profound feeling of sadness and mourning, which at times was related to the loss of people they had personally known. For example, Sofia spoke about the people she knew in the communist party who were killed: “it is very difficult because these people were the closest people in my life. My siblings and I used to call them ‘uncles’...Yes. We were all like a big family (#7,7.b.iv line 438-443, p. 11-12, Sofia).

In some cases, the element of loss and mourning was also manifested not only through the necessity of leaving behind close friends and family members when escaping to Israel, but also with the inability to say goodbye, given the risky circumstances. As put by Daniela, “I went back to school for just one day before leaving, and during that day I had to fake it throughout the day when I really knew that I would never see my friends again. It was horrible” (#8, 4.g, line 746-755, p. 20, Daniela).

Feeling guilty was another identified reaction to the traumatic events. For example, Fernando remembered how guilty and responsible he felt when his father was arrested, even though his father was not politically involved in the resistance: “you think: maybe I have done something wrong, maybe I made him upset and he is angry, and this is why he is not coming back. Only after several years I managed to understand what had happened there” (#15, 4.b, line 296-303, p. 8, Fernando). Another source of guilt was when innocently revealing to strangers information that should have been kept as a secret. For example, Sofia described an event where she innocently revealed her home address on the day that the military closed their school and sent all the students home:

I was terrified. I should have told my mother: ‘Mom, we need to be careful now because I opened my mouth’. Right? But I didn’t tell her. I didn’t tell her [...] I didn’t know how to keep a secret. It bothers me a lot because when I was young I talked a lot (#7, 4. b line 532-626, p. 14-16, Sofia).

A further source of guilt was the immigration to Israel, which for some participants meant the abandonment of other family members and friends. As will be shown in the next chapter, the

fact that most participants had to keep their escape to Israel a secret increased their guilt, given that there was no opportunity for them to explain their actions or even say goodbye to the loved ones they left behind.

5.4.b: Psychological and behavioral defense strategies.

The participants described several psychological defense strategies. The first was *rationalization*, which was built on the simplistic propaganda narrative presented by the media: the fight of the “good guys” (the Junta) against the “bad guys” (the guerilla forces). As described by Lorenzo: “There was a saying that ‘if someone was abducted and disappeared then he/she probably did something bad’,” explained Lorenzo, “so believing it calms you” (#4, 4.a, line 381-387, p.10, Lorenzo). In contrast, participants whose parents were political activists experienced an understanding of the political situation, and which factions were “good” or “bad”, that was the inverse of those described above. Rationalizing the complex political situation as “good versus bad” triggered some of the children’s imaginations. As illustrated by Mariano : “I remember imagining myself getting into these hero characters and shouting: ‘we will fight against the *subversivos!*’” (# 13, 4.c, line 483-487, p. 13, Mariano).

Another psychological coping strategy was looking at the entire stressful situation as one big exciting game or *adventure*. Lorenzo described it as “participating in an action film on TV with shooting and all that” (#4, 4.c, line 430-434, p. 11, Lorenzo), and Gabriela described how exciting it was for her and her friends to arrive at different secret locations for their music lessons every Saturday until the music teacher disappeared: “for us it was very exciting, like a hide and seek game (#1, 4.c line 273-299, p. 7-8, Gabriela). Francisco, whose parents were also political activists, remembered how as a child his parents organized many “birthday parties” for him at their house which were actually covers for guerilla meetings: “each time a lot of ‘aunts and uncles’ came to our ‘birthday parties’, brought us a lot of presents, and after that, they went to hide in the woods” (#12, 3.a.i & 3.c.i., line 903-906, p. 25, Francisco).

The third psychological coping strategy identified is *normalizing the abnormality*, adjusting to the stress of the situation, and accepting it as routine. As explained by Tomas: “it is like when there is a siren because of missiles that were shot from the Gaza strip to Israel. All the kids know that they should run to the shelter. It's like this, it's part of life (#14, 4.f, line 105-107, p. 3, Tomas).

Also, it is interesting to see that while all participants experienced anxiety, some of them also described *a sense of safety and protection* due to their parents' protection and their lack of mature understanding or awareness of the political situation. As put by Mariano: "We were living inside a bubble, we were wrapped in cotton wool, we did not know anything about what was going on[...] And as a child you are interested in things that are more interesting for kids" (# 13, 4.e, line 105, p. 2 & line 496-502, p. 13, Mariano).

When examining the various behavioral defense strategies exhibited by the participants, one could make a distinction between behavior that was encouraged by parents (whether in verbal or non-verbal form) and behavior which was self-imposed after being created by the children themselves. Strategies imposed by parents included not going out at night, never going out alone during daytime, making sure not to join a group large enough to attract attention, never volunteering information, lying when necessary, destroying incriminating material such as phonebooks and banned books, not interfering when witnessing an event and carrying an identification certificate at all times.

One of the most prevalent behavioral strategies mentioned time and again by all participants was the need *to keep one's silence*. "Not talking about it," explained Valentina, "was a way for us to survive" (#2, 4.g, line 240-258, p. 7, Valentina). As Fernando put it:

You need to be careful whom you are talking with, and how you talk and who you celebrate with and what you celebrate. Because, if you are not careful enough, they will come and take you and your family and your parents. Scary (#15, 4.g, lines 305-313, p. 8, Fernando).

Some participants described a situation where the children were instructed more directly by their parents to behave in ways that would not risk their lives by being silent, yet were not given an explanation of the reason behind it. Information regarding family members who disappeared was handled similarly. As described by Laura: "My parents always talked between them in clues, in codes, in half sentences. Nothing was said specifically, but we knew it anyways, because we felt it, that there are people who we cannot trust" (#10, 5.b line 536-544, p. 14, Laura).

Another common defense strategy that was mentioned by some participants was *to keep a low profile*. The phrase participants often mentioned was: "*no te metas*" – which means, as described by Mariano:

It means: stay out of it, do not interfere. This message was more than words [...] I knew that I should keep away from anything that is close to politics, because it is dangerous, and because the ones who are politically involved are *subversivos*, and that the *subversivos* are the bad guys (#13, 4. g & line 515-524, p. 14, Mariano).

Laura described her experience of keeping a low profile:

The only thing to do in order to survive that hell”, explained Laura, “was to live as if we stopped existing. My dad told me: ‘You should finish school making sure that your teachers will not remember your name, be average. Don’t fail and don’t excel’, which was what I did exactly (#10, 4.g., line 84-125, p. 3-4, Laura).

Francisco described another way of surviving by ceasing to exist; he described that when walking in the streets: “in Argentina, we have learned since we were very young the art of walking in the streets without being noticed by the police and the secret services” (#12, 4.g, line 882-891, p. 25, Francisco).

In addition to the above, participants whose parents were politically involved in resistance organizations were instructed not only to keep silent but also *to lie about various things, including their real identities*. As put by Daniela:

All the time you need to play a show that you are someone else, to keep the family cover story...it’s a feeling that you can’t really be yourself, so you can’t really participate, and you can imagine that it was not only me, but everyone at school (#8, 4.g, line 397-626, p. 12-17, Daniela).

This is how Sofia described a similar experience, the way that, as a child, she used to toggle between her false identity at school and her real identity at home: “I lived in two worlds: I had my friends from school and my friends from my neighborhood, and there is no connection between these two worlds” (#7, 4.b, line 553-577, p.14-15, Sofia).

Participants also described ways in which they managed to protect themselves in cases when there was no adult around to do it for them, such as when coping with anti-Semitism at school. Laura described how her “imaginary invisible curtain” protected her soul from verbal abuse, and Fernando explained how using his father’s advice and reading wisdom quotes in magazines like “silence is also an opinion”, helped him to resist his bullies on the school bus in a non-violent way. Later on, Fernando stopped taking the school bus, after proving to his parents that he was independent enough to take a regular bus to school.

CHAPTER 6: FINDINGS II:

Participants' experiences as immigrant adults in Israel

This chapter will focus on participants' experiences from the time they immigrated to Israel to the present day. I will start with the participants' descriptions of their immigration experiences, including the various circumstances under which they immigrated and their varying experiences during the transit phase. This will be followed by a brief description of their social adaptation in Israel. I will then continue with the main section of this chapter, which covers the negative and positive long-term effects of participants' traumatic childhood experiences on their behavioral and emotional reactions in the present.

6.1: “We had nothing to lose”: Participants' immigration to Israel

This section will include participants' descriptions of the various circumstances which led to their immigration to Israel. More specifically, this section presents a distinction between the immigration circumstances of participants who had to escape from Argentina during the dictatorship following their parents' involvement in the resistance, and participants who chose to immigrate to Israel due to ideological, financial and other reasons. Participants' descriptions will specify how the decision to immigrate was made (and by whom), and the experience of some of them during the transit phase.

6.1.a.: Immigration circumstances.

Findings show that there was a difference between the immigration circumstances of participants whose parents were political activists involved in the resistance and participants whose parents and families were not politically involved.

The latter's reasons for immigrating to Israel were mostly ideological (having Zionist beliefs), at times financial (due to the economic crisis in Argentina) and also related to anti-Semitism (e.g.: the two terror attacks: on the Israeli embassy and AMIA, the Jewish community building, during the 1990s). In contrast, in the cases of those whose families were politically

active in the resistance, immigration to Israel was solely due to the necessity of escaping from a concrete threat to their lives.

Another difference between the two groups is that in the cases of those whose reasons for immigrating were financial or ideological, the decision to go to Israel was made by the participants themselves, mostly during their late teens or early twenties, while in the cases of forced immigration the decision was made by their parents.

Financial reasons for immigrating to Israel were strongly related to the economic crisis in Argentina in 2001. As put by Manuel: “we saw that there is no horizon in Argentina [...] you reached a stage in which it’s getting out of there, or you will miss your last opportunity” (#11, 6. a, line 60-68, p. 3, Manuel).

Participants who decided to make *Aliyah* for ideological reasons seemed to have been prepared for this move for a long time, dating back to their participation in Zionist youth movements in Argentina as children and young adults. Some of them even visited a kibbutz for a couple of months in journeys organized and sponsored by Zionist youth movements like *Tapuz* (“orange” in Hebrew) or visited family members who had already made *Aliyah* to Israel in order to obtain as much information and make as many contacts as possible to help later on. As put by Fernando:

It was always my dream to make *Aliyah* and it was just a question of when. My dream was to serve in the Israeli Military and to raise my own family in Israel. I have always seen Israel as my homeland. [...] So after all what I went through during the dictatorship, compounded with the terror attack on the Israeli embassy and AMIA [Fernando's sister was nearly killed in the terror attack on the AMIA building in 1994], and the bad economic situation, it was clear to me and to mother and my sister that we should make *Aliyah* to our homeland (#15, 6.d, lines 134-143, p. 4, Fernando).

In contrast, participants whose parents were politically involved in the resistance described an even more complex process which involved a fundamental ideological dilemma. Some participants' parents who were anti-Zionists perceived Israel as “fascist”, meaning that escaping to this state would go against their ideology. At the same time, the fact that Israel had managed to keep a bilateral relationship with the military Junta during the dictatorship actually provided a good chance for these anti-Zionist Jews and their families to safely escape from Argentina. This complexity was illustrated by Francisco:

Later I learned that my parents had a dilemma about going to Israel because it is a Zionist state, so most of the political refugees went to Sweden (#12, 7.b.i line 292-305, p. 8, Francisco) [...] But eventually my parents assumed that it would be safer going there [to Israel] because of the collaboration between the Zionist state with the military regime (#12, 7.b.i line 874-876, p. 24, Francisco).

6.1.b: Aliyah and teenage rebellion.

In some cases, participants' own decisions to make *Aliyah* caused some conflict with their parents and eventually became symbols of independence and rebellion, as illustrated in the story of Laura:

It was good for me to get away from my parents because they were overprotective all my life, and there was no option to go against my father. I missed them a lot but it gave me a great opportunity to be by myself, to build my independence, to build myself, to think what I really wish to do, and to do what I want (#10, 7.b.iv & 13.c line 626-633, p. 16, Laura).

In other cases, participants received the permission and blessing of their parents, especially when their decision was made to avoid being drafted into the Argentinian Military, as illustrated by Lorenzo's story:

When the Falkland War had begun, I panicked, because it was clear to me that if I am going back to the military I will for sure commit suicide. On the other hand, my mother was at that time struggling with cancer, so how could I leave her behind? But my mom said: 'If I live or die, it will not change a thing. You are 19 years old, you need to live your life, what is happening here is beyond our control. I do not want you to die in the military service. You need to get out of here. Get out of this fire. Go to Israel' (#4, 6.a & 6.d, lines, 129-138, p. 4, Lorenzo).

6.1.c: A groom suit and a wedding ring for a fake bride in Uruguay.

The immigration transit phase experienced by participants who escaped to Israel during the dictatorship was usually sudden and involved immense uncertainty and high levels of stress. In some cases, it was necessary to bribe Argentinian officials and to use fake passports to transfer

their families to Israel after going through a third country. Lorenzo described how, following the Jewish Agency's instructions, he had to pretend that he was going to get married in another Latin American country: "I had to travel to Israel through Uruguay while wearing a groom suit and carrying a wedding ring" (#4, 6.c.i & 5.a, line 140-148, p. 4, Lorenzo).

For participants whose parents were political activists, the journey to Israel involved various obstacles, life-threatening situations and the necessity of secrecy before and during the trip. This was illustrated by the following stories. Daniela remembered how, suddenly, one day, after her family had to leave their home, they all arrived at the Jewish agency in another city: "our parents asked us to come back to school as if we were on vacation and not to tell anyone anything about us leaving to Israel the next day...I also remember that we were advised to use fake passports" (#8, 6.c.i, line 120-134 p. 4, Daniela). Daniela explained that the brief return to their home, despite the explicit threat on their lives by the Junta, was for the purpose of reducing suspicion, which enabled them the next day to escape to Israel. Francisco described a similar stressful experience involving urgency and the secrecy: "we could not say goodbye to anyone except a few close friends of my dad and my grandfather who came with us to the train station" (#12, 6.d & 6.c.i, line 511-547, p. 14-15, Francisco).

6.2: Social connections and disconnections after immigration

In the interviews, most participants described their social support networks after their arrival in Israel as including their nuclear family, extended family and friends in both Israel and in Argentina. At the same time, other participants described their decisions to socially disconnect themselves from family members in Israel, other Argentinian immigrants and Israeli society as a whole.

During the pre-social media era, long-distance calls and even faxes were very expensive, and it took weeks for letters to arrive at their destinations. Still, some participants described the great efforts they made to maintain their connections with their family members who remained in Argentina. This could be seen in Gabriela's experience:

When my mother used to call me, she only had to hear the tone of my voice to [make the decision that she should] land in Israel two days later. Then she would stay with me weeks and even months, helping me with the baby (#1, 7.b.iv, line 414-431, p. 11, Gabriela).

Some participants described a strong connection with their family and relatives in Israel, crediting them with helping their integration as newcomers, while others testified that the support given by these relatives did not meet their expectations. Other participants described a lack of support from their parents given the adaptation difficulties their parents were experiencing themselves. As put by Francisco:

You need to take care of yourself because you do not have parents who can understand what is going on...I was angry at them because they stopped taking care of me...both of them worked very hard [in Israel] and didn't have time for me like they used to have [in Argentina]. At some point I even faked that I was sick, to get some attention (#12, & 7.b.v, line 620-638, p. 17, Francisco).

Another topic raised by several participants was their decision to disconnect themselves from other Argentinian immigrants for various reasons. Several participants mentioned that this social division was based on the immigrants' cities of origin. Participants who originated from small cities or rural areas in Argentina perceived those who came from Buenos Aires as “snobs” and therefore avoided initiating social contact with them.

Other participants explained their decisions to avoid contact with any Argentinian immigrants in Israel with reference to the idea that maintaining Argentinian culture in Israel would be an obstacle for their cultural adaptation. As explained by Pablo: “maybe this is the only way to integrate yourself in a new place: you need to leave the other thing behind. It took me many years to reconnect to the Argentinian in me” (# 6, 13.c, line 479-484. p. 13, Pablo). Gabriela took it even further by not only disconnecting herself from other Argentinians in Israel, but also ceasing to speak Spanish: “after coming to Israel, for 28 years I did not speak Spanish, not a word. Not even with my kids. Nothing!” (#1, 8.d, 7.b.i line 641-653, p. 16-17, Gabriela).

In the cases of participants whose families were associated with the resistance movements, there was an additional reason for division within the community of Argentinian immigrants, namely the different political ideologies held by various immigrants and their lack of trust in each other. This topic will be further explained later.

In contrast, some participants chose not only to be in contact with other Argentinian immigrants, but also to live among them. For example, Tomas and Fernando chose to live in “Argentinian kibbutzim”, most of whose members were Argentinian immigrants. Ten out of fifteen participants also chose spouses who were Argentinians (Manuel, Valentina, Fabian, Victor,

Laura and Sofia already knew their spouses in Argentina, while Pablo, Fernando, Tomas and Francisco met their Argentinian spouses in Israel). Participants who married Israeli natives (Gabriela, Mariano, Nadia and Mariana) said that, in a way, their Israeli spouses became their ticket to social acceptance among Israeli natives. At the same time, participants like Fabian and Valentina, who did not find themselves connected to either Israeli society or to other Argentinian immigrants, suffered from social isolation:

We have never had many friends in Israel [...] it is especially hard when there is a crisis. For example, we had some medical crises with the kids, and you are very alone. No money, no car, no friends in a foreign place (#3, 7 .b.v, lines 309-388, p. 10-12, Fabian).

Valentina described a similar experience:

I really tried, but there is still this big hole of loneliness. I have [in Israel] only one friend who is not Jewish, and sometimes we have coffee together or talk over the phone. All my true friends are over there [Argentina...]. As for finding friends over here, I already gave up trying (#2, 7.v, line 328-349, p. 9, Valentina).

6.3: Various long-term negative representations of traumatic childhood memory

Participants' narratives illustrated not only the various ways in which their traumatic childhood memories left detailed sensory imprints (Chapter 5), but also the long-term negative impact, on their present-day lives. The following two sub-sections will explore some of these negative long-term impacts through the identification of participants' present-day behavioral and emotional reactions as adult immigrants, based on participants' descriptions. The third sub-section will provide additional information about the long-term negative representations of traumatic childhood memory in the present day, following my observations conducted before, during and after interviews.

6.3.a: Participants' behavioral reactions in present time.

This section will look at participants' behavioral reactions identified in present day: "Keeping the silence"; "Living in survival mode"; "Perceptions of the Israeli security forces";

“Fundamental lack of trust”; “Reactions to the political situation in Israel”; “Coming back to the scene of a crime (Argentina)”.

Keeping the silence: “multiple identities” and “cover stories”.

As shown in the previous chapter, one of the behavioral defense strategies employed by participants during the dictatorship was the use of extreme caution regarding who they spoke to and what information they revealed. It seems that the participants used the same strategy in their adult lives.

The need to maintain silence factored heavily into the suspicion and lack of trust some participants felt toward other Argentinian immigrants who had made *Aliyah* for Zionist reasons before the dictatorship. This is illustrated in Daniela’s testimony regarding how her childhood defense strategy of sustaining a double life continued even after her immigration to Israel:

[In Israel] I would totally hide those parts of my childhood in Argentina, and at some point, if they would ask, then I would lie that I was in a Zionist youth movement like they were, and things like that [...] We felt that no one should really know why we ended up in Israel, that we cannot tell the real story. Even my high school friends in Israel did not really know [...] During the time when we received all the bad news from Argentina, I had to keep it all to myself. I could not share it with anyone outside of my family [...] We continued these two identities even here, in Israel [...] You know what is terrible? That to this day whenever I meet Argentinians and we start to talk about ‘that,’ I immediately ask them what year they immigrated to Israel, so I will know to which of my stories they belong (#8, 14.b, line 555-807, p. 15-22, Daniela).

According to participants’ descriptions, another reason for keeping the silence was rooted in Israeli society’s lack of interest in hearing the life stories of Argentinian immigrants, especially regarding their childhood experiences during the dictatorship. Instead, some argue that Israeli society has preferred to hold on to its stereotype of Argentinians as “happy people.” As explained by Francisco:

In Israel we have been perceived as nice people who have the names of telenovela actors, who speak Hebrew with a rolling ‘R’. Our past hasn’t been of interest to anyone... No one in Israel cared about what happened over there [in Argentina] [...] Israelis imitate our

accent. They talk about soccer and BBQ with us (#12, 13.a, line 878-938, p. 24- 26, Francisco).

“First I need to survive, only then to live”: Living in survival mode.

Even more than four decades after the military dictatorship, most participants expressed the need to be mentally and physically ready to face the worst. As put by Pablo, “I tell my wife that when you prepare yourself for the worst, then at least you don’t have surprises when something bad happens” (#6, 14.i line 719-735. p. 19, Pablo). Waiting for the worst to come meant living with constant fear that what has happened may repeat itself, and that at any given moment one should be ready to defend oneself or escape in order to survive. Participants’ descriptions demonstrated the ways this method of survival has been implemented. This constant living in survival mode, is illustrated through Lorenzo's description below:

When I came to Israel, I said to myself that first I need to survive, only then to live. Just like my grandfather [a Holocaust survivor]. And once I need to survive, my decisions are very black and white. And it is exactly what happened with my job, and with my relationships [...] You take decisions that are for life or death, because you need to get out of there alive. Period (#4, 14.i line 742 -753, p. 19, Lorenzo).

Even Fernando, a family man who had a career in the Israeli military and who seemed to be in a much better place than many of the other participants, said that he cannot trust anyone: “I always have this sentence saying that, if I do not protect myself, no one else will protect me...and I really believe in it, that you cannot count on anyone” (#15, 14.i, lines 601-610, p. 16, Fernando).

The degree to which participants live according to their survival mindset was also manifested in a very tangible habit: having one's passport, identification certificates and other important personal belongings on hand at all times. Some participants took this a step further and still did not leave their homes without carrying a survival kit, as illustrated in the case of Lorenzo:

To this day, every time I leave my house I carry with me a survival kit [opens a heavy, over-stuffed black bag with multiple pockets] [...] My friends ask me, ‘Why do you need to take all this with you all the time?’ Why? Because. Because in Argentina, from the age of 10, you are used to never leaving home without your ID, keys, and this and that, in case

the military catches you and you will never come back home. So you are making a list not to forget, and you begin to live the rest of your life according to this list, and it becomes a habit [sighs] (#4, 14. lines, 233-248, p. 6-7, Lorenzo).

The high level of sensitivity about having one's personal documents accessible at all times was explained not only by the fear of being caught by the police or the military, but also by the potential need to escape to another country. This is how Nadia described her experience at the immigration office in Israel:

At the [Israeli] immigration ministry they took my passport, which is something really bad because in my family we used to sleep with our passports hidden under the pillows in case we need to escape [...] I knew that it had to do with immigration regulations, and it's not that you were not given back your passport when going on vacation, but for me it felt horrible because I need to have my passport with me at all times (#5. 14.c line 577-583, p. 16, Nadia).

From fear to admiration: Perceptions of the Israeli security forces.

One prominent topic raised by all participants was their perception of the Israeli military and police in Israel. On the one hand, participants described a fixed perception, lasting from their childhood through to the present, that the security forces in Israel were dangerous. On the other hand, some participants had always seen the Israeli security forces in an idealized way. A third group of participants described a shift in their perception of Israeli security forces over time, at first perceiving them as dangerous and later seeing them in a positive and unthreatening light.

Perception of the Israeli security forces as dangerous.

Some participants described how in the present day they continue to associate the Israeli forces with the ruthless nature of the military and police forces in Argentina during the dictatorship. These participants described being anxious whenever and wherever they happened to see or encounter Israeli police officers or soldiers in the streets. Given that, in Israel, the presence of police officers and armed soldiers in the streets is very prevalent, participants expressed daily feelings of fear and avoidance. As described by Nadia:

Each time when I see a police car I go the other direction. This is my reaction. It is like an instinct that you acquire...I experience this fear daily...I have the instinct that says that I

need to get away; I mean I can really get into an anxiety attack because of it (#5, 14.a.i.2, line 387-487, p. 11-13, Nadia).

The fear of anything having to do with the military also caused Nadia, Laura and other participants to find a way to avoid the compulsory service in the Israeli Defense Forces (IDF) required of each Israeli citizen. Some of them declared themselves to be pacifists (e.g.: Nadia) and others, like Lorenzo, managed to be exempted from service in the IDF after seeing a psychiatrist. Other participants, like Pablo, managed to postpone their service in the IDF by maintaining their temporary residence status and only obtaining their Israeli citizenship later on, when they felt emotionally ready to be drafted. Even then, being drafted was not an easy experience. As explained by Mariano: “I hated every minute of it... Each time I was getting into a big depression. I think that it is linked to the dictatorship in Argentina” (#13, 14.a.ii, line 724-747 p. 19, Mariano).

Admiring the IDF.

While some participants experienced fear and avoidance of the Israeli military, others managed from the very beginning to separate their negative experience with the Argentinian security forces from their feelings about the IDF and looked at the IDF in a positive and idealistic way. Participants explained various reasons for this positive perception. The first reason explained was that doing service in the IDF was a way for them to be part of Israeli society, as expressed by Pablo:

I knew that if I wanted to be part of this country, I do not have a choice. In almost every conversation you have with an Israeli native, the first thing they ask you is which military unit you served with in the IDF (#6, 13.c line 598-606. p. 16, Pablo).

Fernando added: “I felt that I am part of something, that I am welcomed, and that I am not alone” (#15, 14.f lines 480-492, p. 12-13, Fernando).

Other participants, like Laura, perceived the IDF as a symbol of a national pride, while making the distinction between the military in Argentina and the “people’s military” in Israel: “I knew that this is not like the military over there. And I would say to my mother: ‘You do not need to be scared of them, they are part of us. They are protecting us.’ From the very beginning I understood it” (#10, 14.a.i.1 line 440-451, p. 11-12, Laura). Fabian explained his analysis of the distinction between the two states’ militaries: “It is not like in Argentina, that one is against the

other. Over here, everyone moves in the same direction; Israel is not like a third world country” (#3, 14. a.i.1 & 14.a.ii, line 463-477, p. 14, Fabian).

Fernando not only wished to be drafted to the IDF, as a way “to give back to the county”, but also turned his military service into a career, becoming a highly-ranked officer and later a commander:

As an officer, I went through the 1st and the 2nd Intifada and I realized that this is really what I wish to do in my life: I wish to be in the Israeli military, I wish to defend my family (#15, 11.d lines 220-246, p. 6-7, Fernando).

Unconditional admiration of the IDF was also described by some participants as an important value which should also be adopted by their children, through their children’s service in the IDF. Tomas expressed pride in his children’s service: “I have two daughters who are officers and my son wishes to serve in a most distinguished unit of fighters who are on the front lines! This is how we brought up our kids!” (#14. 14.a.ii., line 238, p. 8, Tomas).

It is interesting to see, though, that while some participants idealised the IDF and perceived it as a protective institution, their positive feelings were solely towards the Israeli military, but did not extend to the Israeli police. As put by Fabian: “In Argentina I hated both the military men and the policemen, in Israel I still do not like the police. There is something in these people which I do not like. But the Israeli military is something totally different” (#3, 14. a.i.1 & 14.a.ii, line 463-477, p. 14, Fabian).

Making the shift over time: From fear to acceptance.

In contrast to participants who had made the shift in their perception of the Israeli security forces soon after their *Aliyah*, other participants experienced this shift over the years. This shift was helped, in part, by personal encounters participants had with soldiers and police officers. For example, Emanuel recalled how his encounters as a newcomer with Israeli soldiers at the immigrant center during the Gulf War gradually changed his opinion: “I then realized that, in Israel, the soldiers are not against us [laughs] [...] The same with the Israeli police” (#11, 14.a.i.1. line 150-156, p. 5, Emanuel).

This gradual shift in the perception of danger over time has been reflected in participants’ decreased anxiety levels. For example, Pablo described the shift in his great anxiety whenever he was stopped at a check point in Israel:

When a policeman in Israel would approach me, my whole body was trembling. For years, I would tremble...I would stop functioning, fearing that they were going to kill me...It took me many years to free myself from this...The shift happened when I did my service in the IDF. This was the first time that I was related to the 'green' [the uniform color that most IDF soldiers are wearing] from within. Today when a policeman approaches me, I ask him, 'Hi, what's going on?', as if I don't care. It's not the fear that I used to have (#6, 14.a.i.1 line 548-560. p. 14-15, Pablo).

Mariano's description reinforced the motif of experiencing decreased anxiety when being stopped as a check point. However, at the same time, Mariano admitted that he still avoids "looking them [Israeli security] in the eye" at checks points (#13, 14.1.a.i.2, line 687-709 p. 18-19, Mariano).

In the case of Daniela, what helped to decrease her anxiety was the explanation she received from her family relatives in Israel:

My uncles that came before us to Israel explained to us that it [IDF] is the people's military, that they are guarding us, that they are on our side. It took a long time until we understood it, that we do not need to hide when we see them (#8, 14.a.i.1, line 725-732, p. 20, Daniela).

Fundamental Lack of Trust.

Participants' descriptions revealed that lack of trust, a protective strategy often used during the dictatorship, continued to be used after participants' immigration to Israel. This lack of trust manifested in participants' attitude toward other Argentinian immigrants in Israel, toward their own family members, and toward governmental institutions in Israel. As shown later on, some participants' lack of trust also manifested toward me at the very beginning of my interactions with them.

The distrust of other Argentinian immigrants.

Participants whose parents were political activists and who escaped to Israel during the dictatorship described a fundamental lack of trust in other Argentinian immigrants. Mistrust was first directed toward Argentinian immigrants who had made *Aliyah* for ideological reasons prior to the dictatorship. As explained by Francesco:

To be a political refugee was considered to be a lot higher than just ‘a regular immigrant’ *Oleh* [...] We did not come to Israel because we wanted to, we came here because we were expelled! (#12, 7.b.i line 212-218, p. 6) [...] My parents were ashamed that we immigrated to Israel, because of all their friends who escaped to other countries and see my parents as collaborators with imperialism (#12, 7.b.i& 13.c. line 893-898, p. 25, Francesco).

This division was further explained by Daniela:

We did not come to Israel because of Zionist ideology. We did not even know what it meant to be Jewish or what Israel was like. It is as if they [the government of Israel] did us a favour, they rescued us out of there and gave us all the privileges that all the other Jewish immigrants get (#8, 14.b. & 6.c., line 329-338, p. 9) [...] In Israel, we met with these Argentinian immigrants who believed that the ones who were caught most likely did something wrong, so obviously we could not tell them our real story because it was shameful for us to mention that we belonged to that other section of people [...] We did not belong to their community (#8, 14.b line 643-661, p. 17-18, Daniela).

What Daniela described above continues in the present: “to this day, when I meet Argentinians in Israel, I need to enquire who are they, to which group they belong, so I can know if I can connect to them or not” (#8, 14. b, line 814-830, p. 22, Daniela).

Another expression of participants’ mistrust was directed even toward Argentinian immigrants who, like some of the participants, escaped to Israel during the dictatorship. This is illustrated through Francesco’s description below:

We also knew that, at the immigrant centre, there were people who were informers of the Junta, so it was forbidden for us to speak with them and to go to their homes (#12, 7.b.iv line 169-197, p. 5-6, Francesco) [...] There was also a friend of my parents, she arrived in Israel after she survived a concentration camp [in Argentina]. So people at the immigrant centre didn’t speak with her because they said that, if she survived, it means that she probably snitched on someone, even though her husband and her two kids were killed (#12, 14.b. line 882-891, p. 25, Francesco).

The same participant revealed that, in some cases, the mistrust extended to family members:

One day, when I was arguing with my father, I screamed at him: ‘If you were such an important political activist, then how come they didn’t kill you? How come you stayed

alive? How come you were not taken to the concentration camp like the rest of them?!’ I mean, in our immigration centre there was a lot of mistrust towards other Argentinian immigrants, so I included my parents in it (#12, 7.a line 220-226, p. 6, Francesco).

Distrust of Israeli governmental institutions.

Despite the fact that there is and has always been formal democracy in Israel, most participants, including Pablo, described feeling mistrust towards the institutions of Israeli government: “I have been in Israel nearly 40 years, and I still do not trust any government institutions. I will never, ever trust them, not in Argentina and not in Israel, and not anywhere in the world” (#6, 14.a.i.1, line 574-596. p. 15-16, Pablo). Daniela illustrated her present-day lack of trust through her fear that the Israeli government may follow and document her left-wing political activities:

Many times, when I participate in the activities of this political movement, when people are taking pictures of us, my immediate instinct is that I need to be careful and not to be in the frame, because they are taking photos to later be used by them.

Researcher: Who is “they”?

The government, whoever will pursue me later (#8, 14.b line 351-366, p. 10, Daniela).

Reactions to the political situation in Israel.

Interviews also revealed the intersection between participants’ past trauma in Argentina during the dictatorship and their behavioral reactions to the ongoing political instability in Israel.

Mentally ready to escape from Israel.

In Nadia’s case, a desire to leave Israel was still triggered by her anxiety regarding the extensive presence of armed soldiers almost everywhere in Israel and her fear of a military coup.

Logically I know that the weapons that the Israeli soldiers are carrying are not pointed at us [Israelis] but at others. But one can never know if one day they will point these guns at us. So it scares me to wait for it to happen again (#5. 14.a.i, line 677-845, p. 19-22, Nadia).

Nadia was not the only participant who expressed her present fear of a coup in Israel. For Daniela, the instinct to flee Israel was especially tangible after the 1977 Israeli elections and the rise of the right-wing national liberal party *Likud*⁴:

I remember my mother grabbing her head and saying: ‘This is the end, fascism had come to Israel too!’, meaning that we need to escape again because for sure it is going to get bad [...] Since then, I remember I kept asking my father: ‘Dad, how can you know when it’s time to escape to another country?’ (#8, 14.d, line 877-897, p.24, Daniela).

The imbedded anxiety that what happened in Argentina more than four decades ago is about to happen in Israel was also shared by Gabriela:

If I look at what is happening politically in Israel”, she said “I can see again the Argentinian mechanism before it became dictatorship [...] It is a déjà vu. I am not sure if I will be able to end my life as an old person in Israel. I am not sure (#1, 14.a.i, line 509-519, p. 12, Gabriela).

The same participant described how her urges and fantasies about leaving Israel felt very real, even though they never reached the point of materialization:

I had this imaginary ritual in my mind: I come back home from work and I pack a suitcase, then I take my child from the kindergarten and, without telling anyone, both of us leave to the airport. This is what I had in my mind every single day for a long time (#1, 13.c, line 379-412, p. 10-11, Gabriela).

Another element which triggered some participants to want to leave Israel was the feeling that the Middle Eastern conflict was putting them and their children at risk, as reflected in the description of Nadia:

I remember telling my ex-husband explicitly that as soon as we have missile attacks from Gaza, I am taking the kids and we are out of here. That this would be my red line. Then in the last war, it actually did happen. We were hit with a few missiles [...] It gives you a lot of stress, and I don’t really know if there is a way to deal with it (#5. 16.d, line 806-831, p. 21-22, Nadia).

Daniela compared the decision her father made to escape Argentina to her “instinct” to escape from Israel and save her children:

⁴ *Likud*’s victory in the 1977 elections was a major turning point in Israel’s political history, as it was the first time the left lost power. For the majority of the period spanning from 1977 to the present day, the *Likud* party has held control of the government.

When I hear the sirens during wartime, it doesn't matter that my husband explains to me that we are safe sitting in the shelter [...] It is the same old experience of having a paralyzing fear...and all the time there is this thought about when to escape. It is always with me, exactly like my father, who left Argentina at the last minute and saved all of us because he had good instincts. So a lot of times, I feel the same. I keep asking myself if we should escape from Israel, because maybe it is not safe for the kids (#8, 14.d, line 368-394, p. 10, Daniela).

Coping with political stress in Israel.

In contrast to the above, other participants argued that they have found the way, and the strength, to cope with the daily political stressors in Israel. For example, Sonia learned how from her colleagues at work:

During the last war with the Gaza Strip [“Operation Protective Edge”, July 8th - August 26th 2014], it was very difficult for me. Each day on my way to work, I would hear the news about our soldiers who were killed the night before [sighs]. So when I arrived at work with a heavy heart, I asked my Israeli colleagues: ‘How can you continue to work after hearing the news?’ So they replied: ‘you just do. You continue to live.’ So, slowly, I have learned how to do it. So I had to learn how to live with it, but it is still very difficult for me (#7, 14.i, line 850-969 p. 24-25, Sonia).

On top of learning how to cope with the immense ongoing stress resulting from the Middle Eastern conflict, some participants also had to face further pressure from their families and friends in Argentina who kept asking them to leave Israel, especially during wartime. Yet what kept them in Israel was a strong sense of belonging and “Israel's charm”, as expressed by Laura:

[During the Gulf war], we followed all the instructions they gave for civilians, so I felt safe, that we were protected, that when it would be over we would just move forward. I can't explain it, but I fell for the charm of Israel (#10, 13.c, line 277-438, p. 11, Laura).

Mariano also defended his decision to remain in Israel, despite the fact that he witnessed the shooting of former Israeli Prime Minister Yitzhak Rabin in Tel-Aviv as well as a suicide terror attack on a bus: “it has never brought me to regret that I came to Israel or made me wish to leave it. Nothing of the sort. Israel is where I belong” (#13, 13.c, line 767-777, p. 20, Mariano).

Furthermore, Gabriela, who, as mentioned earlier, had a detailed daily fantasy of leaving Israel during her early years as an immigrant, eventually chose to permanently reside in an area in Israel which is often the target of missiles: “I am not going to move from my house [...] We are staying here and nothing will change it” (#1, 16. h, line 580-598, p. 15, Gabriela).

In Daniela’s case, even though her “instinct” told her to escape from Israel, she admitted that she was emotionally unable to do it:

Since what I had to go through with my parents [in Argentina], with all the many times we had to escape from one place to another, parting is has been very traumatic thing for me throughout my life. So I have reached a point where I do not wish to depart from anyone anymore (#8, 14.f & 14.i, line 746-755, p. 20, Daniela).

Coming back to ‘the scene of a crime’ (Argentina).

It seemed that the pressure put on participants by their families and friends in Argentina to leave Israel during the war and return to Argentina failed to convince them, not only due to their strong emotional connection to Israel, but also because all participants were hesitant to even visit Argentina, let alone go back to living there. Most participants expressed feelings of discomfort and even anxiety when visiting Argentina as adults. In a sense it seems that, for them, going back to Argentina, even as visitors, was like going back to a crime scene, a place where they may re-experience their childhood trauma. As put by Tomas: “whenever I arrive in Argentina, I feel a great fear. I feel the need not to speak, not to tell anyone anything so no one would hear” (#14, 14. b. line 97-99, p. 3, Tomas). Lorenzo admitted that when visiting Argentina he even avoids going out in the streets: “I try not to go outside [...] All the memories that I had about the military haunted me over there. I would see a policeman in the street and feel that I need to run away” (#4, 14.e, lines, 160-194, p. 4-5, Lorenzo).

When some participants compared their levels of safety in Israel and in Argentina, they argued that, despite the ongoing political instability in Israel, they feel much safer there than in Argentina. As explained by Pablo: “it’s true that Israel is not Switzerland, but even with all the wars and the Intifada, I feel much safer in Israel than in Argentina. In Argentina I am very scared, even today” (#6, 14. e. line 609-621. p. 16, Pablo).

In contrast to the above, Mariano was the only participant who had a somewhat different experience when visiting Argentina, given the context of his visit: providing a workshop to

Argentinian policemen about radical Islamists: “I am standing there and saying to myself that this is the best revenge ever” (#13, 14. e, line 329-335, p. 9, Mariano).

6.3.b: Participants’ emotional reactions in the present day.

This section will look at the way participants’ childhood traumatic memory manifests through their emotional reactions in the present day and will include the following: The experience of flashbacks; shame and guilt; anger; psychological alliance with the oppressor; denial and minimizing the traumatic memory and belief in the “damaged self”.

Flashbacks.

Participants were able to illustrate the long-term impact their childhood experiences have had on their adult lives in various ways. For example, Pablo described how experiencing flashbacks from his childhood during his training as a candidate for the *Mossad* (the national intelligence agency of Israel) actually changed the course of his life:

During one of my training exercises as a candidate, the trainers intentionally treated me brutally as part of my ‘interrogation’. The purpose of this exercise was to see if I would ‘break’ and give away information if caught during a real mission. So during their ‘interrogation’, I had a big flashback from the time that I was arrested as a kid by the Argentinian police... [nervous laughter] I have been carrying this memory for many years and it suddenly appeared. So obviously I revealed to my trainers during this ‘interrogation’ all the information. And I mean everything. So they immediately stopped this exercise [...] It was already 2 or 3 AM, I was totally alone and very confused, and it took a long time until I was able to slowly pull myself together. Later, I was told that I would not continue as a candidate for the Mossad (#6, 14.a.i.2, line 562-792. p. 15-21, Pablo).

Shame and guilt in the aftermath of the dictatorship.

One of the main emotional reactions expressed by some participants is the feeling of guilt. An example of guilt transferred from childhood to adulthood can be seen in Sofia’s guilt about innocently disclosing, as a child, “secrets” about her home address and the arrest of her family members to others. Sofia’s feelings of guilt for talking “too much” were so great that, even

decades later as an adult, Sofia felt the need to “confess” to her family members about that childhood event. In addition, Sofia admitted that, she still warns her friends not to share any of their “secrets” with her because she cannot be trusted.

Another type of guilt which started during childhood and continued years later is related to participants’ immigration to Israel during the dictatorship. As mentioned earlier, many participants felt guilty for leaving their family and friends behind in a time of crisis. The secrecy around their escape increased their guilt, which stayed with them years after their immigration to Israel. As illustrated by Daniela: “My perception was that whoever adapts to Israel is a traitor [...] I had a feeling that I betrayed” (#8, 14.h, line 521-635, p. 14-17, Daniela).

A different type of guilt was linked to the on-going post-dictatorship exposure to further information about past human rights. This exposure was accompanied by the capacity to fully understand and process the meaning of the information as adults. Some participants described having feelings of guilt for not being able to fully comprehend their situation as children, for unknowingly collaborating with the dictatorship and for not doing anything to stop it. For example, Pablo described his feelings of guilt for celebrating the 1978 World Cup in the streets with millions of other Argentinians. Valentina described her feelings of guilt for not doing anything, as a child, when hearing the screams of people being tortured when passing by one of the concentration camps and Fabian described his feelings of guilt for not joining the resistance. During the interview, some participants tried to rationalise their guilt. Mariano, for example, explained why he did not know until many years later that he grew up next to a concentration camp: “we never heard any screaming, nothing [...] How could I have known? No one spoke with me about it. Not even my parents” (# 13,14.h line 397-524, p. 11-14, Mariano).

Anger.

Participants’ gradual understanding, in adulthood, of the full extent of what really happened during the dictatorship, along with the information that was revealed over the years through the testimonies of both victims and perpetrators, triggered rage and anger. Some of the anger could be identified as an “old anger”, related to specific traumatic experiences that participants went through during their childhood, such as abuse or a traumatic events. For example, Lorenzo described his attacks of rage in his workplace and in his relationships following the psychological and physical abuse he went through during the dictatorship.

Another example is illustrated in the narrative of Daniela, who shared her disappointment and anger as a young teen who had been looking forward to finally having her personal belongings sent to Israel. However, when they finally arrived, she discovered that most of her music albums were stolen. When describing this event, she expressed anger with a childish tone of voice: “I planned to sit and listen to these records. I had planned to do it since we arrived in Israel! I have a lot of difficult memories from that time” (#8, 14.i, line 711-722, p. 19, Daniela).

An additional type of anger identified is a retrospective anger that has evolved over the years: anger for missed life opportunities, for ongoing personal and collective suffering, for people who should have tried to stop what happened and could not or did not, for the long-term negative impact that these events still have on some participants, for the way events turned out and for the loss of people that participants had known during their childhoods, like family members and friends. As put by Daniela:

We escaped before I had the chance to be a member in the Communist Party, and I felt angry about it, because it was supposed to be my turn! But they did not let me fulfill it. So I had a lot of anger and a lot of guilt that I missed it...I have had so much anger that my uncles disappeared. I was connected to them a lot, especially to my aunt, and the pain was terrible (#8, 14.h, line 521-635, p. 14-17, Daniela).

In contrast, Fernando’s anger was directed not only toward the terrible acts committed by the Junta, but also toward the passivity of the Jewish community at that time: “the Jewish community in those days was a scared community. Scared to say anything, scared to celebrate its holidays. And they knew that things happened, yet they did not do anything to stop it” (#15, 14.f, lines 85-96, p. 3, Fernando).

“I Am a Junta Boy”: Psychological alliance with the oppressor.

Some participants, including ones who described their great suffering under the military dictatorship, praised the Junta even after describing the Junta’s human rights abuse on a personal and collective level. One of the most extreme descriptions was by Lorenzo, who called himself “a Junta boy”: “to all those who tell me that I am insane, I can tell them that, despite everything, the military regime was a good thing because people were afraid to go out to the streets and there was order” (#4, 14.g, 14.e, lines, 160-214, p. 4-6, Lorenzo). Tomas and Valentina shared this sentiment with Lorenzo.

Denial and minimizing the traumatic memory.

Another reaction some participants displayed during the interviews was that of denial and minimization of the impact their childhood traumatic experiences had, and at times still have, on their lives. When examining the different narratives, it seems that some participants were unaware of their denial while others were aware and even explained it. For example, after Pablo shared the flashback he experienced as an adult regarding his arrest as a kid and the “paranoia” from which he still suffers, this is how he concluded his interview:

The trauma of being arrested is an anecdote...So I said to myself that I am not going to cry over this because it's not that I witnessed the execution of someone standing next to me. It was just a very unpleasant experience in a very unpleasant period, so it was an anecdote...I do not have trauma. It is an anecdote and I do not have a trauma. I am not in a trauma (#6, 14.k, line 802-887. p. 21, Pablo).

“In my family, nothing bad happened. My brother was saved” (#14. 14.k, line 282, p. 9, Tomas), said Tomas, whose brother was kidnapped by the police one day and was nearly executed under the town bridge, only to be saved at the last minute and later arrested again by the Junta.

Another way participants minimized their childhood trauma during the interviews was when trying to “balance” the memories of the difficulties they experienced with positive memories and nostalgia. Sofia mentioned having a happy childhood despite everything, Francisco described his childhood as “a never-ending party”, and Laura talked about having “a wonderful childhood” that included a tree house, dogs and big family reunions.

In contrast to the participants who seemed unaware of their denial, Sofia and Lorenzo were not only aware of this defense strategy, but were also able to explain the reasons for it: “There are some things that I leave inside ‘a drawer’”, said Sofia, “because I do not know how to open it and face it” (#7, 14. k, line 1011-1015 p. 26, Sofia). Lorenzo was also aware of his denial (through disassociation), even while speaking:

When I am telling you this [about the extensive abuse he suffered from the Argentinian military], it feels as if it happened to someone else. Maybe it is a denial but it is what helps me to keep my balance (#4, 14.k, line 788, p. 21, Lorenzo).

Feeling permanently damaged.

Interviews showed that while some participants used denial as a psychological defense, they were also very much aware of the various ways in which their traumatic childhood memories of the dictatorship have had an impact on the way they feel, think and behave. As put by Sonia: “I have lost people who were very important for me. So maybe I am going to collapse one day, because I did not collapse yet” (#7, 14.k, line 375-381 p. 10, Sofia).

In the case of Pablo, the word “paranoia” was chosen to explain to me (and to himself) this long-term representation of the traumatic memory in his life:

About the paranoia, there is this system in you, which controls everything you say and do. You have, kind of, habits which are conditioned: the way you don’t speak about specific things, or not travelling to specific places. You are actually trying not to stand out, and each time when a policeman passes by you lower your gaze, you minimize yourself as if you do not exist. And the paranoia is that, when you look at soldiers, you automatically transfer what happened back then into what is now. With the Israeli soldiers, I mean, overall, they are just kids, like every kid. But you see in them something else and this ‘something’ is putting you under extreme pressure. [...] Self-talk and logic do not always work, because your immediate instinct is to run away (#6, 14.a.i.2 line 807-817. p. 21, Pablo).

Daniela also perceived the representation of her traumatic memory as a fundamental negative impact which has been imbedded in her and could never be diminished:

This story impacts my whole life, and I am not sure if it will be ever finished, because it is always there. I know this story impacts a lot of things that I do and decide and ways I behave. All these anxieties that I have, it is something that is there, and that I am aware of (#8, 14.f line 955-961, p. 25-26, Daniela).

6.3.c: Observations before, during and after conducting the interviews.

My interaction as a researcher with the participants before, during and after conducting the interviews can provide us additional information that may expand our understanding of the negative long-term manifestation of participants’ traumatic memories in the present.

High level of suspicion.

My observations of participants' behavior before, during and after the interviews showed that most of them exhibited a high level of suspicion. During my preliminary phone conversation or at the beginning of the interview, I was the subject of a little 'interrogation' questions regarding why I chose to research this topic and what personal connection I or my doctoral supervisor might have to Argentina. I assume that the fact that I was a total outsider who came to Israel from Canada and had no personal connection to Argentina (including that I do not speak or understand Spanish) made it somewhat easier for some participants to agree to take part in the research and to speak more authentically and freely during their interviews.

Nevertheless, most participants still exhibited a lack of trust in various ways, whether through postponing the date of the interview, using a false name up until they met with me in person or trying to "test" if I would reveal the identities of other participants to them in order to see if I would keep their own identity confidential.

"I may go into it too deep."

Most participants suggested that their interviews for this research marked the first time they had revealed the whole story of their experiences under the dictatorship as children. It is likely that the fact that I was a stranger, who had no personal connection to Argentina, who they met only once, and who promised their confidentiality, made it easier and safer for some participants to reveal aspects of their whole story, rather than to telling it to a family member, a close friend, or community member. As put by Tomas: "anyone over 50 years old feels that fear. You cannot speak. You cannot tell" (#14. 14.i&14.b, line 284-285, p. 9, Tomas). Lorenzo described his silence metaphorically: "You still have the memory of being afraid, of keeping yourself apart from the outside world, of not speaking, of pulling down the shades of your windows" (#4, 14.f, line 411-413, p. 11, Lorenzo).

Some participants said they had shared only a 'few anecdotes' about their past with their spouses and children but, as mentioned earlier, had not revealed them within their social circles, which may have included both other Argentinian immigrants and Israeli natives. While leaving a dictatorship and moving to Israel theoretically meant a green light to freely express themselves and tell their stories, the reality was different. As explained by Daniela: "I know that it was

because of the trauma, but also because there is something inside you that tells you that you do not speak about it” (#8, 14.b & 6.c., line 329-338, p. 9, Daniela).

My observations of participants’ behavior before, during and after the interviews showed that most of them exhibited anxiety, illustrated by the attempts some of them made to control, in advance, the information that they might end up revealing during the interviews. As Tomas said: “Before the interview I thought to myself: what am I going to tell you, and what I am not going to tell you, that I should build in my head some kind of an outline” (#14.14.b, line 270-271, p. 9, Tomas).

Furthermore, all participants were given an explanation of the nature of the narrative interviews, which provided participants with total freedom to tell the story of their lives with minimal intervention on the part of the researcher. Still, most participants asked me how to begin telling their life stories and what to speak about, as illustrated by the questions that Nadia asked me before starting her interview: “should I tell you only about important events? Maybe I will just tell you something in general and you will ask questions, because I may go into it too deep and it will never end” (#5.14.b, lines 2-7, page 1, Nadia). While this could be a common concern for anyone taking part in a narrative interview, in the context of this immigrant population, the element of what one should reveal about the dictatorship and to whom has greater significance.

I was also under the impression, during the interviews, that some participants were very cautious about the way they talked about the government. For example, Tomas was very careful when criticizing people who had held positions of political power in Israel, while Fernando used nothing but superlatives when talking about the way he was welcomed and helped, as a newcomer, by Israeli society and its governmental institutions.

Reliving the trauma during (and after) the interview.

As illustrated in the previous chapter, visions and images related to participants’ traumatic memories of the dictatorship have been imprinted and have lingered after more than four decades, whether it is Tomas’ detailed memory of witnessing public executions from his childhood room’s window, Gabriela’s vivid recollection of the last time she saw her music teacher, Mariano’s visual memory of his strict school teacher “who looked like general Videla”, or Valentina’s auditory memory of the screams that she and her friend accidentally heard late one night while passing by

a military base: “screaming from within, like a person who is a wounded animal” (#2 14.f, line 40-45, p. 2, Valentina).

In addition to the great detail and vivid nature of the participants’ descriptions of their childhood memories, my observations during the interviews also revealed that, most of the time, these memories evoked strong emotional reactions, indicating that most if not all participants relived their past trauma. During the interviews, some participants were crying, sobbing and at times emotionally detaching themselves when describing horrendous events. Other participants also exhibited somatic reactions during the interviews such as complaints of feeling cold or tired or experiencing sudden headaches. The presence of participants’ childhood trauma in their present lives was also illustrated when they talked about their childhood memories as if they were happening in the present, while using present tense. It is also interesting to note that, although participants were asked to tell the story of their lives, most of them stopped talking after they finished describing their experience as children during the dictatorship, signalling that this is where their life story ends (as well as their interview). It was only after a long pause in speech which, followed by my asking “and then...?” that they continued to talk about their experience as immigrants to Israel and current lives.

Furthermore, the emotional intensity of these traumatic memories and the experience of reliving them were demonstrated not only by participants’ reactions during the interviews, but also after the interviews were finished. As illustrated by Daniela:

When I talked with you over the phone, I thought to myself, ‘Okay I will tell that story’, but during the interview it emotionally brought me back there in a very intense way, and it surprises me. It brought everything back [...] It is still there. It is there (#8, 14.i line 983-1050, p. 26-28, Daniela).

Sofia, who complained of headaches while describing difficult events, said after the interview finished: “until talking with you I did not realize that what I went through was bad, so it's very difficult for me now” (#7, 14.i, line 1148, p. 29, Sofia). At the end of Nadia’s interview, she blamed herself: “I am frustrated that, after all these years, the same things are still so painful for me and that there is no change. I am asking myself why I keep holding to these memories (#5, 14.i, line 905-929, p. 25, Nadia).

The intensity of the traumatic memory in present-day might also have been illustrated by participants’ reactions to the option they were given of receiving the transcript of their interview:

only six out of the 15 participants asked to receive their interview transcript after being electronically reminded of the option. Three out of the fifteen participants mentioned at the end of their interview that they would not be interested in receiving their transcript. In contrast, four of the participants showed great anticipation for receiving their transcripts and contacted me multiple times asking when they could expect them.

Playing hide and seek with the ghosts of traumatic memories.

While all participants shared their narratives very openly and authentically, my observations during the interviews revealed that it was not always easy for some participants to talk about their painful childhood memories. Sometimes participants chose to “escape” from their painful childhood experiences by giving me an explanation of the political context at the time. Other participants declared, usually before starting to talk about their experiences under the dictatorship, that they could not remember anything from the dictatorship. This temporary amnesia was explained by Laura: “if I can't remember that something had happened, then probably nothing had happened” (#10, 14. j, line 49-68, p. 2, Laura).

Despite these declarations, some participants were later surprised by their ability to recall events, usually after feeling safe enough during the interviews to open up about these subjects. While it could be assumed that their “forgetting” was due to the emotional difficulty of talking about painful events, Francisco offered another reason: the old habit of “forgetting” with the aim of avoiding revealing information that may risk one’s life. He explained “I still forget the names of people, and my mother [laughs], she keeps forgetting the way back to her home because she needs to be careful about people who may follow her home” (#12, 14.i, line 340-350, p. 10, Francisco).

This game of hide and seek involving traumatic memories was also expressed in the way that participants told their narratives throughout the interview. Participants’ narratives were often not told in a linear or chronological fashion, but rather as a mix of little stories and scenes alternating between their experiences in childhood and their interpretations of those experiences as adults. Some participants were frustrated that their stories were a “mess” and that they were not always able to tell them ‘accurately’, especially with respect to the dates of significant events in their childhood. Pablo described it as “flashbacks”: “I remember the dictatorship through flashbacks, through chapters that are separate from each other. It’s as if they are not connected to

each other" (#6, 14.j, line 170-174. p. 5, Pablo). The difficulty of telling a narrative in chronological order was also expressed by other participants. For example, at the end of Fabian's interview he indirectly asked for my help: "I was mixing between the past and the present. Someone needs to make some order in this mess [laughs nervously]" (#3.14.f lines 75-77, p. 3, Fabian).

Hyperarousal.

To some participants, living in survival mode and expecting the worst to happen at any time meant hyper-vigilance, often to sirens. This was illustrated for example, by what happened during the interview with Daniela at her house. In the middle of the interview, Daniela and I could both hear an ambulance siren. Daniela stopped talking and seemed to be restless. She then complained of being cold, although the temperature outside was 24 Celsius, closed the window and made sure it was locked. Later in the interview, she explained her reaction:

I experience it in my body. Physically. I get really scared [...] I also jump each time I hear a police siren. I feel paralyzed, exactly as I was as a child, that day when I thought that the Junta are approaching our house to take us all [...] You do not know what to do, other than waiting for the worst to come (#8, 14.d & 14.i line 767-786, p. 21, Daniela).

"I think that I talked too much".

Participants' reactions after the interviews were finished were interesting as well. For example, Tomas said that before we started the interview he felt anxious and hoped that it would be as brief as possible. Other participants exhibited anxiety after the interviews were finished, perhaps fearing that they had revealed too much information and that this might in some way harm them.

In some cases, participants perceived the interview itself as an interrogation, despite the fact that they understood their participation in the research was voluntary and that narrative interviews involve minimal interference on the part of the interviewer. This is how Pablo described his experience at the end of his interview:

I have never sat and told the whole thing like I have been telling you, and answering questions that aim to squeeze out of me information as much as possible [...] The truth is

that I told you more than what I wanted to say, because without intending to, I talked about issues that I didn't plan to talk about (#6, 14.b, line 819-839. p. 21-22, Pablo).

6.4: Long-term positive representations of traumatic childhood memory: Post-Traumatic Growth (PTG) and Personal Growth

The participants' testimonies showed that, in addition to the long-term negative representations of the traumatic childhood memory described above, all of them also experienced long-term positive mental outcomes which could be identified as personal growth and as Post-Traumatic Growth.

6.4.a: “Lifting your head and looking forward.”

One of the elements mentioned by all participants was that despite of all the difficult experiences they went through during their childhood in Argentina, they look at this traumatic experience as something that made them stronger, “molded” their personality as adults, and gave them the emotional strength and ability to cope with other stressors. As put by Sofia: “I think that all the difficult things that I went through have made me stronger. What happened built my ability to cope” (#7, 16.b line 458-471 p. 12, Sonia). Fernando added to the above his observation that going through these bad experiences in Argentina forced him, as a child, to behave more maturely, including having the courage to face his problems instead of running away from them:

Everything that I went through over there, helped me to realize later on that one has to face the problem and cope and solve it. You can't go around it [...] So even when something bad happens, I say, ‘Okay. This is what it is. Now, how do I move forward?’ (#15, 16.h, lines 429-594, p. 11-15, Fernando).

A focus on moving forward and dealing with and surviving the “here and now” can also be identified as a strategy in other participants' testimonies, but with a reservation. As put by Fabian: “You cannot stay in the past because you can't change the past. It doesn't mean that you forget the past” (#3, 16.b lines 323-332, p. 10, Fabian).

Furthermore, Daniela described how, following her traumatic experience as a child in Argentina, she not only decided to “look forward” but also to “choose life”:

The decision to choose life [...] means that life may bring you many punches, but it's up to you to choose what to do with it and how. It's about adjustment. It is indeed difficult and painful, but eventually you lift up your head and look forward (#8, 16.h, line 963-978, p. 26, Daniela).

The impact of childhood traumatic experience during the dictatorship on shaping positive behavior in adulthood is described by Pablo: “going through difficult situations molds you [...] I check more before I take an action [because] there were times that I had to pay a price for this impulsiveness” (#6, 16.b line 719-760. p. 19-20, Pablo).

The retrospective positive look on the way he managed to survive the difficult experiences during the dictatorship was also reflected in Lorenzo’s description, despite the many long-term difficulties that he is still facing with as adult: “When I look back, I tell myself, ‘Look how you dealt with all kinds of difficult situations’. I also say to myself that, if I made it to this point, then everything is okay” (#4, 16.b line 762 -765, p. 20, Lorenzo).

6.4.b: Obtaining “survival” skills.

Most participants mentioned that experiencing adversity in Argentina as children helped them obtain “survival skills” and the ability to better cope both emotionally and practically with difficulties they encountered later in life when coming to politically unstable Israel as immigrants. As explained by Laura:

I think that one of the things that has given me the strength to keep on going was knowing that what I went through over there was much harder than what I had to cope with as an immigrant in Israel (#10, 16.h. line 675-683, p. 18, Laura).

Daniela added to the above the importance of the concrete skill of adjustment: “I have learnt during my childhood in Argentina to adjust to whatever reality brings you” (#8, 16.h line 963-978, p. 26, Daniela).

In contrast to the above, Lorenzo took the “survival skills” he obtained in Argentina to another level. He perceived his motivation to adapt as an immigrant in Israel as a life or death situation, a black or white option that with no shades of grey: “if there is something that I have learned from my experience in Argentina, it is that you do everything, and I mean everything, to survive. Because, if you break down, it could be very bad” (#4, 16.h lines, 59-61, p. 2, Lorenzo).

6.4.c: Turning difficulty into opportunity: “Starting from zero” in Israel.

The ability to turn difficulty into opportunity is another skill participants learned from their childhood traumatic experiences. For example, Fernando explained how going through difficult experiences in Argentina, especially as the target of anti-Semitism, eventually helped him achieve self-fulfillment in Israel, despite having to restart his life “from zero”:

I think that what mostly helped me when I arrived to Israel was that I had to start my life from zero. I realized that this is what I decided, so I said to myself, ‘let's go for it. Let's give it a push as hard as possible’. It is always easy to say it is difficult, but this is not how you move forward. This is not how you grow and develop yourself (#15, 16.h, lines 596-599, p. 16, Fernando).

As shown in their testimonies, Gabriela, Nadia and Laura, who made *Aliyah* without their family members, turned the difficulties they had to face as newcomers in Israel into opportunities to obtain independence and mature as people: “my desire to be independent, and to disconnect myself from there [Argentina], had given me the strength that I needed in Israel” (#10, 16.h. line 675-683, p.18, Laura).

Having the strength to transform traumatic experiences into personal growth did not happen in a vacuum. The following chapter will specify the different protective strategies which have helped participants to reach resilience and Post Traumatic Growth, whether they are environmental influences, individual traits or personal resources.

CHAPTER 7: FINDINGS III: Participants' protective factors

This chapter will present the factors participants were able to identify and interpret as protective factors. My conceptual framework includes both factors of risk and resilience, and during the interviews extensive weight was given to the description of participants' childhood traumatic experiences (which often triggered strong emotional reactions), as well as to risk factors and the long-term negative impact on participants' mental health. Therefore, participants were asked towards the end of the interview, what, in their opinion, had helped them cope with the difficulties they encountered both as children during the dictatorship in Argentina, and especially later on as adult immigrants in Israel. Given the relatively long list of the factors identified, I grouped these factors into two main topics (adapted from Tedeschi, Park, & Calhoun, 1998): environmental influences, individual characteristics and personal resources.

7.1: Environmental influences

In terms of “environmental influences”, participants were able to identify the following factors: support from family and social networks; helping others; finding and holding a job they enjoyed; being politically involved in Argentina and/or in Israel; pre-migration Jewish or Zionist cultural background before immigrating to Israel and access to mental health services.

7.1.a: Getting support from family and social networks.

Strong emotional support from family members and friends, both in Israel and in Argentina, seemed to be a very important protective factor for most participants. Family support both during the dictatorship and while immigrating was also found to be very significant, as explained by Daniela:

From there [my family] I have been taking all my strength. The fact that all of us came together to Israel, it gave a lot of strength when facing all the difficulties, because you are not alone, there is always someone who really helps and knows, someone who was there for you, and still is (#8, 16.a, line 1013-1017, p. 27, Daniela).

Some participants maintained strong relationships with their family and childhood friends in Argentina, although this was more difficult prior to the emergence of social media. At the same time, most of the participants were able to create networks of friends in Israel, which helped them cope with the challenges they had to face as immigrants. As described by Laura:

In Israel, we were around 13 teens who love each other, protect and talk with each other, to this day! That group from high school gave me the feeling that I am not alone, that I belong to Israel right from the beginning [...] This whole country is about doing this big project together. In Israel you are part of something. You belong! (#10, 16.a, line 665-683, p. 17-18, Laura).

Mariano said what primarily helped him cope, especially during his military service in the IDF, was his contact with other South American immigrant soldiers: “we had the same language, the same humor, so we would laugh about the immigrants, [about] other immigrant soldiers who came from Russia, and about our commanders” (#13, 16.a, line 836-843, p. 22, Mariano).

7.1.b: Community engagement, employment, and political activism.

This section will specify activities within participants’ families, social world, community, and workplace, which have been described by participants as protective factors: helping others (family members, peers), finding and holding a job they enjoy, and being politically involved in Argentina and/or in Israel.

Helping others.

The responsibility to help others was also mentioned as a protective factor, whether it took the form of responsibility to family members, volunteering, or helping peers who were in similar crisis situations. This is how Fabian explained the benefits of his being responsible for his family:

I have a responsibility to my family, so I need to keep on functioning [...] Life cannot bend me down because I know that at home I need to be very strong [...] I am the one who is holding my family together and it makes me feel good [smiles] (#3, 16.b, lines 247-274, p. 8, Fabian).

Fabian also described how, during his service in the Argentinian military, strong solidarity among Jewish soldiers who were the targets of anti-Semitism helped them to survive: “It was a very difficult time, but we managed to go through it...We promised each other to be strong, not to pay attention to things that are said about us, and to think that period will pass” (#3, 16.b line 440-450, p. 13, Fabian).

Gabriela and Lorenzo described how they draw strength from volunteering in their community in Israel. As put by Gabriela: “they keep telling me, ‘it is so nice of you’, but there is nothing nice here. It serves me to serve others, and it gives me some structure to my life, and prevents me from climbing the wall” (#1, 16. h & 16.i, line 580-598, p. 15, Gabriela).

The benefit of helping others is also relevant in the participants’ workplace. For example, Fernando explained how, in his job as a commander in the IDF, listening to his subordinates talk about their personal problems actually helps him deal with never having had an emotional support himself, when he needed it during his childhood:

It makes me feel very good because it is a way to give to the other, and maybe it is my way to cope with what I never had when I needed it. To be there for someone in need (#15, 16.i lines 630-637, p. 16-17, Fernando).

Finding and holding a job they enjoy.

Participants’ descriptions illustrate how finding a suitable workplace in Israel helped them develop a sense of belonging, safety, identity, stability and self-fulfillment. As described by Lorenzo, who recently retired:

This place guarded me and I loved working there very much. I loved the people in that place, I miss it very much...They took care of me when I was in a very difficult time in my life, even after I had a rage outburst and I destroyed one of their rooms (#4, 10 & 16.f, lines, 183-185, p.5; #4, 10 & 16.f, line 501-503, p. 13, Lorenzo).

And this is how Nadia describe her ‘second home’, her work place:

For me, my workplace is my second home. It is the only place that makes me feel connected in some way...Over almost 20 years, this workplace hasn't changed, it is my familiar place. Many things happened, but my workplace is always there. Something stable, which includes people who I know (#5. 10, 11.e, & 16.f, lines 195-204, p. 6, Nadia).

Fernando, who managed to establish a military career in the IDF, explained that, for him, serving as an officer in the Israeli army was not only compatible with his Zionist ideology but was also a way to “correct” the helplessness that he, his family and the Jewish community felt during the dictatorship. Through his service in the Israeli military, he can now protect his family.

Being politically involved in Argentina and/or in Israel.

Some of the self-confidence gained by certain participants after immigrating could perhaps also be attributed to their political activities in Israel. It is interesting to see how political activism in Israel was used as a protective factor both by participants whose parents were politically active during the dictatorship and participants whose families were not. Involvement in the resistance, even as children, was also a protective factor during the dictatorship. The narrative provided by Victor and other participants below demonstrates the role of this protective factor:

The fact that I was politically active [in Argentina] gave me a lot of strength...then in Israel, I continued with the struggle when I initiated a union in our work place. Now I wish to join one of the left-wing political parties, and to be a member of the Israeli parliament. After experiencing the dictatorship in Argentina, I can help to make a social change in Israel (#9.12, line 109-121, p. 4, Victor).

In the case of Francisco, being politically involved in Israel not only provided him with a community, but was also an opportunity to “fix” or to complete the political mission started by his parents in Argentina:

I think that my political involvement in the extreme left-wing anti-Zionist parties in Israel has helped my adaptation process [...] It gave me a place to belong, a space to express myself, and a community [...] I think that maybe all these years I was trying, through my political involvement, maybe to fix what had been broken over there, to fix the fact that we left, and to continue it over here (#12, 16.c line 667-672, p. 18, Francisco).

Although Pablo was not involved in any political parties in Israel, his reactions to his service in the IDF were political. According to Pablo, his experiences as a child during the dictatorship eventually motivated him to establish, as a commander in the Gaza Strip, organized resistance to the IDF’s usual practices toward the Palestinian population. For example, with the collaboration of some of his subordinates (Argentinian immigrant soldiers), he tried to change the

harsh regulations related to the ways Palestinians have been treated at Israeli check points, among them elderly people. However, after having a security incident at one of the check points, his actions were revealed by his supervisors, and as a result he was removed from his position and transferred to another location.

In a way, Pablo explained, he was trying to fix or correct his traumatic childhood memory of suffering human rights abuses at the hands of the Junta. Pablo's story illustrates this here:

Each time we would raid a house in Gaza Strip. I would always have in my pocket candies to give to the kids in the house, although the mothers were sure these candies were poisoned so they refused to take any. In hindsight, this experience brought me back to the way that I felt when the Junta broke into our house, only this time I was at the side of the aggressor (#6, 14.a.i.2 line 657-665. p. 17, Pablo).

7.1.c: Pre-migration preparation: Obtaining a Jewish and/or Zionist cultural background.

Pre-migration preparation seemed to be a significant factor in helping some participants lower their level of anxiety before and after their immigration to Israel. One form this preparation took was that of advice provided to participants by their relatives who had already made *Aliyah*. As described by Fernando: "when I finally arrived in Israel, I was not surprised [...] I knew that members of my family had already done it [emigrate], so there was no way that I wouldn't do it and continue to suffer in Argentina" (#15, 16.a, lines 470-478, p. 12, Fernando).

An additional related factor mentioned by Fernando and some other participants was having received Jewish and/or Zionist education as a child in Argentina. As explained by Fernando:

I was already familiar with the story of Israel before I immigrated. So, in a way, I was 'an upgraded immigrant', as I knew what to expect and that it may not necessarily be a land of milk and honey (#13, 16.q, line 804-810 p. 21, Fernando).

The Jewish education some participants received also decreased their worry about the language barrier they would experience once they immigrated to Israel.

Another element mentioned was the emotional and ideological connection some participants had to the state of Israel due to their Zionist education in Argentina. In this sense,

immigrating to Israel was perceived by some of them as a natural step in their adult lives and as something which they should look forward to. Furthermore, after facing persecution by the Junta and suffering from anti-Semitism, some participants described Israel as a place where one's fantasies about belonging to and living in a just society would materialize. Mariano described:

When I got off the airplane in Israel, not only did I already have the knowledge of the Hebrew language, the culture and Judaism, I was already a member of one of the left wing political parties in Israel. In my mind, I had the thought that I am going to contribute to my beloved Israel, to help my country to become even better than what it was at that time (#13, 16.c, line 860-870, p. 22-23, Mariano).

7.1.d: Access to mental health services.

Having access to mental health services was an element that has been raised spontaneously by most participants as a protective factor. Most participants had received psychological treatment; only one of them (Lorenzo) was prescribed psychiatric medication. Some are still in treatment, which may be partially explained by the fact that being in therapy is widely accepted in Argentina. As put by Pablo: “we say that Argentinians are born with a doctor and a psychologist. In our culture it is necessity ; it is not a taboo” (#6, 16.e line 783-787. p. 21, Pablo).

Lorenzo argued that seeing psychologists in Israel and spending many years taking psychiatric medication for depression and anxiety has helped him deal, to some extent, with the trauma he experienced in Argentina: “it took me years of seeing psychologists and psychiatrists to be able to get out of this mess” (#4, 16. e lines, 1-57, p. 2-4, Lorenzo). While some participants were helped by mental health professionals in adulthood, others used their services even as children during the dictatorship. For example, Sofia was introduced to therapy when she was 11, following the death of her mother:

A lot of my friends from the communist party went through treatment with my therapist. I could have spoken with her about everything, because she was also communist. So I did not need to be scared of disclosing secrets to her (#7, 16.e, line 652-660 p. 17, Sofia).

Daniela argued that being in therapy during the first stages of her immigration to Israel helped her significantly and, years later, therapy continued to be a helpful tool for her: “therapy

helped me to process all this traumatic story and to see how do I take it from there, with all the things that I need to carry” (#8, 16.e line 789-792, p. 21, Daniela).

7.2: Individual characteristics and personal resources

In term of individual characteristics and personal resources, participants were able to identify the following protective factors: having a strong personality; having faith; holding on to nostalgia; psychosomatic illnesses and creative expression.

7.2.a: Having a “strong personality”.

Most participants perceived themselves as having a “strong personality”, a source of their resilience. Their descriptions of “strong personalities” included characteristics like self-reliance, being active rather than passive, and a focus on looking forward. This was illustrated by some participants’ descriptions of how they found the inner strength to cope with difficult situations, in which the emphasis was on avoiding victimization and passivity and finding courage and flexibility within oneself. As put by Fernando:

At some point, a man needs to trust his own strength and jump into the water [...] I think that I am a person who adjusts very quickly. So I understand the new situation around me very fast and move forward (#15, 16.b lines 575-619, p. 15-16, Fernando).

An additional personality characteristic mentioned by some participants was their sense of humor, which they claimed had helped them cope, as explained by Sonia:

Other way of coping with the dictatorship was to joke a lot. It was also my way of getting things out of my system because I couldn’t really tell people anything. It’s not that I was a clown, but I was trying to make my friends laugh. I think that in some way, I was trying very hard to be happy despite everything. But today I am not like that at all. It has been changed (#7, 16.b, line 547-550 p. 14, Sonia).

7.2.b: Having faith and organized religion.

Lorenzo was the only participant who mentioned faith and organized religion as factors that helped him cope, although it seems that at certain times his faith and his connection to organized religion was stronger than others. Either way, as mentioned earlier, Lorenzo still kept a book of Psalms and a yarmulke in his “survival kit”:

During the first months of my military service in Argentina, I was very much connected to the Jewish community, so I also had a connection to God. I was always carrying in my pocket this little Psalm book, so it helped me to survive (#4, 16.k, line 436-438, p. 11, Lorenzo).

Lorenzo described how, later on, following his disappointment in the failure of the Jewish community to release him from the military, he distanced himself temporarily from his faith and relied on his own strength:

At this point, it did not matter whether God was helping me or not. It was about me helping myself. I knew that I had to get out of there alive. To prove to myself that I can survive, more than to anyone else (#4, 16.b line 440-446, p. 12, Lorenzo).

When talking about his current struggle with his past traumas Lorenzo mentioned his relationship with God as a source of strength, and his spirituality as something that, at times, helped him control his attacks of rage and calmed his anxieties:

When I look back at my whole life, I pray to God that the lines which connect all the dots will be aesthetic and beautiful and pleasant, and that there will not be something bad hidden that I have never noticed. Because this could be very scary [...] When I feel that I am going to have another anger attack, I try to tell myself that instead of these vicious angry “mice” in me, that I have angels who are carrying weapons. It gives me a feeling of having more control. It's as if these angels guard me and, when needed, they will go out to fight to protect me. It calms me down to think this way (#4, 16.e, 292-313, p. 8, Lorenzo).

7.2.c: Holding on to nostalgia.

Nostalgia was mentioned previously in the context of participants' denial by the minimization of traumatic memories. However, according to participants' testimonies, it has also

helped them cope with difficult memories. For example, Gabriela was still trying, after more than four decades, to find the musical notes of the communist songs she had been taught by her beloved music teacher, who one day disappeared without saying goodbye: “to this day my sisters, my cousins and I, are looking for these songs and records. We keep asking people from that time, ‘Anyone have this record?’ because this is what stays with you” (#1, 14.k line 238-240, p. 6-7, Gabriela).

Despite Lorenzo’s detailed and graphic descriptions of the psychological and physical abuse he underwent during his military service in Argentina, eventually leading to a suicide attempt, the single moment during his interview when he actually cried and seemed very emotionally moved was when he discussed his childhood memories of the time he had spent with his grandfather in a little village:

I miss that child. I miss being so carefree. I miss my grandfather [cries]. It is difficult for me when I speak about it, because this good life stayed over there, and now it is just memories [cries]. So when I need to cope with something very difficult, I connect to the child I was over there, to that little town in my mind. I go back there. [cries] I apologize that I am emotional (#4, 16. l, line 539-558, p. 14, Lorenzo).

At the end of the interview Lorenzo went to his kitchen and returned with a small closed jar of pinecones, opened it and let me smell the contents. He then explained:

I took these from the street where my grandfather used to live, and every time that I miss him and that little town, I open this jar and sniff the smell. It brings me back to the days when I was happy (#4, 16.a line 357-361, p.90. Lorenzo).

Some participants who, following in their parents’ footsteps, were politically involved in the resistance, mentioned events that had put their lives at risk, but spoke of them with smiles and in a romantic or nostalgic manner. For example, Sofia gave a romantic description of the time she and other students locked themselves in their school to protest the second attempted military takeover in 1987:

I slept over there on the floor few nights, and this is how I got to know my future husband. He made my bed out of used cardboard, and in the middle of the night he came with his parents and brought us hot milk. It was very romantic [smiles and blushes] (#7, 14.k, line 734-751 p. 19, Sofia).

7.2.d: Psychosomatic illnesses, as an outlet for stress and anxiety.

As mentioned in the previous chapter, psychosomatic reactions were observed during some of the interviews and mentioned by some participants. For example, Francisco mentioned how he used to get sick in order to get attention from his parents after immigrating to Israel. In Sofia's case, she was not only very much aware of her psychosomatic reactions, she also interpreted this reaction as a protective factor that helped her "to survive" as a child, as well as an immigrant adult in Israel. Sofia explained how her somatic reactions "talked" and expressed her anxieties given the silence and the "secrets" that she was obliged to keep as a child during the dictatorship:

I think that one of the things that helped me to survive was that I was often getting sick. I was not able to tell anyone anything because I needed to keep everything inside, so maybe it all came out through my illnesses. I was sick all the time [...] I know that I am very psychosomatic and suffer all the time mainly from respiratory problems. I have had it since I was very young. I know it is psychosomatic because it happens only when something very, very bad happens, each time I need to cope with difficulty, I become sick. [...] Getting sick was my only way of coping with what had happened. I do not know how I could have coped differently. (7, 16.m, line 473-530 p. 13-14, Sofia)

7.2.e: Creative expression.

One of the coping strategies identified by some participants as a protective factor was creative expression, whether this took the form of keeping a diary (as in Daniela's case), making drawings (as in Lorenzo's), writing fictional stories (as in Mariano's) or reading many books (as in Francisco's). In their descriptions, some participants explained how their creative expression helped them cope with the long-term impact of their negative traumatic childhood memories. Towards the end of his interview Lorenzo gave me a 'guided tour' to see his drawings hanging on his apartment walls and told me about his plans to write a book about his life as a child in Argentina and about his immigration to Israel: "this would be my way to heal from these things that are still open and hopefully, to get some closure" (#4, 16.e & 16.b, 287-290, p. 8, Lorenzo).

While Lorenzo physically covered his walls with paintings or printed them out, Mariano described how he uses the virtual walls of social media to publish his works of fiction:

I find it a bit strange because, when I write fiction stories, it is about everything but the topics of the dictatorship in Argentina, Jews, Zionism and Israel [...] When I write, it is as if my writing would be like a sterile place, my protected fiction playground, and I don't want my reality to be there [...] But when thinking about it again, I think that maybe these are all metaphors about the situation in Argentina (#13, 16.r, line 372-909 p. 10-24, Mariano).

This chapter presented the different elements identified by participants as protective factors, and it concludes the findings section of this thesis, which started with the description of participants' childhood experiences of the military dictatorship in Argentina, and continued with the description of participants' experiences as immigrant adults in Israel. The following chapter, which concludes my dissertation, will discuss, among other things, the meaning of these findings in the context of the interplay of childhood political traumatic experiences with present-day behaviors and emotions in adult Jewish Argentinian immigrants to Israel. It will also examine the possible connections between these risk and protective factors and the manifestations of mental health consequences in adulthood.

CHAPTER 8: DISCUSSION AND CONCLUSIONS

My research has investigated the long - term impact of childhood political trauma on adult Jewish Argentinian immigrants in Israel, who as children experienced the military dictatorship in Argentina (1976-1983), and the risk and protective factors for their mental health.

My discussion in this chapter will revisit the objectives of my study as I combine my findings and analyze their meaning in relation to the conceptual framework of this study. The following section will include an evaluation of the strengths and limitations of this study and its implications for practice and policy, as well as recommendations for future research. This chapter will conclude with a graphic demonstrating the conclusions of this research, and my final reflections on the research process.

8.1: The interplay of past childhood political traumatic experiences with present-day behaviors and emotions of adult Jewish Argentinian immigrants to Israel

The literature review for this study showed that memories of childhood political trauma can be fixed or elastic, subject to both external and internal factors, and may exist within three main temporal states: biographical time, intergenerational time and historical time (Kirmayer, 2014; Kidron, 2014; Robinson, 2013). The same exploration of the literature also reveals a range of possible negative long-term mental health outcomes (Fazel et al., 2012; Garbarino & Bruyere, 2013; Fridman et al., 2011; Kirmayer, 2014) and positive ones (Ayalon, 2005; Sigal & Weinfeld, 2001; Lev-Wiesel & Amir, 2006). It also reveals the coexistence of both negative and positive long-term outcomes (Cohen, Brom & Dasberg, 2001; Barel et al. 2010; Lev-Wiesel & Amir, 2003a). This section will show how the above corresponds with my research findings.

8.1.a: The negative long-term impact of traumatic childhood memory.

In this section, I analyse the findings which are related to the negative long-term impact of traumatic childhood memory, based on participants' reports as well as on my observations which have documented participants' emotional and behavioral reactions. The following

behavioral and emotional reactions of participants in the present day reveal that most participants are continuing to use the same defensive behavioral strategies that they used as children during the dictatorship in Argentina.

Keeping the silence.

The behavioral strategy most frequently highlighted by participants when describing their experiences during the dictatorship was keeping one's silence or, in other words, being selective and careful about what one says and to whom one says it. Keeping the silence was a strategy common to all participants' experiences as children. The constant compulsion to self-censor, even when talking with close friends, due to the fear of exposing "incriminating" information was preserved into adulthood, even though there was no apparent need to continue using this behavioral defense strategy in Israel.

All participants claimed that their participation in this research was the first opportunity they had had to share the full story of their lives with anyone, especially with regards to their childhood experiences during the dictatorship. When I asked some of them who have been engaged with psychotherapy to explain that, their answer was that in therapy they often talk about "other things", and that even with their close family members they have shared over the years only "single episodes". For many, telling their stories evoked anxiety before, during and after the interviews were finished. During the interviews, some of them also admitted making attempts to control in advance the information they offered and were very cautious when criticizing the Israeli government. At the end of the interviews, some were anxious that they had "talked too much". In addition, the traumatic childhood memory of being arrested and interrogated by the Argentinian police was at times transferred into the situation of being interviewed for the purpose of this research. This transference existed despite the fact that participation in the research was voluntary and the nature of a narrative interview involved minimal intervention on the part of the researcher.

Furthermore, participants' fear of exposing their experiences during the dictatorship was not only exhibited with regards to strangers, but even to other Argentinians who had experienced the dictatorship just as they did. Participants' fear of revealing their personal experiences during the dictatorship also existed in the present day when encountering Argentinian immigrants who did not experience the dictatorship and who held Zionist beliefs. This is mainly due to their

concern about being perceived as ungrateful, given that the Zionist Israeli state (which represents ideology their parents strongly opposed back in Argentina) actually provided them and their families shelter and financial immigration assistance. Some participants even mentioned the word “shame” which correlates with C-PTSD symptomology (Courtois, 2008; Cloitre et al. 2012).

In addition, some participants justified their years-long silence by invoking Israeli society’s refusal to hear their experiences as children in Argentina while holding on to a humorous optimistic stereotype of Argentinian immigrants in Israel.

The topic of keeping one’s silence raises some questions. While some may see it as a protective strategy which is part of Argentinian society’s processing of the trauma (Gates-Madsen, 2016), it may also be perceived as a pathological symptom, part of PTSD symptomology (Resick et al. 2012). The interpretation of “silence” as a healthy protective strategy versus as a pathological symptom, should therefore be examined in each individual case, taking into consideration other variables which could either confirm or dismiss further evidence for pathology.

Another question that should be raised concerns the responsibility of Israeli society in encouraging this silence by not listening, acknowledging or validating the traumatic experiences some Argentinians endured during the dictatorship. Israeli society’s habit of not listening to the traumatic experiences of its members is not new. Solomon (1995) argues for the existence of the same attitude towards Holocaust survivors once they arrived in Israel, and that it took five decades before the traumatic narratives of these Holocaust survivors were finally heard and validated by Israeli society. The findings of this research illustrate Israeli society’s refusal to go beyond the stereotypical image of Argentinians as “happy people” and make an effort to accept and listen to this traumatized immigrant community.

Mistrust.

Keeping the silence seems to have a strong link to participants’ mistrust, which may also be perceived as a pathological symptom, part of PTSD and C-PTSD symptomology (Resick et al. 2012; Courtois, 2008; Cloitre et al. 2012). Before consenting to participate in this research most participants exhibited distrust with me and my motivations to study this topic. This mistrust was exhibited by using false names and different ways of “testing” my ability to keep the confidentiality of the study's participants.

Participants' fundamental mistrust was directed also toward others: their parents, the Jewish community in Argentina, Israeli society, Israeli governmental institutions and specifically toward Israeli police forces. Participants' mistrust in other Argentinian immigrants was so significant that, to the present day, they disconnect themselves from them socially. As specified in Chapter 3, social support, and especially social connections among immigrant groups in a host society, have a significant impact on one's mental health (Ryan, 2011; Ungar, 2011).

In the case of participants whose parents were political activists, a common behavioral strategy was to learn to alternate between two identities: a false identity at school, and a real identity at home. Findings show that the protective strategy of using "cover stories" continued after their immigration to Israel and is used by some participants to present day. This is specifically relevant when anti-Zionist immigrants encounter Argentinian immigrants who are Zionists. The ideological conflict between Jews who are Zionist and Jews who are not has a long history. For example, in his book, Grodzinsky (2004) describes how at the end of WWII, in the summer of 1945, not all the Holocaust survivors were keen to make *Aliyah* to Israel. However, the delegates of the Zionist movement in Germany forced some of the survivors to come to Israel (then Palestine), sabotaging their plans to find a refuge in England or France.

Fearing the security forces in Argentina and in Israel.

One of the things which still evokes extensive mistrust and anxiety are the security forces of Argentina and in Israel. This was one of the main themes raised spontaneously by all participants. As noted in their testimony, participants' most traumatic childhood memories were related to direct and indirect encounters with Argentinian security forces. The findings clearly show that this embedded fear did not come to an end when Argentinian democracy was restored. Rather, these traumatic memories were channelled over time into emotional and behavioral reactions, including the compulsive habit of avoiding anyone who resembles a policeman or member of the military, even in Israel. The immense weight that all participants give to their great fear, is also illustrated through the description of returning to Argentina as going back to the scene of a crime. All participants described their strong emotional reactions of anxiety and discomfort when visiting Argentina as adults after democracy had been restored, to the extent that even the extensive political instability in Israel feels to them safer than the turmoil they

experience in Argentina. The immense anxiety described is mostly related to encounters with the Argentinian police as adults, and the fear of being arrested.

As for participants' attitude toward the security forces in Israel, findings show three distinct reactions over time. The first is an anxiety, persisting even to the present-day, when seeing security forces in Israel, resulting in avoidance (e.g.: crossing to the other side of the street; turning one's head away), and excessive anxiety when encountering soldiers or security forces in checkpoints. These behavioral reactions could be correlated to the external and internal PTSD symptoms of avoidance (Resick et al. 2012). The second reaction described earlier is the idolization of the Israeli Defence Forces (IDF). Participants attributed this unconditional idealization and admiration for the IDF to their Zionist education, their need to be part of Israeli society and their rapid realization that, unlike the Junta, the IDF is the "people's military". However, one may also interpret this idealization of the Israeli military as an indirect way to express an identification with the aggressor who has been perceived to be powerful, in light of past experiences of powerlessness (Brett & Specht, 2004), in this case with a military institution in their country of resettlement. In the context of idealization, it is interesting to note that some participants also idealize retrospectively the actions that the military Junta took against civilians during the dictatorship. This emotional reaction, reminiscent of Stockholm Syndrome, a condition that causes hostages to develop a psychological alliance with their captors as a survival strategy during captivity (Kuleshnyk, 1984; Jameson, 2010), and illustrates the complex relationships between victims and perpetrators. This paradoxical reaction has been identified in similar situations where traumatic bonding with the aggressor provides a sense of protection to an individual in a helpless position, for example in the case of battered women (Wallace, 2007) and in case of child sexual abuse (Jülich, 2005).

The third reaction can be seen in the cases of participants who have shifted, in the years since first arriving in Israel, from fearing Israeli security forces to seeing them in a positive and nonthreatening light. This group's perception does not necessarily lack criticism of Israeli security forces. These three types of reactions illustrate how exposure to similar trauma may not necessarily result in the same emotional and behavioral outcomes, and that it may change over time (Bonanno, Westphal & Mancini, 2011). However, participants' fear of security forces also illustrate how in most cases the traumatic childhood memory of the direct and indirect encounters

with perpetrators during the military dictatorship has an extensive negative impact on participants' emotional and behavioral reactions as adults in present day.

Living out of a suitcase for more than four decades.

My findings illustrate that most participants live in a state of constant alertness, mentally and physically prepared to flee from Israel at any time, carrying their identification documents with them at all times, even, in one case, carrying a “survival kit” each time he leaves his apartment. Most participants reveal a constant feeling of a threat to their lives at any time, even though some of them have been living in Israel for more than four decades since the end of the Argentinian dictatorship. Although the on-going existential fear is an embedded collective experience shared by Israeli society in general (an understandable emotional reaction given seven decades of political violence in the region), participants' mental readiness to flee from Israel at any time takes that shared collective stress to another level of severity. As suggested by Courtois (2012) when explaining the nature of complex trauma, once an individual has been exposed during childhood to a traumatic event, the anticipation of the worst becomes persistent, even if they are objectively safe. Participants' “survival mode” in the present day correlates with what is known about other manifestations of long-term impact of political trauma (Bachar, Canetti & Berry, 2005).

Participants' narratives illustrate the evolution of this urge to flee, starting with the family historical “heritage” of their grandparents' escape from Nazi-occupied Europe, continuing with the military dictatorship's human rights abuses and anti-Semitism in Argentina, and persisting in the present day due to the unstable political situation in Israel. This compounded evolution of the traumatic memory of persecution over time exists within biographical, intergenerational and historical-collective temporality.

One of the first things participants chose to mention at the beginning of their interviews was their families' immigration history, namely their grandparents' escape from Nazi Germany to Argentina. Mentions of Nazi Germany and the Holocaust became a motif throughout the interviews, and were repeated in several variations, such as the presence of war criminal Nazis in some participants' neighborhoods and the perception that the Junta's ideology and human rights violations were identical to those of the third Reich.

Such intergenerational transmission of trauma in general, and specifically in relation to the intergenerational transference of Holocaust-related trauma to the 2nd and even 3rd generations, has already been profoundly explored in the existing literature, which illustrates the transmission of coping strategies from one generation to the next (Kidron, 2014; Robinson, 2013).

Findings show that some of the participants' perception that life under the dictatorship was an Argentinian version of Nazism, experienced by the 3rd generation of Holocaust survivors, which was unfortunately reinforced by their descriptions of painful personal experiences of anti-Semitism during the dictatorship. These experiences are also confirmed by the literature explored on the manifestation of anti-Semitism during the dictatorship, and its correlation with the collective memory of the Holocaust (Kaufman, 1989; Avni, 2008; Ben-Dror, 2008). It is interesting to see that the Holocaust motif was also mentioned in some participants' descriptions of their adaptation to Israel as immigrants in the context of using their grandparents' Holocaust "survival skills". This motif of intergenerational resilience correlates with recent studies (Denov, Fennig, Rabiau, & Shevell, 2019)

When the collective trauma of both the Jewish and Argentinian people, as well as the intergenerational and personal experiences of political violence and anti-Semitism, are experienced during and rooted profoundly in childhood, it is no wonder that some participants transferred these traumatic childhood memories into their perception of the political instability in Israel, which is seen by most of them as a continuation of their personal and collective persecution. This may correlate with studies focused on collective victimhood (Alexander, Eyerman, Giesen, Smelser & Sztompka, 2004; Bar-Tal, Chernyak-Hai, Schori & Gundar, 2009; Vollhardt, 2012), among them studies that are focused on the manifestation of collective sense of victimhood of Jews in Israel (Bar-Tal, Chernyak-Hai, Schori & Gundar, 2009; Bar-Tal & Antebi, 1992).

The evolution and transformation of traumatic childhood memory into adulthood may explain why most participants, even decades after the end of the dictatorship and their immigration to Israel, still feel that they are living out of a suitcase, declaring themselves mentally ready to escape Israel at any time to keep themselves and their children safe. Although this urge to escape was repeatedly characterized as a fantasy, participants repeatedly declared their genuine belief that this fantasy could materialize any day. Participants' instinctive and impulsive urge to pack their suitcase and escape from Israel with their families significant time

having elapsed not only confirms the immense long-term impact of their childhood trauma, but, as some participants explained, also symbolizes their attempts to correct, as parents in the present, the helplessness and passivity of their own parents during the dictatorship, a behavioral reaction which could be seen as an attempt to heal from the complex trauma (Herman, 1992, 1992a; Van der Kolk, 2005, 2007, 2012).

The analysis of the findings mentioned above show that childhood behavioral defense strategies, which may have been useful during the dictatorship, are still being used in present-day, even in the absence of the threat that gave birth to them. Participants' persistent use of defensive childhood behavioral strategies may be manifestations of C-PTSD and PTSD symptoms of feeling constantly threatened, as well as the PTSD symptom of acting or feeling as if traumatic events are recurring or will recur (Resick et al. 2012; Courtois, 2008; Cloitre et al. 2012).

Other manifestations of childhood trauma identified during the Interviews.

Long-term manifestations of traumatic memory were identified through observations before, during and after the interviews and participants' descriptions of their emotional reactions. Participants' descriptions of their traumatic childhood experiences were given in great detail, illustrating the various ways in which these memories left detailed sensory imprints. This confirms the arguments appearing in the literature regarding the sensorimotor organization of traumatic memories in the developmental stage, as well as the uniqueness of traumatic memory compared to "ordinary" memories (Van Der Kolk & McFarlane 1996; van der Kolk, 2012).

In addition to the vivid sensory details of their traumatic childhood memories, such as images, sounds, bodily sensations and intense feelings, participants were also able to describe their defense strategies when encountering these traumatic events during childhood. These emotional defense strategies correspond with those found in the literature focusing on the characteristics of childhood trauma. For example, my findings show that as children they were unaware of the risk they were taking when participating in political activity, as they perceived the political violence around them as a game (Chapter 5). This distortion of danger estimation is explained by Pynoos et al. (1997), as the maturation of the hippocampus and amygdala is correlated with the schematization of danger in childhood.

In addition, these traumatic childhood memories were not usually described chronologically during the interviews, but rather as an associative series of significant scenes and

images. At times, these childhood memories were mixed with adult interpretations. Some participants also exhibited frustration and embarrassment about telling their life story in a “messy” way. This observation aligns with the arguments found in the literature that traumatic childhood situations are often remembered as multi-dimensional segments of images, relationships, emotions and actions, which act as “anchor points” rather than as one coherent storyline of events, and therefore the memories are retrieved accordingly (Pynoos et al., 1997, p. 277). Also, during the interviews, participants often returned to the same event during different stages of the interview, adding more details each time.

Furthermore, most participants’ emotional reactions indicated that during the interviews they re-lived traumatic moments from their past. Observations during the interviews revealed that describing these childhood memories evoked strong emotional reactions in most participants, such as anger, sadness and anxiety. Some participants were crying, sobbing, laughing nervously, exhibiting emotional detachment and experiencing somatic reactions such as complaining about feeling cold or having temporary headaches. Also, when describing events from their childhood, most participants used the present tense for their narrative, as if the traumatic events and the emotions they evoked were happening in the present time or had occurred only recently. All the emotional and behavioral reactions specified above are correlated with C-PTSD and PTSD symptomology, namely: re-living the trauma; experiencing strong emotions of anger, sadness and anxiety; somatization (Resick et al. 2012; Courtois, 2008; Cloitre et al. 2012).

Talking about these traumatic past events not only evoked strong emotional reactions, but also created a fusion between participants’ childhood perception of what happened and their present adult interpretation of and reactions to the events. The ongoing internal dialogue between the traumatized child and the adult was illustrated at times in the same sentence or paragraph. For example, participants used a childlike tone of voice and vocabulary when describing anger, guilt, anxiety or helplessness when describing a traumatic event. This was followed by the participant's “adult” reaction in the form of interpretation, rationalization and attempts to comfort their inner child's guilt and anxiety. The coexistence of sensory childhood memories and adult interpretations of the same events is supported by the argument presented earlier concerning the delayed recall of childhood trauma and its evolving and changing interpretation (Pynoos et al., 1997).

The extent of the emotional impact of talking about these childhood memories on most participants was also shown after the interview ended. Even though the interviews were conducted in a safe, nonjudgmental and contained environment, for some participants, opening their psychological time capsule had a strong emotional effect, which was followed by their need to “recompose” themselves (although it did not necessitate using the list of mental health services provided to all participants). While the duration of the interview in most cases was between 90 minutes and two hours, in two cases participants experienced significant difficulty in completing it; this in itself can also illustrate the immense impact these childhood experiences still have on participants.

The extent of the long-term strong emotional impact of childhood memories on participants was also illustrated by other psychological defense strategies they used during the interviews, for example, by avoiding talking about the trauma. Some participants sometimes shifted from talking about their personal experience to speaking about the collective experience of the Jewish community or Argentinian people or provided an overview of the political context at the time. In addition, less than 50% of the participants asked to receive their interview transcript after being reminded of the option. The choice to avoid reading the narrative they have shared during their interview, could be an indication for the great emotional difficulty most participants still experience in relation to their childhood traumatic experience in Argentina, and it may correlate with C-PTSD and PTSD symptomology of avoidance (Resick et al. 2012; Cloitre et al. 2012).

Another defense strategy used by some participants was to try to minimize the traumatic events they experienced, often soon after expressing, during the interview, their realization and awareness of the immense impact their childhood trauma had on the way they think, feel and behave as adults. As mentioned earlier in this paper, “weakening the version” is a means of regulating the strong effects of recall and tolerating the helplessness that it evokes (Pynoos et al., 1997, p. 278-279). Or as Harvey and Herman, 1997, put it: “[it is] the veil of denial and minimization that enabled them to preserve secrecy” (p. 263).

Another identified defense strategy was partial or temporary amnesia (Harvey & Herman, 1997), as some participants declared at the beginning of the interview that they have poor memory about their childhood during the dictatorship, while other participants stopped talking in the middle of describing a traumatic event, claimed they could not remember anything else, and

changed the topic. Another explanation for their partial amnesia is a behavioral protective strategy used during the dictatorship: the “habit of forgetting”. Some participants explained that this habit was very useful, even critically so if one was arrested by the Junta and tortured, as remembering information could risk others’ safety. This argument about intentional amnesia is in contrast to the wealth of literature about traumatic amnesia in the context of captivity and torture (Zerach, Greene, Ginzburg & Solomon, 2014; Favaro, Tenconi, Colombo & Santonastaso, 2006).

Events experienced in adulthood may trigger the individual to present a mixture of delayed recall, delayed understanding, nightmares and flashbacks (Harvey & Herman, 1997), while memory disturbances related to trauma are a symptom of PTSD (Resick et al. 2012). Some participants mentioned having flashbacks to traumatic events, which were often triggered either by a sensory element (e.g., the sight of an armed soldier or policeman) or situations which reminded them of the traumatic events (e.g., an encounter with an authoritative figure which triggered a traumatic memory of an “interrogation”). Hypervigilance, which is another symptom of PTSD (Resick et al. 2012), was also observed and described during the interviews, when some participants had strong reactions when hearing ambulance/police sirens passing by.

Participants’ descriptions also revealed emotional reactions which correlates with C-PTSD and PTSD symptoms (Cloitre et al., 2014; Cloitre et al. 2012; Courtois, 2008; Wolf et al., 2015; Resick et al. 2012), such as feeling of guilt and shame in relation to their experiences during childhood, lack of awareness of what was really going on at the time of the dictatorship, their inability to “save” the victims at that time and having escaped Argentina during the dictatorship while “abandoning” their family members and friends during a time of crisis.

Some participants also expressed negative expectations about themselves, others with the world, and some showed a fundamental pessimism and feeling of being permanently damaged which correlates with C-PTSD symptoms (Cloitre et al. 2012). Finally, participants’ gradual exposure, as adults, to the horrors committed by the military regime in Argentina evoked great anger which was directed in several directions: toward themselves, toward parents who kept their silence in the face of the atrocities or, in contrast, toward parents (mostly fathers) who were political activists and thus put themselves and their children at risk. Some participants also expressed anger toward the passivity of the Jewish community at that time, and, of course, the perpetrators. Another form of anger was related to collective suffering and loss: that of the Jewish

community and the Argentinian people. These manifestations are correlated with PTSD and C-PTSD symptomology (Courtois, 2008; Cloitre et al. 2012; Resick et al. 2012)

To conclude, although the purpose of this research was not to obtain clinical diagnoses for the participants, the findings confirm the arguments put forth by other studies done on the long-term negative impact of childhood trauma by showing that participants' present-day emotional and behavioral reactions may be strongly related to PTSD and C-PTSD symptomology. More specifically, my findings show that even more than four decades after the end of the dictatorship, and despite the fact that all participants left Argentina and immigrated to Israel, most participants continue, as adults, to use defensive behavioral strategies which were relevant and useful at the time of the crisis and traumatic events during the dictatorship. The use of behavioral defense strategies which they used as children shows that participants still feel constantly threatened and are acting as if the traumatic events are recurring in the present.

The findings also show that the way participants retrieved and described their traumatic childhood memories during the interviews corresponds strongly to the particularities of traumatic childhood memory found in the existing literature.

The analysis of participants' narratives, as well as the observations of their behavioral and emotional reactions before, during and after the interviews revealed additional behavioral and emotional reactions which are identifiable as C-PTSD symptoms. These include anger, shame, guilt, self-blame, somatization, distrust and feelings of being constantly threatened and permanently damaged. Other emotional and behavioral reactions which could be seen as PTSD symptoms include hypervigilance, distress at exposure to cues, avoidance of external and internal cues, negative expectations about oneself, others and the world, memory disturbances related to trauma, acting or feeling as if traumatic events are recurring, exaggerated startle responses, feelings of detachment and difficulty concentrating.

These long-term manifestations of trauma correlate with Simich and Beiser's (2011) paradigm, which mentions PTSD as one of the negative outcomes resulting from pre-migration traumatic experience.

It is important to note, though, that not all the participants who were exposed to trauma or stressors during the dictatorship as children suffer from the most extremely negative possible long-term outcome (C-PTSD). Some participants exhibited multiple C-PTSD or PTSD symptoms, while others appear to have experienced only one or two symptoms consistent with

the diagnostic criteria of C-PTSD or PTSD symptoms (therefore not qualified for a diagnosis) (Courtois, 2008; Cloitre et al. 2012; Resick et al. 2012). A good example of the different possible long-term outcomes is illustrated by the different reactions participants had toward Israeli security forces over time.

8.1.b: The positive long-term impact of traumatic childhood memory.

Literature exploration showed that negative long-term outcomes might coexist with positive ones. If, at one end of the scale, we can find the most extreme negative reaction, C-PTSD, then at the opposite end of this spectrum we would find the most extreme positive reactions of Post-Traumatic Growth (PTG) and resilience. This section will examine findings that confirm the positive side of this spectrum. Despite the contested definition of resilience and the relatively recent concept of PTG, the findings confirm the existence of both positive long-term outcomes.

Resilience.

As mentioned earlier, resilience is the individual ability to “bounce back” after experiencing trauma, including variables like health, adaptation and positive functioning. As mentioned earlier, for the purposes of this research, I examined resilience as related to personality traits, resilience as a process (namely behavioral adaptation following traumatic experience) and resilience as an outcome (its manifestation in different life systems and domains in relation to participants' functioning as adults in the present day).

Zantra, Hall and Murry (2010) argue that resilience is “sustaining pursuit of the positive” and is linked to ecological perception, “giving an attention to outcomes relevant to preserving valuable engagements in life’s tasks at work, in play, and in social relations” (p. 6). One of the most obvious things that could be identified in relation to resilience is that no participants interviewed for this study had ever been hospitalized for mental health problems. Furthermore, according the interviews, it seems that they all function reasonably well, with each of them having managed to start a family and hold a job, whether as an employee or a self-employed person. Only one participant was treated with psychiatric medications following his trauma during the dictatorship. Most participants also managed to create a system of social support in

Israel while also maintaining strong contacts with their old childhood friends and family members in Argentina, mostly with the use of social media.

When looking at the definition of resilience through the variables of personality traits, the findings show that some participants perceived themselves as self-reliant. Although the element of strong self-reliance could also be interpreted as a negative outcome of feeling distrust for people and the world in general, which correlates of C-PTSD symptomology (Courtois, 2008; Cloitre et al. 2012), some participants explained their self-reliance in the context of trying to avoid victimhood. In correlation with Zandra, Hall and Murry's (2010) definition of resilience, the findings of this study clearly show that since their exposure to trauma throughout their life span, most participants have also shown a remarkable extent of adaptability in the face of trauma and extensive stress both as children and adults. This resilience is even more remarkable given the context of the on-going political instability in Israel, and the on-going public exposure to more revelations about human rights abuse in Argentina during the dictatorship. The participants' narratives revealed their pro-active behavior, such as resourcefulness, reaching out for help (using mental health services), being pro-active in order to increase integration (learning Hebrew, looking for a job), using and reaching out for support given by family members and social networks (both in Argentina and in Israel) and initiating social activity and community involvement (e.g.: volunteering. political activism). If resilience is the individual ability to "bounce back" after experiencing trauma, then the participants seem to have achieved that goal and beyond.

Transforming the trauma into triumph.

Analysis of participants' transcripts provides evidence that all participants had experiences consistent with the qualities described in PTG, as defined by Lev-Wiesel and Amir (2006) and Berger and Weiss (2003). Each one of the participants manages to "transform the trauma into triumph" (Berger & Weiss, 2009, p. 64). Similar to the experience of negative long-term outcomes, each participant exhibited PTG in a unique way, yet the findings provide us with the ability to identify three main shared implementations of PTG.

The first manifestation of PTG is the ability to learn coping strategies after experiencing trauma (Lev-Wiesel & Amir .2006; Berger & Weiss, 2003), the realization that experiencing difficulties and traumas during the military dictatorship made participants emotionally stronger.

In hindsight, the harsh experiences imposed on them in early life eventually helped them obtain both psychological and behavioral “survival skills” that would be very useful later on when encountering the adaptation difficulties, one usually encounters when immigrating to another country, and the stressful daily political realities in Israel in particular.

The second manifestation of PTG goes beyond surviving the stressful political reality of life as immigrants in Israel and turns the difficulties into an opportunity for personal growth and self-fulfillment (Berger & Weiss, 2009). Therefore, “starting from zero” in a new country was perceived as an opportunity to “start fresh” in a new place, which symbolized to some of them the concepts of hope and a spiritual home. Furthermore, the challenges of adaptation to a new country was perceived by some of them as a chance to mold their personalities, strengthen their resilience and independence and eventually as a means to achieve self-fulfillment.

The third manifestation of PTG took the form of existential learning and the adoption of a positive, philosophical way of looking at and coping with the difficulties in life (Lev-Wiesel & Amir, 2006; Berger & Weiss, 2003). This positive element was indicated by most participants' decision “to choose life” and move forward, and by their belief that there is good in the world. Garbarino's (2008) conception of the “three dark secrets” that children discover when facing political violence and their early realization that there is no limit to human cruelty, can teach us how fundamental and devastating is this realization when facing political trauma during childhood. It is therefore surprising to see how, despite participants' suffering during childhood having been caused by the evil in human nature, most participants still hold to the belief that there is good in the world.

To conclude, the findings identified emotional and behavioral reactions which appear as an evidence of symptoms consistent with the diagnostic criteria for PTSD and C-PTSD. These findings are correlated with the existing knowledge about the long-term negative impact of childhood trauma, and with the traumatic psychological responses across the life span to historical trauma. The findings also show that in some cases childhood trauma has a significant presence in participants' daily lives, while in other cases the trauma still exists but impacts participants' emotional and behavioral reactions more moderately. It can therefore be concluded that although all participants were exposed to trauma or stressors during the dictatorship, not all of them suffer from the most extreme negative long-term outcomes (C-PTSD or PTSD). Some may experience emotional distress or exhibit only one or two C-PTSD or PTSD symptoms,

which do not consistent with the diagnostic criteria. The findings also show that participants' behavioral and emotional reactions to childhood trauma are not only subjective, but also may change over time, and that all participants exhibited resilience and PTG, and all function reasonably well (although some better than others). The findings also showed evidence of participants having "resilient personalities", namely self-reliance, proactivity, flexibility and adaptability (Zantra, Hall & Murry , 2010).

Shared communality with studies on Holocaust survivors.

When comparing the findings of this study with other the studies focused on the long-term impact of political trauma on mental health in the context of child Holocaust survivors, apart from the differences between the two cases (as specified in Chapter 3), there are shared commonalities between them (Lev-Wiesel & Amir , 2006; Lev-Wiesel & Amir 2003a). The first similarity consists within the co-existence of both negative and positive mental health impacts which are manifested side by side simultaneously. For example, in both cases survivors were able to create and raise their own families yet may still experience nightmares.

A second commonality is that the experience of trauma is not only prolonged but *reconstructed*, as are the survivors' positive and negative reactions to it in present day. Therefore, in both cases, survivors' emotional negative and positive coping reactions not only correspond with the memory of the traumatic event and with what was revealed about it soon after it ended, but also with what has been revealed decades after the political traumatic event ended. In the case of the war crimes committed by the political, military, judicial and economic leadership of Nazi Germany, the public (including survivors) were exposed to the Nazi horrors mainly through the Nuremberg Trials (1945-1946), which were followed by the hunt for Nazi war criminals. There are studies (Chakravarti , 2008; Weitz 1996) which describe the immense emotional impact that the hearing of these testimonies has had not only on the victims who testified, as well as on the general population hearing them, but specifically on Holocaust survivors (Dasberg & Robinson, 1991). In the case of the present study, findings confirm a similar emotional reaction of some participants to the gradual exposure over the years to the horrors committed by the military Junta during the dictatorship. This information is externally imposed and survivors are forced to integrate the knowledge into their present (and past) lives while needing to draw upon *new* coping strategies.

Therefore, over the years the childhood traumatic memory keeps being re-constructed and “revived” without the possibility of achieving closure. In this sense the loss as well as the trauma itself become ambiguous: both absent and present across ones’ lifespan. These on-going personal and public revelations reopen past wounds and demand ongoing positive coping strategies. In this sense, when looking at the positive coping strategies of this participant population compared to other cases of political trauma, the inner strength they manifested considering the circumstances is even more impressive.

The main difference between the two cases in this context is the fact that given that World War II ended more than 70 years ago, most of what happened had been revealed, where as in the case of the Military dictatorship in Argentina, which ended more than 40 years ago, the process of hunting war criminals, as well as the consequences of their actions, is ongoing. For example, the stories of the abduction of political dissidents children during the dictatorship continue to evolve (Lazzara, 2013; Gandsman, 2012).

The evolving evolution of the meaning of traumatic memory.

Finally, the findings of this research illustrate a unique way of transmitting traumatic childhood memory into adulthood. The evolution of participants’ traumatic memory narratives is multilayered. The first layer began when Argentinian democracy was restored in 1983 and continues to the present day. It consists of the gradual personal and public revelations of what was done to the victims of the Junta during the dictatorship, as well as the exposure of new war criminals. The second layer is related to an ongoing process, in adulthood, of the comprehension and interpretation of events experienced during childhood.

Given the above, the findings of this research show that, beyond the imprinting of childhood memory (Van der Kolk, 2012, 2005, 2014), there is also an ongoing evolution of the meaning of traumatic memory within both collective and personal contexts as per Kirmayer (2014), Somasundaram (2011) and (Robben (2007)). Therefore, the transmission of childhood memory into adulthood remains an ongoing process in which new adult insights are added to the childhood interpretation of events and newly-revealed information is also processed in the present day, together with the strong emotions it evokes.

Participants' decisions to consent to these research interviews, as well as the insights they obtained during the interviews, are part of their ongoing efforts to assemble a never-ending

puzzle in which various pieces of information added up into a constantly-evolving narrative over time. This never-ending puzzle brings with it strong emotions like anger, grief and guilt, which cannot be resolved. These findings correlate with scholars' arguments about the lack of individual or collective ability to achieve closure after the end of the dictatorship and the persistent engagement of the Argentinian with the trauma of that time (Benegas, 2011; Gates-Madsen, 2016; Humphrey, 2003; Ros, 2012), as well as with Yellow Horse Brave Heart's (2003) argument about the "historical unresolved grief" as one of historical trauma characteristic: "this grief may be considered fixated, impaired, delayed, and/or disenfranchised" (p. 7). This lack of closure once again confirms and illustrates the long-term impact of childhood trauma and its extensive presence in participants' adult lives.

8.2: The possible connections between certain risk and protective factors and the manifestations of negative and positive mental health outcomes in adulthood

This section will link the concepts of risk and resilience factors with their possible impact on the long-term mental health outcomes which are experienced by the participants as adult immigrants to Israel. When discussing the various factors that were identified in the findings, the focus will be on three main aspects (adapted from Tedeschi, Park, & Calhoun, 1998): stressor event characteristics, environmental influences and individual characteristics and personal resources.

8.2.a: Stressor event characteristics.

In terms of "stressor event characteristics" the following factors are discussed: the risk of compounded trauma (post-migration stressors compared to pre-migration traumas) and the duration and intensity of the exposure to the political traumatic events.

Compounded trauma related to forced migration.

As mentioned in this paper's literature review, forced immigration could be linked to theories related to specific risk factors (Kirmayer et al., 2011; Cleveland et al., 2014) and to the concept of *compounded trauma* (Cleveland et al., 2014, p. 250). Those authors argued that each

migration trajectory phase potentially represents a traumatic experience for adult refugees, and each of those phases may therefore lead to severe psychological distress. The findings of this study indeed show that various circumstances led to participants' immigration to Israel, and that overall, they can be divided into two groups: voluntary immigrants and forced migrants. One group consists of nine participants whose parents and families were *not* politically involved. Most of these participants immigrated to Israel on their own during or after the dictatorship. Their reasons for immigrating to Israel were mostly ideological (such as holding Zionist beliefs), at times financial (due to the economic crisis in Argentina) and partially related to terror attacks directed at the Jewish community and Israeli institutions in Argentina. In some cases, their motivation for immigrating to Israel was triggered by teenage rebellion and their ambitions to become independent.

The second group consists of six participants whose families were politically active in the resistance. Most of their families were anti-Zionists, and for them immigration to Israel was due to the necessity to escape from concrete threats to their lives during the dictatorship.

In the cases of participants who were forced to immigrate, their pre-migration and transit phases indeed involved life-threatening and even traumatic situations compared to the journeys of those who chose to immigrate to Israel due to their Zionist ideology and were able to emotionally prepare themselves ahead of time for a major life transition. As will be discussed later, the findings also show that although the resettlement phase was not necessarily traumatic for the second group (given the Law of Return, which awards automatic citizenship to all Jewish immigrants), it was more stressful in various aspects than the resettlement and adaptation experience of the first "Zionist" group, with some exceptions for behavioral reactions shared by most participants (e.g.: fear of Israeli defense forces). This factor is consistent with Simich and Beiser's (2011) argument that experiencing political trauma is one of the components of pre-migration stress, which is a potential risk factor for mental health in the resettlement phase.

Duration and Severity of Exposure to Traumatic Events.

As was shown in the literature review, there is a consensus regarding the long-term negative impact of *lengthy, continuous exposure* to trauma related to political violence (Montgomery, 2008; Hobfoll et al., 2011). However, the explored literature is inconsistent

regarding the long-term impact of the *intensity* of exposure to political violence-related trauma (Kuterovic-Jagodic, 2003; Hjern & Angel, 2000).

As for the duration of exposure to the political violence in Argentina, all participants in both groups were either directly or indirectly exposed to various stressors during the dictatorship over a relatively long duration (from before 1976 until 1983, for those who did not escape during the dictatorship). All participants experienced negative long-term mental health outcomes to various degrees of severity, which have manifested in their present-day behavioral and emotional reactions.

As for the *intensity* and *severity* of exposure, my findings show that participants whose parents were politically involved in the resistance (the “forced migration” group) were exposed to more persecution and events which put their lives at risk. There was also a greater chance that they personally knew victims; therefore, the sense of loss and emotional affect they expressed during the interviews was greater than those expressed by other participants. As mentioned in the previous section, the severity of the trauma experienced during the pre-migration phase was so great that some participants have continued to use, as adult immigrants in Israel, the same defensive behavioral strategies they used as children during the dictatorship, as if the same threats to their lives still exist. However, the inconsistency in the explored literature regarding the negative long-term impact of exposure to *intense and severe* trauma (Kuterovic-Jagodic, 2003; Hjern & Angel, 2000) could also be illustrated by the findings of this research. Despite the fact that participants in the “forced immigration” group were exposed as children to a greater severity of traumatic events than participants in the “voluntary immigration” group, participants in the former group often had a protective factor which seems to have moderated, to some extent, the harsh traumatic experience: the fact that, as children, they participated in the resistance. The findings show that even though their political activism was passive or minimal, and was at times imposed by their parents, it had a protective role. This is illustrated by a comparison of two participants’ descriptions of their arrests by the military Junta as children. While the one who participated in the resistance described her arrest with pride, amusement, heroism and nostalgia, one of the participants, who was not involved in any resistance activity, described his random arrest as a significant trauma which has had a significant negative long-term emotional impact on his adult life (Boehnke & Wong, 2011). The protective role of participants’ political involvement will be discussed in the next section.

8.2.b: Environmental influences.

In line with Simich and Beiser's (2011) conception of risk and protective factors for mental health, under the topic of "Environmental influences" the following factors are discussed: family and social and societal support, natal culture, employment, community work, helping the other, political activities in Israel and access to mental health services.

Family, social and societal support.

The explored literature shows that there is great importance to the family and social support as risk and resilience factors (Montgomery, 2008; Betancourt et. al, 2010; Werner, 2012; Hobfoll et al., 2011; Brajsa-Zganec, 2005; Kirmayer et al. 2011; Ayalon, 2005; Sigal & Weinfeld, 2001). One of the topics raised during the interviews was participants' perception of the support provided by their family and community and the complex role they had in the interplay of risk and protective factors over time and place. Strong emotional support, mainly provided by family members in Israel and those left in Argentina, seems to be one of the first protective factors mentioned. This also includes the parental transmission of values or a life philosophy involving problem-solving, coping with difficulties and focusing on "moving on" especially within the context of trauma, as per Sigal and Weinfeld (2001) and Robinson (2013).

As for participants' perception of the Argentinian Jewish community's role as a protector during the dictatorship, the data analysis shows a duality. The community was perceived as a protective parental entity when offering its members the safe haven of a cultural "bubble" disconnected from the violent political reality outside. The community also demonstrated its solidarity by saving some of its members' lives in times of trouble. Furthermore, it provided its members with a cultural and ideological identity, and a resulting sense of empowerment, by developing a sense of belonging to the Jewish nation whose center was the Zionist state of Israel. However, some participants described their disappointment in the Jewish community's reaction to the dictatorship, expressing anger and frustration about the community's helplessness and passivity. It is important to note that in the cases of participants whose parents held anti-Zionist beliefs, any connection to the Jewish community and its institutions was more complex and problematic. In some cases, participants reported hardly any connection at all.

Participants' realization that even adults in their community who were supposed to be invincible and protect the younger generation, were actually helpless at the time of the dictatorship, resulted in a long-term lack of trust in other people (to varying degrees) and the use of coping strategies of survival and self-reliance, especially in times of trouble.

When examining the post-migration and resettlement phase, the findings indicated that most participants in the "forced migration" group had more complex relationships with both their family members and friends in Argentina and the preliminary social network in Israel than those of the "voluntary immigrants" group. As mentioned earlier, in the case of the "forced migration" group, escaping to a Zionist state was against their ideological principles and thus a source of shame, guilt and conflict between them and other anti-Zionist family members and friends who were left behind in Argentina, or escaped to other countries. Furthermore, my findings show that some of these participants' parents continued to use, in Israel, some of the survival strategies they developed under the Argentinian dictatorship, which often transferred to the participants. These included suspicion and mistrust of everyone, but particularly other Argentinian immigrants, which indicate ambivalence toward symbols of power, and illustrate once again the long-term negative impact of their trauma on their psychosocial well being (Courtois, 2008; Cloitre et al., 2012; Kirmayer, 2014). Therefore, compared with participants in the "voluntary immigration" group, who were ideologically prepared and even eager to immigrate to Israel, and who were open to creating new social networks in that country, participants who followed their parents' anti-Zionist ideology found themselves not only socially isolated, but also unable to share the trauma they experienced during the dictatorship. This social isolation negatively impacted their emotional well-being, as per Kirmayer et al. (2011) and Beiser (2014).

While the literature clearly provides evidence that family support is a protective factor (Hjern & Angel, 2000; Panter-Brick, Goodman, Tol, & Eggerman, 2011), the findings also revealed that both groups of participants exhibited complex connections with extended family members in Israel. While some participants claimed the support given by these family members significantly helped in their adaptation as immigrants, others described a lack of support from family members in Israel after their immigration, resulting in negative mental health outcomes (e.g.: social isolation). The findings also showed that some participants in the "voluntary immigration" group intentionally disconnected themselves from their family members and other Argentinian immigrants in Israel, in order to facilitate their adaptation to Israeli culture.

Another element that must be taken into account is the different relationships that each of the group members (the “forced migration” group and the “voluntary immigration” group) has had with the Israeli society, which ultimately affected the level of support they received from it. While participants who were Zionists made a great effort to culturally and socially assimilate themselves within the Israeli society, participants who were forced to flee with their parents to Israel expressed conflicting feelings about what they perceived as the “fascist Zionist state entity” and were ashamed of immigrating to Israel even though it saved their lives. These participants therefore created barriers which prevented them from connecting with Israeli society on the grounds of ideological differences, as well as encountered external barriers imposed by Israeli society, which at times perceived them as “anarchists”.

This negative experience of social exclusion, correlates with Simich and Beiser’s (2011) suggestion that discrimination (in this case social discrimination), is one of the components of post-migration stress, and as such it could be a risk factor for one's mental health.

In this sense, the Law of Return (The Knesset, 1950), which provides each Jewish immigrant with automatic Israeli citizenship, actually became a risk factor, as it formally “erased” and suppressed the traumatic history of participants from the “forced migration” group experienced as political exiles, by defining them as “regular Jewish immigrants”.

To summarize, findings show that family and social support acted as both risk and protective factors, and were manifested differently in each group.

Natal culture.

The findings of this research confirm the duality and the complexity of natal culture as a factor that can put one at risk of exclusion and xenophobia within the host society (Rousseau, Hassan, Moreau & Thombs, 2011) while also serving as a protective factor (Pickren, 2014; Suárez-Orozco & Suárez-Orozco, 2001). Participants illustrated this by mentioning the extent to which their parents practiced Jewish traditions, as well as by embracing and implementing the empowering values of the Jewish legacy, like the concepts of hope, social justice, equity, the struggle to excel and the benefits of being pro-active, especially when facing traumatic or stressful events. In this context, participants’ cultural identity also seemed to be a source of strength, protection, empowerment and support during difficult times of political persecution. Some participants also indicated that a Jewish or Zionist cultural background during their

childhood in Argentina seemed to be a significant factor in helping lower their levels of anxiety before and after their immigration to Israel. This pre-migration cultural preparation not only gave them practical tools for easier cultural adaptation and integration as immigrants, but also some expectations about the particular political stressors they were soon to encounter in Israel. In contrast, participants who were not connected to their Jewish culture during their childhood in Argentina, and whose parents were anti-Zionists, describe alienation from and resentment towards Israeli society.

While for some participants, Jewish identity was a protective factor, the findings also showed that participants perceived their Jewish identities as a source of risk given their experiences with anti-Semitism during the dictatorship and their family history relating to the Holocaust. The question raised is whether the strong association participants made between the collective intergenerational Jewish trauma of the Holocaust with their experiences of the Argentinian dictatorship increased their internalized sense of victimization or encouraged resilience both during their childhood and adulthood? The answer to this question is probably both. This factor seemed to be both a factor of risk and resilience. While most participants were exposed to various forms of anti-Semitism during childhood, their reactions to it spanned a spectrum between perceiving themselves as victims and resisting and surviving political human rights abuses. This survival strategy also helped some participants later, when coping with the difficulties they encountered as new immigrants to Israel, although, in a way, the political situation in Israel, within the context of the Middle Eastern conflict, was perceived by some of them as a direct continuation of an anti-Semitic narrative on both a personal and collective level.

My findings reveal an additional dimension: although most participants describe their identities in Argentina as having been Jewish, in Israel, their cultural identity is perceived by Israeli society as Argentinian. It is therefore understandable why in some cases, participants' attempt to assimilate into Israeli society in order to gain its support included not only an intentional detachment from other Argentinian immigrants in Israel, but also the decision to stop speaking Spanish, and a considerable effort to get rid of their Spanish accent when speaking Hebrew. As described in Chapter 6, Argentinian immigrants in Israel are perceived positively, but this perception is stereotypical and shallow, displaying very little recognition of their actual stories, including their painful experiences during the dictatorship. Participants' descriptions of their social exclusion from Israeli society as immigrants is echoed in the literature. Xenophobia

and cultural racism in Israel has been documented mostly in relation to Ethiopian Jews in Israel (e.g.: Ben-Eliezer, 2004; Walsh & Tuval-Mashiach, 2012), however stigmatization toward the “other” in Israel – Palestinian citizens, Ethiopian and Mizrahi Jews, and recent immigrants – is not new (Mizrachi & Herzog, 2013; Khazzoom, 2003; Lissak, 1987). Overall, Israeli society perceives some immigrants communities as either threatening (economic, physical, social cohesion, and modernity) or beneficial (economic, physical, cultural diversity, and humanitarian) (Tartakovsky & Walsh, 2016).

It was interesting, however, to see that in some cases, participants managed to transform their Argentinian cultural history from a risk into a protective factor over time, by making a “u-turn” and returning to their Argentinian culture after intentionally disconnecting themselves from it. This act of reconnection enhanced their mental well-being, whether it was by teaching their children Spanish, marrying an Argentinian, reconnecting with other Argentinian immigrants in Israel, or by being engaged with Argentina’s politics and cultural life through social media, food and music. My findings illustrated how for some participants the acts of reconnecting to Argentinian culture was a way to add some sweetness to the bitter taste left with them by their traumatic childhood experiences in Argentina. While, as mentioned in Chapter 2, there is no large or organized Argentinian immigrant community in Israel, it seems that some participants managed to create, by themselves and for themselves, a comforting cultural island existing alongside their other cultural identities as Jews and Israelis. As such, to some participants their cultural identity as Argentinians has been a protective factor.

Employment, community work, and helping the other.

The findings of this research confirm the arguments found in the explored literature relating to employment as a protective factor and its absence as a risk factor in the context of refugees (Canadian Task Force & Beiser, 1988). All participants mentioned the importance of finding and maintaining jobs in Israel as one of the most important factors for their mental health and well-being. Apart from the benefits mentioned above, having a job, and specifically doing work which they enjoyed, provided some participants with additional wellbeing: a sense of self-worth, an opportunity to socialize, a place where they could improve their Hebrew proficiency, and to learn about the Israeli cultural norms. Most significantly, employment was a source of acceptance, stability and validation of their talents and abilities. In contrast to the above, it is also

important to note that not all participants managed to reach self-fulfillment through their occupations in Israel, and that some of them had to compromise in finding less desirable jobs, mainly due to their lack of language proficiency or their lack of any previous educational or professional background. While they expressed some disappointment that their jobs were not ideal, they simultaneously expressed pride that they were able to find a job in Israel, hold on to them, and provide a steady income for their families.

The findings also highlighted an additional protective factor that significantly contribute to their cultural integration, and their wellbeing: community volunteer work, as well as helping others outside of a volunteer structure. Some participants defined the act of helping others firstly as a responsibility they took upon themselves as the heads of the families they raised in Israel. They claim it gave them a reason to “be strong”. The second identified form of helping others was through community engagement. Here too, participants described benefiting from their activities by being able to contribute to society, be a part of it, as well as a good diversion.

While the benefits of community volunteering are well-documented for both volunteers and society in general (Yeung, Zhuoni Zhang & Kim, 2017), in our case, the ability of Argentinian immigrants to contribute to Israeli society has additional value and importance for their mental well-being. Given their painful experiences as children in Argentina, it provided them with opportunities to go beyond their self-identification as victims of the dictatorship and restore their belief in human compassion, kindness and empathy for others. As such, their volunteer work was very empowering.

The third identified form of participants’ altruism was the helping of peers who faced similar crisis situations during the dictatorship and after immigrating to Israel, whether it was when facing the harsh anti-Semitic abuse they experienced during their compulsory service in the Argentinian military, or giving “survival tips” to Argentinians in Israel experiencing hardships.

Political activities in Israel.

Most participants mentioned their political activity – whether as children in Argentina, as adult immigrants in Israel, or both – as an engagement that helped them cope with the difficulties they encountered both as children and adults. The protective impact of being politically engaged during the dictatorship, even as children, was discussed earlier, yet the findings show that being politically active as adults, after immigrating to Israel, is also a protective factor, especially in the

cases of participants from the “forced migration” group. These findings provide evidence which confirms existing empirical longitudinal and retrospective studies which argue that engagement in political activity at a young age has a positive long-term outcome for one’s mental health in adulthood, and as such it is a protective factor in general (Boehnke & Wong, 2011) and within the context of the lives of adult refugees in particular (Holtz, 1998). It should be mentioned though, that while such studies recognize the empowerment that political activism may give to refugees, others note a possible of risk of socially imposing “predetermined roles” on these refugees, and of stereotypically labelling them in the social categories such as “human rights defenders” or “Green movement activists” (Rivetti, 2013, p. 312).

The findings of this research show that engagement with political activity in Israel (usually on the left-wing side of the political spectrum, but also at participants’ workplaces) contributes to participants’ self-confidence and self-worth. It is interesting to see how political activism is a practice which was used by both groups of participants: those whose parents were politically active during the dictatorship as well as those whose families were not politically involved.

In addition, participants revealed a common goal achieved by this activity: the opportunity to try to “fix” their trauma, or to try and “correct” as adults what went wrong as children. In a way, one can once again identify the long-term impact of participants’ childhood trauma in their ongoing attempts to “fix” it, this time within the context of the Middle Eastern conflict and despite the fact that more than four decades had passed since the dictatorship ended in Argentina. Findings also show that in some cases, these persistent attempts to “fix” the past at any price cost some participants their jobs. In this sense this activity could be perceived as a risk factor.

Efforts to “correct” the past in the present day via political activism were identified in both groups of participants, although in the cases of participants whose parents were politically involved in the resistance, an additional motivation could be found, namely the desire to complete their parents’ unfinished or failed political missions in Argentina and further their legacy in Israel.

This desire to complete their parents’ unfinished or failed political missions in Argentina and further their legacy in Israel, defined by one of the participants as a “continuation”, is also an active attempt to build a bridge linking the “broken” past, the present and aspirations for a better

future as immigrants in a new country. The findings show that these attempts not only stayed within the personal dimensions of participants' traumatic experiences, but also expanded into the collective dimension at the societal level. In other words, participants' political activities were an attempt to build a bridge of hope between the past, their present and the future while constantly shifting between their attempts to "fix" their own personal traumatic experiences, and collective experiences more than four decades later. It is interesting to see that while there is a strong correlation between the individual and the collective experience of trauma (Somasundaram, 2011), this reciprocal movement between the individual and the collective dimensions (Robben, 2007), also exists when trying to "fix" the trauma. In correlation with Simich and Beiser's (2011) argument about the potential "flip side" of each factor, findings show that in this aspect, participants' political activity can be both risk and protective factor.

While it is debatable whether participants' political activity is another symptom of the long-term negative impact of their childhood trauma, or is as a sign of resilience, my findings show that participants' political activities in Israel offered multiple benefits to their mental health, including feelings of belonging, meaning, self-worth and community.

Access to mental health services.

The literature shows that, for immigrants in general and refugees in particular, access to mental health services could be a protective factor for mental health, while lack of access could be a risk factor, given the requirement to have effective skills and emotional resources to handle and survive the many difficulties and transformations they face in their host country without the multidimensional support they had in their country of origin (Kirmayer et al., 2011). It is even more so in the context of potential compounded trauma experienced during the various phases of their migration trajectory (Pumariega et al., 2005).

Given the widespread awareness in Argentinian culture of the benefits of receiving mental health treatment, most participants mentioned professional emotional support as a protective element which helped them to cope with their trauma both during their childhoods in Argentina and their adult lives in Israel. Some participants received psychological treatment, psychiatric medication or both; this mostly took place in Argentina, but to a lesser extent in Israel as well.

Given the Israeli Law of Return, barriers to accessing mental health services due to policy restrictions and limitations, such as in the case of refugees or refugee claimants in Canada

(Simich & Beiser, 2011; Hanley et al., 2014) or in Europe (Carta et al., 2005), are not applicable. However, when examining participants' experiences with talk therapy, one should take into consideration a different type of barrier: the survival strategy used during the dictatorship of keeping one's silence, which is present in many participants. Being able to trust a therapist or even consider going to therapy were not easy things to do during the dictatorship. Also, in addition to the fundamental lack of trust citizens had in each other, there were also cases in which therapists were arrested and their files, containing their patients' personal information, were revealed to the Junta.

8.2.c: Individual characteristics and personal resources.

The third and last aspect that links the concepts of risk and protective factors with their possible impact on the long-term mental health outcomes is the aspect of individual characteristics and personal resources. Under this topic the following factors are discussed: young age at the time of traumatic experience, personality traits, faith and organized religion, creative expression and holding onto nostalgia. Age and personal resources are also mentioned in Simich and Beiser's (2011) paradigm as factors for mental health.

Young age at the time of traumatic experience.

The findings of this study confirm inconsistency in the literature with regards to the demographic factor of young age at the time that trauma is experienced. While there is a body of literature which argues that experiencing trauma at a young age increases vulnerability and therefore causes prolonged and persistent long-term negative mental health outcomes (Kuterovic-Jagodic, 2003; Montgomery, 2008), other scholarship argues that the limited developmental and personal resources of a young person actually function as a protective factor under specific circumstances (Werner, 2012).

The findings of this research illustrate the complexity of this factor. Participants' descriptions of their subjective experiences of traumatic events as children reveal that experiencing the traumatic events of the dictatorship at a young age indeed provided protection *at that time*. Participants' psychological defense strategies (Chapter 5) include their lack of mature understanding or awareness to the complexities of the political situation, and their access to a certain set of resources (e.g.: parents who presumably helped protect them).

However, as mentioned earlier, despite the usefulness of participants' protective strategies during childhood, as some participants were exposed to more information about human rights abuses during the dictatorship, and as they gradually developed the adult capacity to understand the meaning of those events, they not only described having feelings of guilt for not being able to fully comprehend their situation as children, and for unknowingly "collaborating" with the dictatorship, but were also able to grasp the extent of the traumatic experiences they went through during their childhood. As previously mentioned, my findings show that, as adults, all participants continue to suffer from long-term negative mental health outcomes, including symptoms which could be identified as C-PTSD. These findings correlate with Sigal and Weinfeld's (2001) study about child Holocaust survivors, which argues that although the limited ability of child survivors, compared to survivors who were adolescents, to cognitively process the meaning of their experiences was a protective factor, in some cases this protection may have been diminished once they reached a developmental stage that enabled them to grasp and appreciate the threat of the traumatic events.

Another element in my findings correlates with an argument in Sigal and Weinfeld's (2001) study about the potential protection that children have at the time of trauma, due to their limited ability to cognitively process the real meaning of their traumatic experiences. When looking at the long-term negative impact of trauma on the functioning of participants, it is hard to ignore that one of the participants, who experienced the most significant trauma in his life toward the end of the dictatorship, when he was an adolescent, suffers from more severe symptoms of what could be identified as C-PTSD than any other participants. This participant's suicide attempt during his adolescence, a response to the abuse he suffered at the hands of the Junta's military, illustrates, among other things, that he had full awareness of the meaning of his traumatic experience at that time. His present-day functioning is also lower than that of all the other participants, who experienced the traumatic and stressful events at much younger ages (6 to 11 years old). In other words, the degree of the exposure to the complexities and the meaning of the traumatic event at an older age is a potential risk factor.

Personality traits.

As mentioned earlier, personality traits such as flexibility, active coping, the ability to seek social support, and other "built-in" coping strategies are identified in the literature as

protective factors since they may have positive long-term effects after experiencing childhood trauma (Qouta, Sarraj & Punamaki, 2001; Kuterovic-Jagodic, 2003). The findings of this study also confirm that having a “strong personality” is a protective factor. Some participants attributed their resilience during the dictatorship in Argentina, and later on after their immigration to Israel, to characteristics like self-reliance, proactivity, the habit of always looking ahead instead of engaging with self-pity, the courage to “jump into the water”, the ability to adjust relatively quickly to new or difficult situations and the ability to maintain a sense of humor. The latter is also supported by a wealth of scholarship, which argues that humor is a good coping strategy which promotes group cohesion and decreases anxiety, stress and hostility for adult survivors of childhood trauma (Bloom, 2013). In addition, literature shows that dark humor is also described as a useful strategy for responding to political violence (Holý, 2017; Üngör & Verkerke, 2015; Sheftel, 2012; Adriaensen, 2015 ; Lauterwein, 2009). More specifically, it can be a good coping strategy for the 2nd generation to cope with their traumatic experience during the dictatorship in Argentina (Sosa, 2013; Dzwonik in Tandeciarz, 2007).

Faith and organized religion.

There is a wealth of existing knowledge focused on the concept of faith and organized religion as a factor of both resilience and risk in the context of coping with adversity. Some of the ways faith or religion may facilitate resilience are by encouraging self-efficacy and the active confrontation of problems, and facilitating positive outcomes after experiencing stressful or traumatic life events (Pargament & Cummings, 2010). The same argument is applicable to some immigrant populations, specifically Latino immigrants (Abraído-Lanza, Vásquez & Echeverría, 2004).

It was interesting to see that out of the 15 participants in this research, only one, mentioned faith in God as a significant element in his life. The fact that it was not mentioned by most participants could perhaps be related to the nature of the connection between some participants and their families and the Jewish community and institutions in Argentina. These connections were mostly based on social (e.g.: participation in Zionist Jewish movements), recreational and educational (e.g.: attendance of Jewish schools) activities. Based on most participants’ narratives, their links to the Jewish faith were mostly implemented by the celebration of one or more Jewish holidays (e.g.: Passover, the Jewish New Year).

Nevertheless, a close examination of one of the participant's relationships with his Jewish faith reveals how this faith correlates with both risk and resilience, as mentioned by Pargament and Cummings (2010). Lorenzo described how his faith was a protective factor which helped him cope emotionally with difficult or traumatic situations encountered during the dictatorship while linking his strong faith with his connection to the Jewish community at that time. However, later on in his interview, he also described how, following his disappointment in the failure of the Jewish community in Argentina to release him from the Argentinian military, where he suffered from extensive physical and emotional abuse, he distanced himself temporarily from his faith. At that time, his perceived abandonment by the Jewish community was linked to his perceived abandonment by God. This reaction resulted in self-reliance. It was only after he immigrated to Israel, that he gradually brought faith back into his life as a source of hope and strength which helped him cope, to some extent, with anxiety and attacks of rage that were a long-term consequences of his trauma. Among the many things he keeps in his "survival kit" are a copy of the Book of Psalms and a *kippah* (a yarmulke), which serve as a constant physical reminder that God is with him at all times to calm his anxieties. Lorenzo's ambiguity in relation to his faith and the extent to which organized religion has played a protective role in his journey correlates with a wealth of literature in the context of Holocaust survivors and their complex relationships with religious faith as a coping strategy (Brenner, 2017; Greene, 2002; Fleming, 2006; Suedfeld, Krell, Wiebe & Steel, 1997).

Creative expression.

Creative expression has been recognized as a method of clinical intervention in cases of traumatic experiences, including PTSD (Johnson & Lahad, 2009; Bloom, 2013). As put by Bloom (2013), "creative expression is the voice of our nonverbal self" (p. 53). Some control-outcome studies focused on art therapy, providing some evidence for its effectiveness in reducing the severity of symptoms of both trauma and anxiety in traumatized adults (e.g.: Schouten, de Niet, Knipscheer, Kleber & Hutschemaekers, 2015). The literature also shows evidence for the effectiveness of trauma writing therapy, arguing that it enhances the mental well-being of traumatized individuals (Pizarro, 2004). Other studies show that structured writing therapy may reduce PTSD symptomology (e.g.: van Emmerik, Kamphuis & Emmelkamp, 2008). Following some evidence of the therapeutic benefits of writing therapy in the treatment of PTSD, a meta-

analysis study suggested writing therapy might have use as an alternative intervention to traditional therapy using the communication benefits of social media (van Emmerik, Reijntjes & Kamphuis, 2013). In contrast, other scholars argue that in cases of PTSD, writing therapy may increase negative symptoms (Lowe, 2006). In the case of the dictatorship in Argentina, literature shows that for some children who lost their parents due to their political activities in the resistance, creative experience seemed to be an empowering strategy of coping with their first-hand traumatic childhood memory and parental loss (Sosa, 2013; Perez, 2013).

The findings show that some participants used creative expression on their own (not as part of their clinical therapy) as a way of coping with their childhood trauma. Whether it took the form of drawings, keeping a diary, writing or reading fiction, they claimed that their creative expression contributed to their mental well-being. Participants described the ways their creative expression helped them channel their traumatic childhood memories into creative platforms which enabled them to maintain safe and ongoing dialogue with their childhood trauma as adults. More specifically, in addition to the important therapeutic role that writing a diary played in the past, reading it as an adult was also part of an ongoing processing of trauma in the present, as it provided some participants with retrospective insight regarding their emotional journey.

When examining the direct impact of creative expression on long-term mental health outcomes, and comparing the experiences of participants who used creative expression with those who did not, it is difficult to reach a conclusion, as other participants may have used different coping strategies they found more suitable. What is clear is that creative expression has been a useful strategy with positive mental health outcomes for participants who chose to use it as a way to cope with their childhood trauma. My findings illustrate how participants who used creative expression as a coping strategy displayed stronger abilities of self-reflection and insight into their personal emotional worlds than those who did not.

Holding onto nostalgia.

Abeyta and Routledge (2017) define nostalgia as “a positive emotional experience that involves reminiscing about personally significant events and/or social relationships” (p. 427). While nostalgia has had negative connotations, there is a growing body of scholarship which provides evidence that nostalgia is actually a valuable factor for the mental health and well-being of individuals and may even be used as a form of intervention (Routledge, Wildschut, Sedikides

& Juhl, 2013; Routledge, Roynance & Abeyta, 2016). Other studies argue that nostalgia also promotes physical health (Kersten, Cox & Van Enkevort, 2016). Abeyta and Routledge (2017) argue that not only does nostalgia add meaning to one's life, but it may also significantly improve the psychological health and well-being of individuals who have experienced adversity or trauma, as it can moderate the lack of meaning in life resulting from the harsh negative consequences of difficult past life experiences.

The findings of my research show that some participants used nostalgia as strategy to help them cope with their difficult memories. Three main forms of nostalgia were identified. One form was illustrated by some participants' attempts to find positive elements in painful, stressful or traumatic events, potentially mediating their suffering and pessimism in the present day. For example, participants tried to find the communist songs which were part of their childhood, or looked retrospectively on stressful events such as arrests using the lens of romance or humor.

Another identified form of nostalgia is the choice to remember good memories from the time of the dictatorship in order to balance the bad memories, such as images and sensory memories from the time participants perceived as idyllic. Some participants described this nostalgia as an emotional sanctuary in the present day. During the interviews, nostalgia was used by some participants after they shared painful stories of traumatic events they experienced as children during the dictatorship, as well as at the end of the interviews. This could be interpreted as a way for the participants to "bounce back," or "recompose" themselves after the strong emotional impact of sharing their painful memories during and after the interviews.

Finally, the findings illustrate a third form of nostalgia, linked to Baldwin and Landau's (2014) argument, which is transformed into personal psychological growth. For example, some participants use their nostalgic reminiscence of the words of the communist songs to explain themselves the possible connection between their childhood in Argentina and their present-day political engagement in Israel.

When examining the various forms of nostalgia seen in my findings, in contrast to the above, one may also wonder if participants' use of nostalgia is further evidence of the long-term impact of their traumatic childhood memory: a way for them to avoid facing it by unconsciously using the psychological defence strategy of denial. However, when examining it through the lens of the growing body of scholarship on nostalgia, it can be taken as evidence that participants intuitively used nostalgia as a legitimate and significant personal resource to help them positively

cope with their traumatic memories while finding positive existential meaning in the suffering and loss they experienced as children during the dictatorship. Whether nostalgia was one of participants' defense mechanisms or a way to enhance positive meaning in their lives, my findings show that it was a significant protective factor which helped some of them in their daily functioning as adults.

8.2.d.: The complexity of risk and protective factors across time and place.

In this section the possible connections between risk or protective factors and manifestations of negative and positive mental health outcomes in adulthood are examined. After closely examining my findings, I was able to identify the balance between specific factors of risk and resilience situated in time and space to understand their relationships, interplay, and potential long-term impact on participants' mental health.

The findings discussed above are strongly correlated with the existing knowledge in this field of investigation, and have a strong correlation with Simich and Beiser's (2011) description of the complexity of risk and protective factors across the migration trajectory, their intersection, and their possible negative or positive impact on immigrants' mental health during the resettlement phase both within the context of forced migration and voluntary immigration. As mentioned earlier (Chapter 4), Simich and Beiser's (2011) paradigm offers many different potential scenarios, combinations of relationships among factors and possible negative or positive mental health outcomes. An example of the relationships between different factors is illustrated in my findings by some participants' direct and extensive exposure to political trauma during their childhood, sometimes mediated by the protective factor of their political activism as children.

Another observation suggested by Simich and Beiser (2011) which corresponds with the findings of this research is a result of the factors themselves: some may not be entirely positive or negative in the context of immigration situated within time and place, as they can instead be *both*. An example, in our case, is the role of nostalgia as a coping strategy compared with its clinical interpretation as a pathological defense. Simich and Beiser (2011) also argue for the possibility that specific variables act as both risk and protective factors simultaneously. In this case, the two sides of natal culture (e.g.: participants' dual Jewish and Argentinian cultural identities)

simultaneously acted as both risk and protective factors during the dictatorship and after participants immigrated to Israel. Another element mentioned by Simich and Beiser (2011) which could be identified in my findings is the shifting of factors from “good” to “bad” over time. For example, being at a young age when experiencing trauma was identified in this study as a protective factor. However, later in adult life, it became a risk factor after participants gradually developed the cognitive capacity to fully understand the meaning of their childhood trauma.

Overall, the findings show that an important factor were the immigration circumstances of participants. Those whose parents were politically active during the dictatorship had to escape from Argentina with their parents, in contrast to participants whose families had no involvement in the resistance and who chose to immigrate to Israel. Participants’ immigration circumstances (forced versus voluntary immigration) seemed to have a great impact on other factors situated in the post-migration phase, like family, employment and social support. Although all participants suffered from various levels of negative long-term mental health outcomes, it appears that the group which experienced forced migration had more vulnerability to risk factors potentially connected to the manifestation of both negative and positive mental health outcomes in adulthood, given that, compared to the “voluntary immigration” group, they experienced greater exposure to traumatic events and compounded trauma during the dictatorship as well as difficulties finding employment and social support.

Findings also reveal further complexity. Given the elasticity and balance of factors of risk and resilience, as described above, some protective factors *mediated* the potential negative impact of the risk factors. For example, my findings show that the protective factor of involvement in political activity during the dictatorship had a long-term impact on the way exposure to traumatic events carved traumatic memories decades later. As the findings show, in the cases of the “forced migration” group, participants’ parents’ involvement in the resistance resulted in greater, more frequent and more direct exposure to traumatic events, stress and anxiety, but their own political involvement during the dictatorship as children also gave them a sense of empowerment and control. In contrast, participants from the “voluntary immigration” group, despite being exposed to relatively less individual traumatic or stressful events as children, perceived themselves as helpless victims due to their political passivity during the dictatorship. This perception may have had a negative long-term effect on their mental well-being. The tables below illustrate some of the complexities discussed. See Tables 1a (voluntary immigration) and 1b (forced migration) for

a comparison of the factors of risk and resilience identified in this study during the pre- and post-migration phases.

At the same time, one should keep in mind that there may be some exceptions, and that individuals who may share the same immigration circumstances, may also show different vulnerabilities to particular risk factors, and may exhibit various long-term manifestations of mental health outcomes.

Table 1 a: The balance of risk and protective factors across the migration trajectory.

Voluntary immigration group (Mostly Zionists)

Risk factors	Protective factors
Pre-immigration (during the dictatorship)	
Exposure to trauma/stressors over a long time (during childhood)	Young age at the time of the traumatic experience
Single direct exposure to traumatic events, indirect exposure	Access to mental health services
Family, social, community and societal support	Family, social, community and societal support
Natal culture (being Jewish as a risk or resilience factor, Holocaust)	Natal culture (being Jewish as a risk or resilience factor, Holocaust)
Passivity and victimization during the dictatorship	
Post-immigration (resettlement in Israel)	
Being at a young age at the time of traumatic experience	Voluntary immigration
Natal culture (Argentinian culture as factor of risk or resilience in Israel)	Natal culture (Argentinian culture as factor of risk or resilience in Israel)
	Family, social and societal support (in most cases)
	Employment and community work (in most cases)
	Political activities in Israel
	Access to mental health services
	Personality traits
	Personal resources: creative expression, holding on to Nostalgia and faith
	Pre-migration Jewish / Zionist cultural background

Table 1 b: The balance of risk and protective factors across the migration trajectory.

Forced immigration group (Political exiles, anti-Zionists)

Risk factors	Protective factors
Pre-immigration (during the dictatorship)	
Exposure to trauma or stressors over a long time (during childhood)	Political involvement during the dictatorship
Severity and intensity of an exposure to traumatic events	Young age at the time of the traumatic experience
Natal culture (being Jewish as a risk or resilience factor, Holocaust)	Natal culture (being Jewish as a risk or resilience factor, Holocaust)
Family, social, community and societal support	Family, social, community and societal support
	Access to mental health services
Post-immigration (resettlement in Israel)	
Forced immigration	Political activities in Israel (very significant)
Family, social and societal support (complex due to political ideology and suspicious behavioral reaction)	Personality traits (very significant)
Natal culture (Argentinian culture as factor of risk or resilience in Israel)	Natal culture (Argentinian culture as factor of risk or resilience in Israel)
Difficulties with employment: lack of pre-migration cultural and educational background	Personal resources: creative expression, holding on to Nostalgia (faith was not a factor)
Compounded trauma	
Being at a young age at the time of traumatic experience	

8.3: This study's strengths and limitations, and possible future implications

In this section I will examine the various strengths and limitations of this research, and its future implementation. I will start by exploring the strength and the contributions of my research to knowledge. I will continue with a discussion of the possible impact of my subjectivity on my data collection and analysis, and the possible limitations stemming from the fact that participants' first language was Spanish, which I do not speak, and that the interviews were conducted in Hebrew and had to be translated into English. I will also discuss the various barriers to reaching a fixed conclusion. This section will be concluded with suggestions as to the implementation of my research within various individual, communal and public domains and suggestions for future research.

8.3.a: Strengths and the contribution of this study.

As was shown by my exploration of the existing literature (Chapter 3), a limited number of longitudinal and retrospective studies have focused on the long-term impact of childhood adversity and possible long-term mental health outcomes after experiencing trauma in the context of the lives of adult refugees. While there is a wealth of literature focused on the long-term impact of childhood adversity in general, there are few studies about its subsequent impact on migration as a stressor, or the intersection of these two stressors. The findings of this study therefore contribute to the existing knowledge by adding more insight into the way childhood political trauma experienced in one's country of origin manifests itself in behavioral and emotional functioning of adult immigrants.

Furthermore, my literature review shows that most of the existing studies on risk and resilience factors in the context of immigration are focused on either voluntary immigrants **or** forced migration. And given that each study focuses on a different ethnic group and involves other various variables such as age of participants or gender, it makes it difficult to compare among the various conclusions of these studies and to reach definite, general conclusions regarding the nature and the impact of factors of risk and resilience within the context of immigration. As was also mentioned in my literature review, one of the weaknesses of other existing empirical literature is not making a clear distinction between protective and risk factors related to forced versus voluntary immigrants.

In contrast to the above, this research contributes significantly to the existing scholarship in this field, as it provides a unique opportunity to have control (to some extent) over major variables while comparing a group of forced immigrants with a group of voluntary immigrants. In this research all the participants in these two groups belong to the same ethnic group, all have been exposed during their childhood to the same political environment at the same country of origin, at the same period of time, and all participants immigrated to the same country. This baseline of control over some of the major variables helped this study to clearly compare the interplay of factors of risk and resilience across time and place within each group. As we can see clearly by looking at tables 1a and 1b, this study provides us with important additional substantial evidence that forced migrants are exposed to more risk factors than voluntary immigrants, and that these risk factors may have long-term negative impact on one's mental health. This argument confirms the same argument in the existing literature (Carswell, Blackburn & Barker, 2011; Siriwardhana, Ali, Roberts & Stewart, 2014), while excluding the common methodological limitations within the existing empirical literature in this field.

Finally, compared to the explored literature on the topic of factors of risk and resilience in the context of forced migration, this study also reveals the protective role of additional factors in the post-migration phase such as: political involvement (also during the pre-migration phase), community engagement, creative expression, humor, and holding on to nostalgia.

Exposing the experience of a hidden community and breaking the silence.

While this study's findings provide important knowledge regarding the experiences of adult refugees who experienced political trauma as children, and about the complexity of factors of risk and resilience within this context, it also offers new information and insight specifically regarding Jewish adults who immigrated to Israel from Argentina after escaping the military dictatorship. Despite the fact that the total number of Argentinians in Israel is estimated to be over 100,000, there are still only a few studies focusing on their experiences, and even government statistics about Argentinian immigration are inconclusive. Most research conducted on immigrants in Israel focuses on Jews who immigrated from Ethiopia and the former Soviet Union due to the significant number of people immigrating from these countries to Israel and their cultural visibility within Israeli society. Furthermore, there is an even a greater gap in the literature related specifically to the wave of immigrants who entered Israel following the military

dictatorship in Argentina. Therefore, the findings of this study provide a significant contribution to the knowledge about the particular experiences of this specific hidden population.

In addition to the above and although this was not one of its stated goals, this study also acted to some extent as a healing and therapeutic experience for participants based on their reactions after the interviews. For most participants, it was the first time they were able to share the full stories of their childhood trauma in a safe and non-judgmental environment, even though some of them had received mental health treatment as adults. Furthermore, when examining participants' narratives, it can be seen that participating in this research gave them the opportunity as adults to "speak" with their traumatized inner child. During the interviews, participants often alternated between two "voices": the narrative and voice of themselves as children, and the adult interpreting the childhood experience, and at times comforting the child. As such, the interviews themselves were to some extent a therapeutic experience, as not only did participation in the interviews give participants the opportunity to voice to their untold stories, but also allowed them to try to complete the unfinished puzzle of the narrative of their lives. Participants were able to comfort their inner child, to mourn the losses of their loved ones, to express anger about the long-term impact of having experienced traumatic events as children, and, at times, to celebrate as adults the fact that they managed to survive the difficult journey from childhood to the present day.

Furthermore, the meaning of breaking of the silence could be seen as an action that goes beyond participants' own personal therapeutic benefits. As argued by Gates-Madsen (2016), great importance has been placed since the end of the dictatorship on giving "voice to the voiceless" (p. 4) and elevating "the politics of memory" as opposed to the dictatorship's "politics of amnesia" (p. 5). In this sense, the contributions of this research project, followed by its future publications, are in a way a political statement which helps fight the politics of amnesia, by giving a voice to the negative long-term consequences of human rights violations on the psychosocial well-being of the dictatorship survivors after more than four decades.

8.3.b: The limitations of the study.

The conclusions which are drawn from this analysis should, as with any research project, be considered with some reservations. I will start with a discussion about the methodology. This research used a relatively small number of participants (fifteen). This is an understandable

limitation, considering the barriers of language, culture and trust and the fact that this research is qualitative, and that this is a hidden population. Still, a larger number of participants might have provided additional perspectives and examples. Also, using the snowball method as a tool for recruitment introduces sampling bias, as initial subjects tend to nominate people that they know well. Therefore, it is likely that the subjects will share similar traits and characteristics, and would represent only a small subgroup of the entire population which is investigated. For example, the sample of this study did not include observant Argentinian Jews. In order to mediate this limitation, I tried to expand the my recruitment sources by initiating contact with the administrative offices of some “Argentinian Kibbutzim” and ask their help. Using the snowball method to reach out to my participants not only limited my control over the diversity of the sample, but also over the ratio of male to female interviewees, which ended up with nine men and six women. This same uneven ratio (9 to 6) characterized the number of participants whose parents were politically involved in the resistance versus those whose parents had no political involvement.

Also, although the research exclusively involved people who were children at the time of the dictatorship, I had less control over the exact age at which participants experienced traumatic or stressful events. Therefore, while some participants’ exposure to trauma or stressors occurred at the age of six, others experienced them at eleven. As mentioned earlier in this thesis (Chapter 3), given the particularities of the developmental stages reached at different ages, one can assume the existence of differences between a six-year-old child’s ability to cognitively process the meaning of their traumatic experiences and that of an eleven-year-old. Still, given the limitations of this research, it was necessary to include all participants who experienced the dictatorship during their childhood.

An additional variable which was not taken into consideration in this study was the length of time participants spent in Argentina during the dictatorship before immigrating to Israel, as well as the length of time they then spent living in Israel. It is logical to assume that different expressions of vulnerability or resistance would occur in the cases of Argentinians who immigrated to Israel near the beginning, middle or end of the dictatorship, or even after the Argentinian economic crisis in 2001. A further limitation which I had to address during my sample recruitment and data collection was the risk of compromising participants’ confidentiality, given that the individuals usually nominate people they know socially. As a

researcher, I had to address this challenge several times and to do my best to keep the confidentiality of all the participants.

Despite the many limitations of the snow ball method, given the difficulties to reach potential participants in this hidden community, and given the extensive lack of trust they have, a method which uses chain referral seemed to be the most suitable method to use for the purpose of this study. Furthermore, it seemed that, for participants, the act of nominating, which often was initiated by the participants at the end of their interview, was very self-empowering and enhanced their feeling of involvement and engagement in this study. It is also important to mention that, despite the lack of control over participants' diversity, I still managed to reach a diverse representation of participants who have different childhood traumatic experiences in Argentina and different experiences as immigrant adults in Israel, had different immigration circumstances, and came from different geographic regions both Argentina and in Israel.

Another limitation which is related to data collection and analysis, was the fact that I do not speak or understand Spanish, which was the mother tongue of all 15 participants. Given the profound lack of trust in others most participants have harbored since the dictatorship, especially towards people from Argentina, the fact that I am not Argentinian and do not speak Spanish actually greatly contributed to participants' feelings of safety and comfort when revealing their stories. However, this also caused some limitations. Although one of the inclusive criteria for participation in this research was proficiency in Hebrew, I noticed that some participants instinctively switched from Hebrew to Spanish, especially when describing emotional events. Although they immediately translated what they said to Hebrew, and although I later verified how to write these expressions in Spanish so as to include them in my data, I was concerned that I might have missed the full subtlety and nuance of their meaning in the translation. At times, some participants expressed their frustration at not finding the right word in Hebrew to describe their stories and emotions. On other occasions, I suspected that they sometimes used the language barrier to avoid responding to questions they did not want to answer.

Also, given that all interviews were conducted in Hebrew, as none of the participants spoke fluent English, after the data analysis was complete, I had to translate more than 30 hours of interviews into English. Although I tried to be meticulous in my translation work, and provided some of my work for evaluation and review by a person who spoke both Hebrew and

English, there were still times when I felt that I was unable to fully transmit the nuances of Hebrew slang into English.

A different limitation is related to a simplification which may have potentially occurred when I explored the interplay of childhood traumatic experiences with participants' adult behavior and emotions. I was able to identify emotional and behavioral reactions which appear to meet the criteria for PTSD, C-PTSD, resilience and PTG. Although these findings were shown to correlate strongly with existing knowledge about the long-term negative impacts of childhood trauma, some reservations still exist. For the purpose of this study I decided not to use a standardized instrument to measure these long-term outcomes, given that the purpose of this research was not to provide a clinical diagnosis for the participants. Therefore, I can only suggest that the reactions described, identified, explored and interpreted in this study, *appear* to meet the criteria for some of the negative and positive long-term outcome for mental health (e.g.: PTSD, C-PTSD, PTG, resilience).

Also, although all research participants were exposed to trauma or stressors during the dictatorship, not all of them suffered from the most extreme negative long-term outcomes (C-PTSD or PTSD), as some may experience only emotional distress, or one or two C-PTSD or PTSD symptoms which do not fully meet the diagnostic criteria. Given that the two-hour interview consisted of a "snapshot" of participants' lives, I had no way of getting more information about the possible variety of nuances in participants' emotional reactions to trauma (which do not meet the diagnostic criteria) or the fully detailed emotional history and evolution of participants' reactions to their childhood trauma over time, with the exception of some participants' reactions to security forces in Israel. Instead, I was able to identify participants' emotional and behavioral reactions based on their narratives and my observations during the interviews. However, given my subjective perspective and the fact that my observations were made alone, it remains possible that I misinterpreted some of the participants' behavior while being interviewed. It should also be mentioned that following the extensive emphasis in the existing literature on PTSD and Complex PTSD as the most common and extreme negative mental health outcome in the context of childhood trauma, this study focused solely on this negative outcome, while other possible negative mental health consequences such as chronic depression, other forms of anxiety disorders, attention problems, aggression, etc., were beyond the scope of this study.

An additional obstacle increasing the difficulty of reaching a fixed conclusion regarding long-term mental health outcomes is related to an external issue: the gradual and repeated exposure of the participants, over the years, to new information emerging from Argentina about the dictatorship. The ongoing public revelations constantly revive childhood trauma, while repeatedly evoking strong emotions and demanding the continual processing of adult participants' childhood trauma. Therefore, in our case, the transmission of childhood memory into adulthood has not ended, but instead constitutes an-ongoing process which still continues in the present day, even more than four decades since the trauma was experienced.

A further limitation relates to the analysis of participants' positive long-term outcomes using the concept of resilience. The fact that the literature shows multiple inconsistent definitions of resilience, which may include cultural aspects, may make it difficult to compare the findings of this study (which used a specific definition of "resilience") with other studies conducted on the resilience, even on the same ethnic community. Additionally, if resilience is defined as a dynamic process, the findings of this study are limited as they present a "snapshot" in time rather than a fixed conclusion. A similar limitation is applicable to the variety of interpretations of "trauma", and also when arguing that participants' reactions meet the criteria for PTSD, C-PTSD or PTG, given that cross-cultural validity of these concepts was not necessarily measured (Courtois, 2008; Cloitre et al. 2012) or had been taken into account.

An additional limitation is related to the difficulty of identifying the positive or negative impact of *a single factor* compared to other factors given the presence and the overall combined impact of various identified and unidentified variables and the interactions among them, which are ultimately linked to long-term mental health outcomes. As an example, some participants lost one of their parents to illness during the dictatorship, and therefore, for them, this was a compounded stress during the dictatorship, due to these two significant combined negative experiences. In these cases, and given the time and length constraints of the study and its scope, it is difficult to distinguish which of the two events had the more significant long-term impact, and in what ways.

Another limitation is the fact that the factors identified in this research are based on the participants' subjective interpretation of events. For example, findings show that even when some participants were exposed at the same age, time and place, to the same traumatic event, not only was their description of the event different but so were the emotional reactions accompanying

their descriptions. Therefore, each individual may not only have a unique experience of the same factor, but may also be exposed to different factors and eventually exhibited different negative or positive long-term mental health outcomes. One should also take into consideration that the way some participants described the identified factors was impacted by their interpretation of them as factors of risk or resilience, which was the way they had emotionally and cognitively experienced and perceived them as children, and later interpreted it as adults. As previously mentioned, participants' different developmental stages at times enabled them to comprehend or not comprehend the threat of the traumatic events. Also, some may have been reluctant or distressed at that time, a factor that may have impacted their narratives.

Finally, my subjectivity and position as a researcher may have affected my interpretation during data collection and analysis. My subjectivity included demographic variables like my age, gender and the fact that I am a doctoral student. Other subjective variables include the fact that I am an immigrant myself, my favorable attitude toward my homeland of Israel, my personal and family history of trauma, my professional experience as a clinical counsellor for immigrants in Montreal and my experience of Secondary Trauma Stress (STS) and Cultural Counter-Transference during my data collection. I took part in various activities during my work on this research project in order to enhance my awareness of my subjectivity, including self-reflection and the reassessment of my positionality throughout the different tasks involved in the study. While these were indeed useful, I can assume that despite my many efforts, my past history, social location, personal experiences, ideas and ideology still affected my data collection and interpretations, even if unconsciously.

8.3.c.: Practice implications of this study.

Despite the limitations specified above, this study offers several practice implications in multiple domains. When examining the complex experience of my study population, this study confirms that the post-migration period plays a significant role in shaping mental health and helps recovery after experiencing trauma. Below are my recommendations for the practice implications of my research as it relates to the immigration resettlement phase.

Increasing awareness among health care professionals.

One of the many missions of social workers and mental health professionals is to address the adversity experienced by populations such as immigrants and refugees in order to help them achieve mental well-being, and if necessary, to recover from difficult past events. Given the recent forced global immigration to Canada, this study is highly relevant, as it emphasizes the long-term implications of human rights violations on psychosocial well-being. As such, the dissemination of the results of this study to health practitioners and scholars could help improve existing services, therapies and interventions offered to immigrants to better address the needs of this population.

Furthermore, this study shows that maintaining secrecy about having experienced childhood trauma leads to cases where individuals carry the load of their childhood trauma for their entire lives. Therefore, there should be a joint effort between social workers, mental health practitioners, public health services and those in charge of public health policies to find ways of reaching out to these individuals, and, when needed, encouraging them to seek forms of support and treatment which are suitable for them. The dissemination of these results in a format respectful to the needs of various immigrant organizations and self-help groups in Israel and other countries could help break the silence around childhood political trauma, and encourage survivors to seek professional help.

Developing a screening tool

Another method is to develop a screening tool for trauma, which, similarly to the ACE screening and assessment tool, could include a brief survey which would touch upon clients' childhood political trauma and its perceived impact on their lives. This tool would be culturally sensitive and aim to address adult immigrant and refugee clients originating from countries with a history of political violence, such as Argentina. As put by Denov and Shevell (2018) "they [assessment tools] must include an effort to interpret what clients' expressions of distress and coping mean within their particular context." (p.7). Some examples of such screening tools are: the Harvard Trauma Questionnaire that has been adapted for a number of specific cultures and contexts (Rasmussen, Verkuilen, Ho & Fan, 2015; de Fouchier, Blanchet, Hopkins, Bui, Ait-Aoudia & Jehel, 2012; Kleijn, Hovens & Rodenburg, 2001), 'cultural-focused' mental health assessments tools available at "The Global Mental Health Assessment Database" (GMHAD)

(Foundation for Psychocultural research, 2019), and the structured intake followed by Culturally Oriented Interviewing which is based on the “outline of cultural formulation” which is used at the Cultural Consultation Service (CCS) in the Psychiatry Department of the Jewish General Hospital in Montreal (Kirmayer, Guzder & Jarvis, 2014, p.55).

In a similar way to the CCS’s cultural assessment model, and in the context of this study’s findings, a good assessment tool could help healthcare professionals to identify not only the negative long-term mental health outcomes in the cultural context, but should also assess their *resilience*. This screening tool could help healthcare professionals (e.g. social workers, mental health professionals, pediatric doctors, nurses, community workers) to identify and assess individuals who suffer from negative mental health outcomes as a result of their childhood exposure to political trauma or stressors in their countries of origin, as well as their actual or potential strengths and resilience. This tool could provide useful information about the way trauma affects a client’s family life and social interactions, and may help health care professionals to refer their clients to specific interventions to address their personal needs.

Clinical interventions: using the principles of Anti Oppressive Practice (AOP).

My research also has implications for the identification of effective approaches to clinical intervention treatment. Practitioners should address the power imbalance of the dominant culture in our society and any form of oppression by offering an inclusive clinical settings. This is highly relevant given the existence of xenophobia toward immigrants in Israel, and in other immigration countries. The findings in this study show that participants' silence was partially explained by Israeli society’s refusal to go beyond the stereotypical image of this community, and to really “listen” to their painful traumatic history, even more so in the case of the “anti-Zionist” group who have been socially rejected. The clinical holistic approach as per Walker, Courtois & Aten (2015), takes into consideration individual, cultural and collective systemic contexts, identifies inner and outer resources which may help the understanding of adversity, and allows the client to choose the most suitable therapeutic approaches to coping with their trauma (Slobodin & de Jong, 2015; Elsass & Phuntsok, 2009; Siriwardhana et al., 2014; Walker, Courtois & Aten, 2015; Courtois & Ford, 2012). As such, it also addresses the power (im)balance between service users and providers. The holistic approach corresponds mainly with the micro level of anti-oppressive practice which advocates against both micro & macro levels of oppression and promotes the

validation of diversity and different identities through empowerment, social justice, equality, and social change within three dimensions, as illustrated by Thomson's (2012) PCS analysis: (P) personal and prejudice factors (interpersonal relationships), (C) cultural, commonalities, consensus and conformity (race, ethnic and language "otherness") and (S) structural /social dimensions (e.g.: socio-political discriminatory immigration policies, exclusion).

Apart from the above, it is important to mention that as the findings of this study have shown, one of the main issues to be addressed in the context of the experience of political trauma in childhood is the management of stress. Several approaches may enhance stress management within clinical settings. Two have been mentioned in my research: talk therapy and art therapy. However, there is a wealth of clinical and medical approaches to mediating "light" negative psychological outcomes like emotional stress as well as more severe ones like C-PTSD symptomology, especially in the growing scholarship addressing such symptomology using the lens of neuroscience (Hughes & Shin, 2011; Wimalawansa, 2014).

Different therapeutic approaches, such as Cognitive Processing Therapy, Prolonged Exposure, cognitive therapy, or Narrative Exposure Therapy (Cusack, Jonas, Forneris, Wines, Sonis, Middleton... & Weil, 2016) may modify an individual's emotional and bodily responses to complex trauma. Additional therapeutic approaches applied to trauma include spiritual psychotherapy for trauma (Walker, Courtois & Aten, 2015), group psychotherapy (Schwartz, Barkowski, Strauss, Knaevelsrud & Rosendahl, 2017), psychotherapy (Kline, Cooper, Rytwinski & Feeny, 2018), the four phases treatment model (Cloitre et al. 2012), Eye-Movement Desensitization Reprocessing (EMDR), Cognitive-Behavioral Therapy (Cloitre, 2015; Cusack et al. 2012), or mindfulness-based cognitive therapy (MBCT) (Follette, Palm & Pearson, 2006).

Perhaps one of the most interesting models of treating childhood trauma (though not necessarily related to political violence) is the work of Sandra L. Bloom who proposes the "Sanctuary Model", which is a hospital-based program to treat adults who were abused as children (Bloom, 2013; Bloom & Sreedhar 2008; Bloom, 2000).

Advocating for trauma and resilience-informed policies and community services

Aligned with the Anti Oppressive Practice (AOP) macro level which addresses cultural "otherness" (Thomson, 2012), there is a great importance to provide culturally responsive practice for individuals who were exposed to political trauma (Denov & Shevell, 2018; Reeves,

2015), through community services and politics. A report by the Canadian Task Force and Beiser (1988) argues that a host country (specifically Canada) has a responsibility to take care of newcomers who experience emotional difficulties after immigration. They write: “these responsibilities include preventing emotional disorder, promoting well-being, and ensuring that people who need treatment have access to it” (p. 91). The same authors also recommend the removal of barriers to mental health services, the improvement of the services’ cultural efficiency by creating centers dedicated to professional training and research concerning immigration, the use of preventative strategies (e.g. training professional interpreters) (Canadian Task Force & Beiser, 1988, p. 91).

In the context of this study there is a need to mobilize healthcare professionals, communities and agencies to integrate trauma-informed and resilience-building practices into their work, services and intervention programs, and to create centers dedicated to professional cultural trauma and resilience-focused training which will be correlated with the most current research focused on migration, trauma and resilience. Ongoing research should be conducted to assess the effectiveness of these services.

A good example of such practice is the mental health service provided by the consultation team at the CCS. This culturally-oriented mental health service includes clinical consultants, interpreters, cultural brokers, and other resource within the various ethnic communities in Montreal (Kirmayer, Guzder & Jarvis, 2014). This centre also offers a wealth of academic research in this field, which invites health care professionals and scholars from around the world to take part in the development of an involving practical and theoretical knowledge in the field of trans-cultural psychiatry.

As for policies in this field, a good example is Act No.43(H.508) (Vermont, 2017). The law actually instructed the Vermont Agency of Human Services to develop “a plan to address the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood experiences” by January 15, 2019 (Prewitt, 2017). It also requests that academic medical, nursing, education and social service institutions integrate ACE and its short- and long-term health outcomes (both physical and mental) into their curricula (Prewitt, 2017). This is an example of how legislators can be educated about the long-term negative mental health impact of childhood trauma (in this case non-political

childhood trauma), and reflect their understanding in legislation that promotes individuals' wellbeing.

The creation and implementation of policies and services which support and improve the mental health of individuals and their families is a win-win situation. Not only can it enhance the well-being of these individuals, and therefore collective mental health as a whole, but also, by promoting these individuals' contributions to society, the state is spared the need to invest in costly intervention programs later on, when it becomes necessary to provide care to address negative health outcomes which were not attended to earlier. Therefore, social workers, mental health professionals, and other professionals in the field of healthcare should join forces to work towards the establishment and implementation of effective policies to culturally address the long-term negative impact of childhood political trauma on mental health, to promote resilience and in so doing, to contribute to the minimization of the negative long-term impacts of trauma and recovery among these vulnerable populations.

It would be interesting to follow up on similar policy decisions at the federal, provincial and municipal levels to address the issue of childhood political trauma in the context of forced migration to Canada, and in the context of the population explored in this study, it would also be interesting to further examine if and how these policies could be implemented in Israel, even more so, given the Israeli society's culture of silence.

Confronting Xenophobia, and “breaking” the silence within the Israeli society.

As argued by Suárez-Orozco and Suárez-Orozco (2001) and the Canadian Task Force and Beiser (1988), immigration involves risks and challenges, such as xenophobia, but also involves opportunities. It is possible that through public education and one-on-one encounters with immigrants and refugees, the members of general society could come to understand that the “cultural baggage” that immigrants or refugees bring with them to host countries is actually a valuable asset that not only plays an important and positive protective role within immigrant communities, but also benefits the general population of the host country (Suárez-Orozco & Suárez-Orozco, 2001).

In the context of this study, addressing AOP's third (macro) dimension of social exclusion (Thomson, 2012) by resisting xenophobia (Canadian Task Force & Beiser, 1988) and by “breaking the silence” of the Israeli society is not an easy task. As an Israeli native, some of the

most painful moments I experienced during my work on this project occurred when hearing and writing about participants' descriptions of their social exclusion from Israeli society and the patronizing, xenophobic and discriminatory Israeli attitudes they faced. These attitudes involved a shallow and stereotypical image of Argentinians, which, although technically positive, had very little to do with the reality of who my participants were or of the traumatic (as well as heroic) experiences they went through during the dictatorship in Argentina.

The publication of studies like this one, the exposure of relevant issues in the media, and the creation of public school curricula discussing the experiences of this immigrant population [e.g.: MigLives, Project for Research and Education on Migrants' Lives in Israel, and DEMO, Erasmus+ Project: Developing Modernized Curricula on Immigrants' Lives in Israel (MigLives, 2019)] could potentially generate empathy for these individuals within the general society, and hopefully assist in developing a more complex image of this population to include both its' vulnerabilities and strengths. Providing the general public with an opportunity to get familiar with the past and present experiences of this 'invisible' immigrant population, could hopefully help the Israeli society to create a more authentic and profound relationships with it. As a result, this immigrant population's "cultural baggage" could transcend its current shallow stereotype and allow this community not only to be publicly visible, but also to provide a genuine and more meaningful contribution to the cultural mosaic of the Israeli society.

In addition to the above, policies should promote the development of programs that would encourage social, political and cultural inclusion opportunities, and fight discrimination and exclusion. Such programs could provide an additional opportunity for the Israeli society to have a more personal and direct encounter with the individuals of this immigrant population, and to maybe finally "break the silence" and the possible denial of the present-past historical trauma, which is such a meaningful part of this community identity. In addition, given the findings of this research about the protective nature of community engagement and political activity, creating opportunities for social inclusion may also promote resilience for those who are continuing to struggle with the long-term negative impact of their childhood political trauma.

Finally, academic research also has a significant role when resisting the xenophobia. When examining the different risk factors specified in the literature explored for this study, it was interesting to see that most studies assigned the responsibility for psychological pathology or other negative mental health issues on the immigrants while placing significantly less emphasis

on the responsibility of the populations meant to welcome these immigrants in their host countries. Far fewer studies concern the choices, reactions, attitudes and behavior of the non-immigrant population in host countries, including racism, discrimination and policies related to immigration. Also, as mentioned earlier in this dissertation, part of the social invisibility of this immigrant population in Israel is due to the fact that it is an under studied population. These topics will be also addressed in the following section which suggests future research.

8.3.d. Recommendations for future research.

Given the limited amount of literature focusing on risk and protective factors for the mental health consequences of childhood political trauma in the context of migration-related stress, and specifically in the context of Argentinian Jewish immigrants in Israel, more studies should be conducted in this field of research. More studies should also be done on the long-term effects of different types of exposure to traumatic events in the context of migration-related stress. There is also a need for more developmentally- and ecologically-embedded longitudinal and retrospective research. Furthermore, given that most of the studies in this field of research are focused on the experience of the immigrants and refugees, more research should be done about the host country's barriers to include immigrant populations in general, and specifically those who have experienced political trauma.

In addition to the above, I also suggest further accuracy regarding the age groups investigated, more longitudinal and retrospective research including pre-migration and transit trajectories and research that takes culture into account within the context of individual processing and transmission of traumatic memory into adulthood.

In the context of the population discussed in this study, one of the important areas that should be further explored is the similarities and differences of the immigrant stories of Argentinian Jews compared to other migrant populations who have faced political violence (e.g.: the Ethiopian immigrant Jews, Jews from former Soviet Union who came to Israel during the 70s and immigrant populations who immigrated to Israel from other countries located in the south cone). Learning about the unique experiences of this population would help to develop culturally appropriate, context-specific services specifically to Argentinian immigrants, which may be similar to other immigrant populations affected by political violence. For example, this research suggests that it may be challenging to implement practice and policy in Israel's current

sociopolitical context , where a culture of silence (and possibly a culture of denial) exists in relation to this population. Therefore, further examination of this topic should address the challenges that may arise when trying to implement policies and treatment practices mentioned earlier.

In addition to the above, the collected data raised other topics and questions warranting further investigation, shown in the following table.

Table 2: Potential topics for future research

The relationships between the ethnic community's collective cultural beliefs and the ability of its individual members to access these beliefs and use them as a resource to buffer and successfully bounce back after experiencing difficulties that are part of the immigration trajectory.	The manifestations of the intergenerational transference of trauma in the cases of Argentinian Jewish immigrants to Israel who experienced the military dictatorship (1976-1983).
Comparing the possible vulnerabilities and manifestations of resilience among Argentinian Jewish immigrants to Israel who left Argentina before, during or after the dictatorship or following the 2001 Argentinian economic crisis.	The experiences of Argentinian Jewish immigrants who lived under the dictatorship, made <i>Aliyah</i> as political exiles, and left Israel after a relatively short time.
An exploration of the therapeutic value of creative expression in the cases of Argentinian immigrants who experienced the dictatorship and immigrated to Israel.	Examining the long-term protective impact on one's mental health of political activism, volunteer and community work, humor, and holding on to nostalgia, in the context of childhood political trauma and adult migration.
The image perceived of parents by children whose parents were involved in the resistance during the dictatorship in Argentina (1976-1983): comparing perceptions of fathers to perceptions of mothers.	The experience of Argentinian immigrants to Israel who lost parents during the last dictatorship as a result of serious illness compared with those who lost their parents as a result of their involvement in the resistance.
The ways gender is a factor of risk or resilience in the cases of Argentinian Jewish immigrants who experienced the last dictatorship in Argentina as adolescents.	The implementation and the interplay of dual cultural identities in the cases of Argentinian Jewish immigrants to Israel who experienced the last dictatorship in Argentina.
The negative and positive impacts of the political systems in Argentina compared to those in Israel, and how these structures served as catalysts in present time in the context of past traumatic experiences.	

8.4: Conclusions

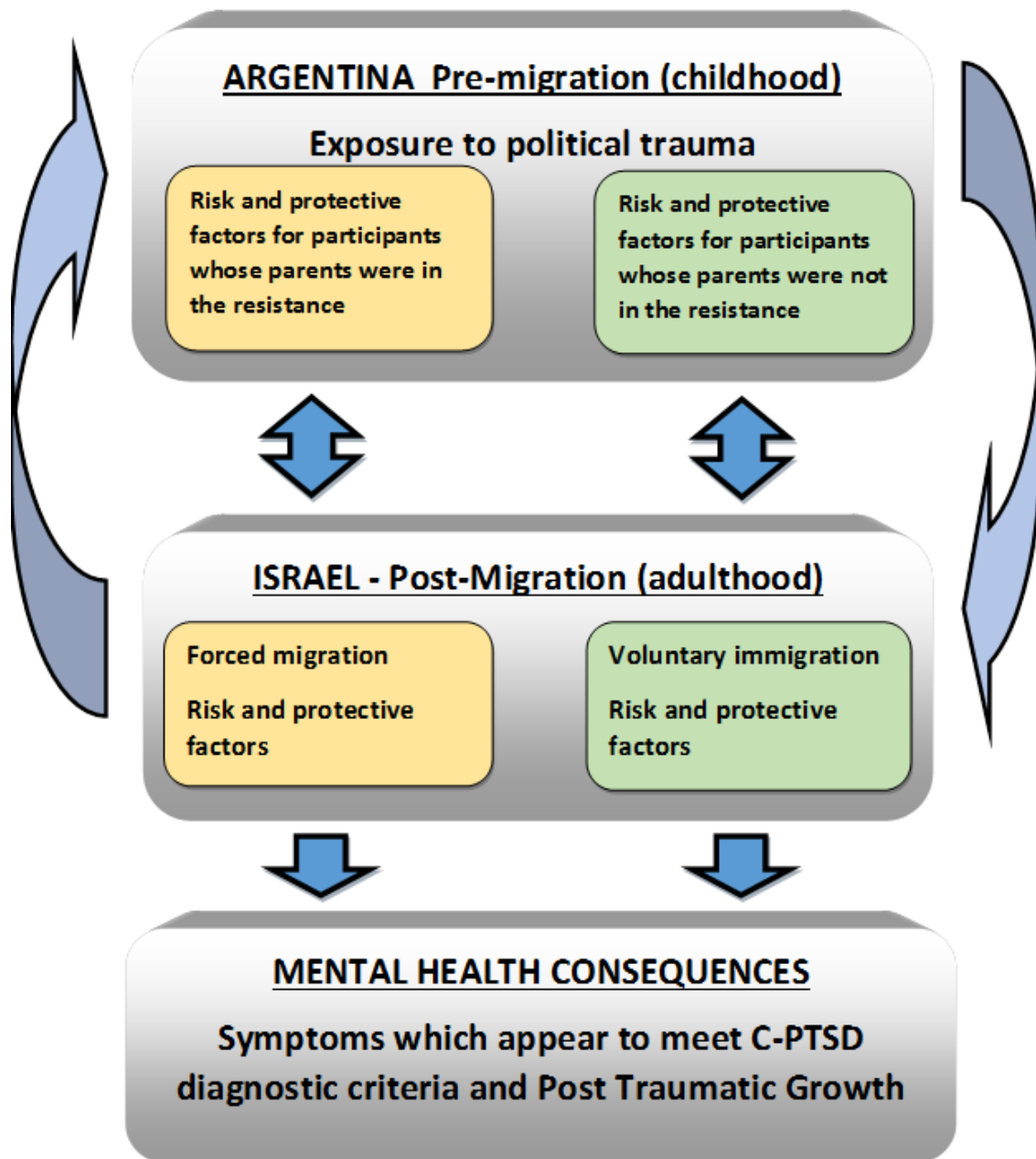
To the best of my knowledge, this is the first study ever done about the long-term mental health impact of political trauma in childhood on present-day functioning of adult immigrants, in the context of adult Jewish immigrants to Israel who experienced the military dictatorship in

Argentina. Given the limited amount of literature exploring the long-term impact of childhood trauma in the context of migration-related stress, and specifically, the lack of sufficient knowledge about the dictatorship and its consequences, this study represents a significant contribution to knowledge on the topic

Findings revealed that participants' present-day experiences included a variety of both negative as well as positive long-term emotional and behavioral reactions, among them Complex Post Traumatic Stress Disorder and Post Traumatic Growth. The same seemingly contradictory reactions were also illustrated by participants' present-day reactions toward the unstable political situation in Israel. My findings also showed that some of the long-term emotional and behavioral reactions are not fixed, as they may change over time, and that given the on-going exposure of the public to new testimonies related to the human rights abuses in Argentina, childhood traumatic memory continues to be re-constructed and "revived" without the possibility of achieving closure. In addition, the findings document vulnerabilities that relate to particular risk factors in the case of participants who had to escape to Israel as political exiles with their parents, compared to ones who chose to immigrate to Israel.

The graphic below (Figure 5) is based on the conceptual framework of this study (Figure 4) and expands on it, demonstrating the conclusions of this research. The pre-migration phase contains the exposure to political trauma during childhood in Argentina (1976-1983). During this phase, exposure to childhood traumatic stress was experienced differently by participants whose parents were not politically involved in the resistance as compared to participants whose parents were, as were the factors of risk and resilience. The same division of participants who were forced to immigrate to Israel, and those who chose to immigrate to Israel is also manifested through participants' experience as immigrant adults. This includes factors of risk and resilience which are specific to each of these two groups.

Figure 5: Conceptual model of childhood political trauma and adult migration: The case of adult Jewish Argentinian immigrants to Israel, who experienced the military dictatorship in Argentina as children (1976-1983).



The model also illustrates the mediation of pre-migration risk factors by post-migration protective factors, such as political activism, family and social support, employment, community work, access to mental health, personality traits and creative expression. At the same time, pre-migration factors of risk, such as length and severity of the traumatic event, childhood traumatic

memory transmission into adulthood, young age at the time of the traumatic event, natal culture and compounded trauma, negatively impact some participants' mental health in present day.

As was demonstrated in the conceptual framework of this study (Figure 4) here too, we can see the cycle or the reciprocal movement from present to past and vice versa, and the complexity of the relationships among the various variables across time and space. This study provides us with an evidence that this on-going dynamic is linked to and results in mental health consequences in present day, namely the co-existence of symptoms which appear as C-PTSD diagnostic criteria and as Post Traumatic Growth.

8.4.a.: Final reflections on the research process.

When reflecting on the process of my work on this research project, I chose to specifically focus on my emotional experience as a researcher during the data collection and analysis, as I believe that sharing my experience is relevant not only to this specific research but potentially to all research with trauma survivors.

As shown in this research, trauma, especially the type which is persistent and “alive” at the present time, may manifest its negative impact not only on the individual who experienced it in the past, but also on researchers who are exposed to it, notably during data collection and analysis. Listening for more than 30 hours to fifteen individual who shared their traumatic experiences during the dictatorship, followed by transcribing, reading, coding, translating and analyzing their words, sighs, tears and silence, was not an easy thing to do emotionally. As I mentioned earlier in Chapter 4 (“Researcher’s’ Reflexivity and Positionality”), hearing participants’ descriptions about their traumatic experiences, descriptions which were accompanied by strong emotions, had a great emotional impact on me not only during the interviews but also long after they were completed. Therefore, during the process of my work on this research, I have had to be aware not only of the way my subjectivity may have influenced my interpretation during the data analysis but also of the way in which I have managed my own emotional and behavioral reactions during the interviews in front of the participants.

In relation to the above, researchers should try and implement self-care strategies. Before a researcher dives into a project focused on trauma survivors, they should be acquainted with the rich literature available to mental health practitioners about Secondary Trauma Stress (STS): techniques to identify it, and strategies to minimize or avoid it. Although there is a relative wealth

of literature that focuses on STS experienced by health care practitioners who are treating trauma survivors, studies focused on the experience of STS by researchers would be helpful.

As Barrington and Shakespeare-Finch (2013) argue, service providers' encounters with survivors of refugee-related trauma can also be an opportunity for vicarious Post Traumatic Growth for different service providers. It is important to note that my work on this research was not solely a painful traumatic experience but also a heartening, elevating, and inspiring personal journey, one which encouraged me to re-examine life's adversities in a different light. It has been a great privilege to have had the opportunity to meet and interview these individuals who, despite suffering and facing an ugly expression of human cruelty, still believe in hope and goodness in our world.

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APPENDIX A: Observation check list

Research Title: *Risk and protective factors for the mental health consequences of childhood political trauma (Argentina 1976-1983) among adult Jewish Argentinian immigrants to Israel.*

Name of the participant: _____

Date of the interview: _____

Observations	Yes	No	Comments
Reactions before the interview <ul style="list-style-type: none"> during the screening conversation over the phone nature of communication while setting time for the interview things said at the beginning of the meeting before the interview 			
Physical appearance			
Preference of the meeting place			
Vocal (speaking load/whispering)			
Emotional and behavioral reactions observed during the interview, that seemed like: <ul style="list-style-type: none"> Hyper-vigilance Somatization (e.g.: feeling cold; headache; tired) Detachment Crying Sobbing Mistrust Anxiety 			

<ul style="list-style-type: none"> • Temporary amnesia • Anger • Sadness • Guilt • Helplessness • Avoidance • Denial • Shame 			
The way the content is conveyed: <ul style="list-style-type: none"> • Structure of content • Chronological linear order or 'episodes'/ scenes/images? • Mix of past-present-past? • Sensitivity to particular topics? (e.g.: avoiding going into it; being careful; emotional reaction) • Great detail or general description? • Sensory imprints of traumatic childhood memories 			
Usage of language: <ul style="list-style-type: none"> • Using Spanish (participant's first language), and when. • Using child vs. adult vocabulary? 			
Relationship with the observer <ul style="list-style-type: none"> • "Testing" the researcher • Transference • Reaction to the fact that the researcher 			

has no personal connection to Argentina			
Reactions right after the interview ended <ul style="list-style-type: none"> • Comments about the interview • Behavioral/emotional reactions 			
Reactions during the following days/weeks/months after the interview <ul style="list-style-type: none"> • Contacting /not contacting the researcher in relation to the option of accepting/declining the option to get the transcript. • Adding information which was not mentioned during the interview 			

APPENDIX B: Initial phone screening script

(Adapted from: Alessi, Kahn & Chatterji, 2016)

Hello, my name is Sigalit Gal. I am a Ph.D. student at McGill School of Social Work in Canada. Thanks for getting back to me about this project. I would like to check with you the possibility to take part in a research project. In my research I will be interviewing persons that are around 50 years old who immigrated as children, teens or as adults from Argentina to Israel, and who have resided in Israel for at least three years. The research is designed to contribute to the knowledge base regarding persons' ways of facing the challenges of immigrating from Argentina to Israel, especially after living through the Argentinian military dictatorship as a child. It seems that there has been a lot of research about other ethnic immigrant populations in Israel such as immigrants that came from the Former Soviet Union, and Ethiopia, but very little research was done about Argentinian immigrants.

If you agree to participate in this interview, you will be interviewed by me. Participation in this study involves participation in one interview that will last approximately two hours.

The interview has the following sections: in the first section you will be asked to tell your life story. In the second part, I will ask some clarification questions regarding the first section, as well as questions about the things that have helped you to cope and overcome difficult experiences in your life as an adult immigrant in Israel. Finally, I will ask you for some biographical information.

The interview will be conducted in Hebrew. At any point in the interview you will be able to stop the interview or refuse to answer specific questions, with no penalty to you.

Interviews will be conducted in-person, at a location and time that is convenient for you. All interviews will be audio taped and, later, transcribed. If you wish you will be able to receive a copy of the recording or the transcription of your interview.

All the information that you will provide to me that may reveal your identity will remain confidential. All identifying information (including your name, names of organizations, institutions, schools, specific cities/towns) will be removed from the transcriptions and will never be shared with any third party.

Before acceptance to the study, I will be asking you a few questions. There is no requirement that you speak in detail about your past experiences. However, we know that

answering questions about psychological symptoms and stressors you experience in life can be potentially upsetting. Therefore, I would like to make sure those people who join the study feel strong enough to participate. May I ask you some basic questions so we can decide together?

(If yes, proceed, as follows):

On a scale of 0 to 10 – 0 being no distress and 10 being the highest distress imaginable, how would you rate yourself right now?

(If over 6, end the recruitment and ask about possible resources available to the person, and, offer the list of resources compiled for the project)

(If 6 or lower, proceed as follows):

Can you remember a time when your distress was higher than it is today? If so, about how many months ago was that?

(If less than one month, end the recruitment and ask about possible resources available to the person, and, offer the list of resources compiled for the project)

How do you typically manage the distress?

(listen for availability of external support networks and history of positive coping, e.g. prayer, exercise, arts, positive reappraisal, seeking connection with others. If there is a paucity of support and coping resources, end the recruitment and ask about possible resources available to the person, and, offer the list of resources compiled for the project)

(If good coping resources, continue as follows): Based upon what you've told me, it seems that you have developed strong approaches to managing difficult circumstances in your life, and that you would be a valuable participant in my study.

If you can please tell me, when and where you are available for our interview session?

APPENDIX C: Recruiting through the social media

(The text in each of the following the appendixes were translated from Hebrew to English)

Recruiting Research Participants

*Are you an Argentinian immigrant between
45 and 55 years old?*

I am a doctoral student at **McGill School of Social Work in Canada**, and I am currently recruiting Jewish Argentinian people who immigrated to Israel in their adulthood, after experiencing spending their childhood in Argentina sometime between 1973-1990.

In my research I would like to understand the way immigrants such as you have faced the challenges of being an immigrant in Israel.

As a research participant, you will take part in **one interview session**. The interview will take approximately two hours **at a location, and time, of your convenience**.

Please NOTE: This study conforms to the strict requirements of the McGill University Research Ethics Board protecting human research subjects. **Participants' names, identifying information will be held in strictest confidence.**

If you are interested, please contact Sigalit Gal at:
Sigalit.gal@mail.mcgill.ca or call: XXX-XXXX and leave your contact.

APPENDIX D: Recruiting script (over the phone)

Hello. My name is Sigalit Gal, Thanks for contacting me about this project. I am doing a doctoral research project for the McGill School of Social Work in Canada, and I am currently recruiting people that were children at the time of the military dictatorship in Argentina, or during the riots of 1987-1990 and that immigrated as adults to Israel.

In my research I will try to better understand the way immigrants such as you such as you have faced the challenges of being an immigrant in Israel, and how your life history helped you to do that. If you agree to be a research participant, you will take part in a one-on-one interview that will take approximately two hours at a location, and time, of your convenience.

Please rest assured that all the information you provide in the research will be kept confidential and your name will not appear in any documents. You have every right to refuse to answer any of the questions or to withdraw at any time. The detailed procedures, the benefits and possible risks of participation, our confidentiality measures, and the use of the data will be further explained before you sign a research consent form.

As you know there is not much research that is done about the Argentinian immigrants in Israel. Your contribution by sharing your life experiences and the way you over came difficulties as an immigrant would be invaluable for the health care professionals, immigration agencies, and even to policy makers in Israel, and in other counties as well.

If you are interested, please tell me if I can ask you now a few questions so we can both decide together whether you are able to participate in my research. If now is not convenient for you, please tell me when would be a good time for me to contact you again?

Thank you very much.

APPENDIX E: An interview guide

Research Title: *Risk and protective factors for the mental health consequences of childhood political trauma (Argentina 1976-1983) among adult Jewish Argentinian immigrants to Israel.*

Introduction:

Thank you for agreeing to participate in this research. In this interview, I would like to hear about your life story: about your life as a child in Argentina and later as an adult immigrant in Israel, and how did you face the challenges of being an immigrant in Israel, and how your life history influenced that process. Finally, I will ask you for some biographical information

Before beginning, I will explain the consent form. Once you feel comfortable with the research process and have signed the consent form, I will move on to the interview. During this interview, some questions could be a bit personal, other could revoke happy or sad memories. If there is a question that you prefer not to answer because it will make you feel uncomfortable, or if you wish to stop the interview at any time just to gather your thoughts, or to completely stop the interview, I will totally understand.

The first part:

(The first phase of the interview is an open life-story interview (main narrative) with minimal involvement of me as an interviewer). **“Please tell me your life story.”**

The second part: suggestions for semi-structured and structured questions: (topics that were not raised in the first part)

“I’m going to ask you some questions about your exposure to political violence in Argentina. You do not have to answer, in which case please just say ‘let’s skip that one’ ”:

- ***Childhood in Argentina: What can you tell me about your childhood in Argentina?***
 - How can you describe it?
 - Good memories, Bad memories?
 - How old were you when the military dictatorship/riots was going on in Argentina?
 - Do you feel the political situation in Argentina at that time had an influence on your childhood?

- Were you directly affected by the political events during this time?
- Were your family members directly affected by the political events during this time?
- Were you aware of other difficult events during this time?
- What helped to you cope with these situations?
- ***The immigration story: Can you tell me more about the process of immigrating to Israel?***
 - When and why did you decide to immigrate to Israel?
 - Was it your decision?
 - How did you feel about it?
 - What were the motives?
 - Did you take part of this decision or not, if you did not then what was your position about it?
- ***The family: The role of the family in the interviewee's adaptation***
 - How different family members adapted as immigrants in Israel,
 - Did you immigrate as an adult? As a teen? As a parent?
- ***Relationships with people at your age in Israel***
 - With the ones that also immigrated from Argentina
 - With immigrants that came from other countries
 - With native –born Israelis at your age
 - Relationships with the different governmental intuitions in Israel: e.g.: schools, work place, “Ulpan” (school for learning Hebrew), banks, Military, Rabbinical institutions etc.)
 - What was it like to be a new immigrant in Israel, any specific events you remember?
 - Difficulties / Please tell me about incidents when you felt rejected because you are an immigrant that came from Argentina and how did you cope with it?
 - nice memories?
- ***Impact of the political situation in Israel?***
 - What helped you to cope during difficult times?
- ***How were you affected by the events during your childhood in Argentina?***

- Did the events you experienced in Argentina made it more difficult or easier to cope with your immigration, and in what ways?
- ***If a book were to be written about your life***
 - What chapters would it include?
 - What chapters you would excluded from it if you could?
 - What would you change in it (if at all)?

The third part: demographical questionnaire

- Age:_____
- Marital status:_____
- Immigration date:_____
- Age at the time of immigration:_____
- Name of the city in Argentina?_____
- Name of the first city/town in Israel where she/he resided: _____
- Educational background: _____
- Work place/Occupation: _____
- Current Address: _____
- Tel. number: home: _____ cell: _____

Closing the Interview

- Is there anything that you would like to add?
- I would be happy to send you a copy of the recorded interview or the transcription of it
- I will provide you with information about local resources for emotional and immigration support
- I am leaving you a copy of the consent form you signed and the information letter as well as my name and a phone number where I can be reached in case you have any questions or concerns, or have any additional comments to make

Thank you very much for taking the time to answer my questions!

APPENDIX F: Research consent form

Research Title: *Risk and protective factors for the mental health consequences of childhood political trauma (Argentina 1976-1983) among adult Jewish Argentinian immigrants to Israel.*

Researcher: Sigalit Gal, MSW, Ph.D. (candidate) McGill School of Social Work

Contact information: phone in Canada: (514-564-6558) in Israel: xxx-xxx-xxxx

email (sigalit.gal@mail.mcgill.ca)

Purpose: This research aims to explore: The way childhood adversity is reflected in the coping strategies of Argentinian adult immigrants that immigrated to Israel. In simple words: I will try to understand the ways you managed to cope as an immigrant in Israel, after living as a child in Argentina during the military dictatorship, or the riots in 1989.

Procedures: As a research participant, you will be taking part in an interview that will last approximately two hours. During this interview, you will be asked to tell the story of your life. This will be followed by several questions that are related to your life story and that will include further clarification about your experience as a child in Argentina, and your experience as an adult immigrant in Israel.

Benefits and possible risks: The major benefit you may gain by participating in this research is to have the opportunity to look at the long fascinating journey that you have made since your childhood in Argentina during that political instability, into your adult years as an immigrant in Israel, and to see in which ways you managed to cope and overcome the various difficulties during this journey. Another benefit is that by participating in this interview you will be able to give a voice to the Argentinian immigrants' experience in Israel, a population that the Israeli society is not very familiar with. Also, since this research will also be published in English, your personal life experience, will maybe able to help health care providers, or immigration agencies in other countries to better understand the difficulties and challenges immigrants that are coming from a country like Argentina as well as from other countries, are going through, and to better address their needs and challenges. There will be no particular risks involved in this research. Nevertheless, you may feel at times emotional discomfort. If necessary,

the interviewer will provide you with a referral to an appropriate resource with whom you can discuss your reactions.

Confidentiality: You can rest assured that you will not be identified by any individuals (including your employers), employment agencies or any governmental organisations. In order to ensure anonymity and your confidentiality, in particular, your name will be substituted for pseudonym in the transcripts and the results of the research and, subsequently, will never appear in any documents other than this consent form. You can also keep any private information you do not want to share.

The use of the data: The interview will be electronically audio-recorded and both the audio file and transcripts will be stored securely in my private locked cabinet and secured personal computer. I will be the only one that will have access to these data. All identifiable data, such as the audio file, the list of participants and this consent form, will be eventually destroyed after the completion of this research. The results of this research, to which you also have a right to access, will be only used for academic and public purposes, including the publication of academic articles and the presentation in community in Israel and outside of Israel.

Voluntary participation: Your participation is entirely voluntary. You have every right to refuse to answer any of the questions or to withdraw at any time. When you decide to withdraw, all information you provide will be destroyed at that time. Choosing to participate or not to participate in this study will have no effect on the services supplied by your community organisations.

Consent: Your contribution by sharing your life experiences would be invaluable for the existing knowledge about immigrants in general and people that immigrated to Israel from Argentina in particular. If you agree to participate in this research, please sign at the bottom of this form. Then you will receive a copy of this consent form.

If you have any questions or concerns regarding your rights or welfare as a participant in this research study, please contact the McGill Ethics Officer at 1-514-398-6831 or lynda.mcneil@mcgill.ca.

Thank you very much for your participation.

I allow you to audio-record the sessions for transcription ____ YES ____ NO

I agree for the data from my interview to be used by the researcher for future related projects.

____ YES ____ NO

I have received a copy of this form and agree to participate in the study under the condition outlined above.

Participant Name: _____

Signature: _____

Date: _____ Researcher's signature: _____

Thank you for your participation!

Doctoral Candidate:

Sigalit Gal, McGill School of Social Work

Sigalit.gal@mail.mcgill.ca, Tel (in Israel): xxx-xxxx

Supervising Professor:

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