

LITHUANIAN FACES AFTER TRANSITION

Psychological Consequences
of Cultural Trauma

*Edited by
Danutė Gailienė*

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PREFACE

The effects of cultural trauma on individual people and their efforts to cope with the trauma raise many fascinating challenges for psychological research. This monograph is an outcome of the research project “Psychological Effects and Coping with Extreme Trauma and Social Transformations” (VP1-3.1-ŠMM- 07-K-02-023) led by Prof. Danutė Gailienė. The project was financed from the European Social Fund under measure VP1-3.1-ŠMM-07-K “Support to Research Activities of Scientists and Other Researchers” (the Global Grant Measure), Priority 3 “Strengthening of Capacities of Researchers and Other Scientists” of the Operational Programme for Human Resources Development.

Through this large-scale complex study, we attempted to look at the connections between social transformations and an individual’s personal experience, and establish how radical social changes affected the lives of particular people. The study analyses personal and historic traumas experienced by residents of Lithuania from different age and social groups, as well as the ways of coping with them and the connection with psychological health. The associations between risk and protective factors were not only assessed at the personal level, but at the family, community and societal levels as well.

Many people and organisations helped us implement this study. We would like to thank AB Klar Glass Lithuania, Aukštadvaris Agricultural School, the Centre of Gerontology and Rehabilitation, the Genocide and Resistance Research Centre of Lithuania, the Chernobyl Movement of Lithuania, the Jewish Community of Lithuania, the Victims of January 13th Society, the Bičiulystė Association for the Families of January 13th Victims, the Vilna Gaon Jewish State Museum, the Vilnius Židinys Adult High School, the Bijūnai Village community, UAB NS2 and UAB Skinija, as well as the Dainava Training Centre for State and Municipal Civil Servants and its director, Zenonas Streikas.

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well as Gintautas Žukauskas, who is head of its Crime Investigation Board; and the Utena County Chief Police Commissariat and Linas Pernavas, who was chief of the commissariat at the time of study.

We would also like to express our sincere thanks to a number of health care institutions and their employees: Vilnius University Hospital and Drs Gabija Dragelytė and Robertas Badaras from the Acute Poisoning Department as well as Sigita Goštautaitė, who is head of the department; Vilnius Mental Health Centre and senior nurse manager at the Crisis Intervention Department, Inga Karvelienė, as well as head of the First Women's Branch, Rūta Avižonienė and head of the First Men's Branch, Beata Urbonienė; the Vilnius National Psychiatric Hospital and head of the Psychological Counselling and Psychotherapy Department, Violeta Dapšienė; Alytus Hospital and head of the Adult Intensive Care Unit, Irena Stanevičienė; Elektrėnai Hospital and head of the Anaesthesia and Intensive Care Unit, Dalytė Matulevičienė; Varėna Hospital and head of the Intensive Care Unit, Rasa Kačiurinienė; Kaišiadorys Hospital and head nurse at the Intensive Care and Surgery Unit, Audronė Vinickienė; and Švenčionys Hospital and chief physician/director Irena Politienė, as well as staff inspector Monika Gudelevičienė.

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RESEARCH PROJECT

PSYCHOLOGICAL
EFFECTS AND COPING
WITH EXTREME
TRAUMA AND SOCIAL
TRANSFORMATIONS

TRAUMA AND CULTURE

Danutė Gailienė

LIFE AFTER A BREAKING POINT

After the reunification of Germany, German psychiatrist, neurologist and psychotherapist Bernd Huppertz moved from what had previously been West Germany to East Germany – the former GDR – to work. Upon starting a psychotherapy practice, he noticed that his new patients were different from the ones he had previously treated in the West. Although the symptoms of anxiety and depression that they displayed were similar to those in patients around the world, their personality traits were different. They were more frequently passive and indrawn; they were sensitive to control and whom they were expected to obey; they were used to being manipulative; and many of them were unable to talk about their feelings, because they had never done so before. 'I have wondered how the turbulent and traumatic events in Germany's history and the experience of two totalitarian systems may have contributed to the development of those personality traits.' (Huppertz, 2013, p. 6)

After the restoration of Lithuanian independence, many people who had been in forced emigration, i.e. who themselves or whose parents or even grandparents had fled from Lithuania to escape the Soviet occupation, expecting to return shortly,¹ came back from the West – primarily from the United States – determined to help create an independent state. They all shared the same impression: the people here are different than they had expected; it is harder to work according to the principles and norms which are accepted in democratic societies; there is more distrust, intolerance, hypocrisy, reticence, and failure to keep one's word. Those who began to work individually with people in areas such as education noticed that the people here are more scarred; their lives and personal stories are more complex, and full of traumatic experiences, difficulties and so on. The change in Lithuanian people could already be observed after the first decade of Soviet occupation by the exiles and political prisoners who returned from deportation and prison – their compatriots who had been left in the homeland appeared to be extremely changed, intimidated and reserved. A study on the long-term consequences of political repression has shown that even people who did not experience direct political repression and simply lived in Lithuania under occupation are in some ways similar to victims: one quarter of them have lost

¹ *Manėm, kad greit grįšim. 18 pokalbių apie pasitraukimą į Vakarų 1940–1944*, Vilnius: Aukso žuvis, 2014, editors Dalia Stakytė-Anysienė, Laima Petrauskaitė-VanderStoep, Dalia Cidzikaitė. (A book which presents stories of émigrés – AN)

family members as a result of repression, and as many as one third indicate that as a result of the occupation, they were unable to achieve their academic and professional goals, and feel even worse than political prisoners surveyed in other countries (Gailienė & Kazlauskas, 2004).

An analysis of long-term analytical psychotherapy cases in Lithuania revealed that dangerous psychological strategies which are employed in the face of a totalitarian system were manifest in the family histories of many of the clients. Deception of authorities and the system, secrecy, duplicity, passivity and change of identity were important survival strategies. In many cases, these tactics helped the clients survive and satisfy their basic needs – not directly, but through different forms of avoidance and deception. As a dominant life strategy, this can potentially be very detrimental, especially to the second generation and even the third. Deceiving others blends with self-deception, and the deep deformation of the self without constructive recognition and transformation turns into destructive aggression and auto-aggression (Gudaitė, 2014b).

Psychological research carried out ten or more years after the restoration of Lithuanian independence revealed that the consequences of the Soviet totalitarian regime which lasted five decades are still being felt in the lives of both individuals and society as a whole to this day. Those who experienced political repression are still feeling the influence of the traumas they suffered on their physical and psychological health (Kazlauskas, 2006), and this influence is even passed on to the second generation (Vaskelienė, 2012). Often, people do not consciously link their psychological problems with their experiences during the Soviet period – this only comes to light through long-term psychotherapy (Gudaitė, 2014a). Studies have shown that political participation, strong motivation for resistance, and spiritual values are important protective factors, so in some respects, former political prisoners who have experienced even greater traumas often feel better than other participants who experienced less repression (Kazlauskas, 2006).

The Soviet legacy also includes the *mentality* of politicians who shape mental health care – instead of using modern science-based prevention measures, they are still unable to break free from the traditions of Soviet health care, with its excessive medicalisation, lack of transparency, disrespect for patient rights, poor management, and so on (Pūras, Šumskienė, Veniūtė, Šumskas, Juodkaitė, Murauskienė, Mataitytė-Diržienė, & Šliužaitė, 2014). Unlike politicians in the 'old' European Union countries, they sometimes resort to moralising rather than considering what the most appropriate preventive means for harmful behaviour might be (Skruibis, Gailienė, Hjelmeland, Fartacek, Fekete, Knizek, Osvath, Salander Renberg, & Rohrer, 2010). Key indicators that reflect the psychological wellbeing of society such as self-destructive behaviour – suicide, the prevalence of alcohol abuse – have also been slow to change (Gailienė, 2005).

On the other hand, it is of no surprise that the totalitarian regime had such a strong influence on the person. After all, the main target of the

totalitarian system was the person, in an effort 'to destroy Lithuania's political identity, assimilate its people and turn them into masses fit for totalitarian rule.' (Gailius, 2006, p. 190) All of the structures – ideological, political, repressive, propaganda – worked to achieve this. Hence, the traumatisation of Lithuanian people continued for five decades (at least in Lithuania and the other Baltic countries; in Russia and Ukraine, this lasted even longer, while in Poland and other Eastern Bloc countries the regime operated a bit differently). Independence was restored by a country which had experienced severe historical traumas. What was next? It has been more than two decades since independence was restored. How has the trauma and coping process developed? What is the present psychological state of the people? Is it related to the historical past and people's attitudes toward it?

TRAUMA

Psychological trauma

The concept of psychological trauma was developed in clinical psychology and psychiatry. The term 'trauma' came from medicine – and surgery in particular – where it always meant physical injury and the treatment thereof. 'Psychological trauma' was the name given to non-physical social and psychological injuries that occur as a result of severely distressing events. The study of psychological trauma was a very important stage in the history of clinical psychology and psychiatry. In fact, psychoanalysis and modern psychotherapy actually began with the attempt to describe the effects of psychological trauma theoretically.

The pioneers of psychological trauma research – French psychiatrists Pierre Janet and Jean-Martin Charcot, and later the Austrian doctors Sigmund Freud and Josef Breuer – showed that traumatic experiences are the reason behind the symptoms of hysteria and other neuroses. They may be unconscious, since when the psyche attempts to protect itself from the destructive effects of trauma, memories of the trauma are eliminated (*dissociated, repressed*) from consciousness. However, traumatic experiences try to force themselves back into the consciousness in the form of various symptoms and flashbacks. The destructive effect of a trauma can only be reduced by gradually integrating traumatic memories into the entirety of the person's mental life. Carl Gustav Jung later contributed significantly to these studies by introducing the concept of the collective unconscious, thus creating preconditions for a broader study of trauma and cultural complexes (Jung, 1934; Gudaitė & Stein, 2014).

Psychotraumatology, an interdisciplinary field of trauma research, was so named in order to differentiate it from medical traumatology (Fischer & Riedesser, 1998; Everly & Lating, 1995). This field developed successfully after World War I and made particular headway after World War II. Since 1980, when the concept of trauma as well as the criteria and diagnosis of post-

traumatic stress disorder (PTSD) were defined in the third revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published by the American Psychiatric Association, the definition of trauma has continually been updated. The diagnosis of post-traumatic stress disorder is based on the assumption that the reason for the disorder is clearly known – a particularly distressful event and the sudden stress reaction which follows. Not every stress or difficulty experienced is considered a trauma. Traumatic events are stressors of particular severity related to the reality of death; they often pose a threat to life or the person's deepest identity and integrity. It is also important that even these events are only *potentially* traumatic, thus a traumatic experience may or may not result in post-traumatic disorders. As defined in diagnostic systems, traumatic stressors are events which go beyond the usual boundaries of human experience, so in this sense they are abnormal (though such a problem- and trauma-free concept of life is often criticised as being an illusion of modern Western society that people essentially have control over their fate; deVries, 2007). Only exceptionally dangerous or catastrophic stressors (violence, abduction, terrorist attacks, torture, imprisonment in prisoner-of-war or concentration camps, natural disasters, etc.) cause specific post-traumatic disorders, the main symptom of which is continuous and involuntarily intrusion of the traumatic experience into consciousness.

Traumas can be one-time events; they can be short, or long and complex (Terr, 1991). One-time traumatic events (natural disasters, car accidents, assaults) can be very severe and unexpected, resulting in post-traumatic stress disorder, but they are shorter in duration and can be overcome more quickly. Long-term traumas can be either a sequence of stressors, when several traumatic events accumulate, or prolonged trauma. These traumas are usually inflicted by other people; they encompass many traumatic factors and their consequences are deeper and longer lasting. They disturb the normal flow of life, destroy a person's sense of identity, affect one's self-image and self-esteem, and can even lead to long-term personality changes and disorders.

A new description of post-traumatic stress disorder and traumatic situations is presented in the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which was published by the American Psychiatric Association in 2013. Discussions on the concept of psychological trauma continue; the eleventh revision of the International Classification of Diseases (ICD) – another significant diagnostic tool which is maintained by the World Health Organization – will be published in 2017 and will also provide a revised description of trauma, which, as usual in the never-ending debate between American and European mental health professionals, will be similar, but not identical.

In the history of trauma research, there is another recurrent discussion: the problem of defining the trauma too narrowly. Specialists who lean towards narrow medical and biological approaches often treat trauma and its consequences as isolated diagnoses – simply as illnesses in the traditional

sense. This approach ignores the very essence of post-traumatic difficulties. Trauma is not an internal process; it is first and foremost an external event. It is a human experience, and the individual's reaction to the traumatic experience depends both on the meaning given to it, and on many sociocultural factors (Weisæth, 2004; deVries, 2007). This is also evidenced by the fact that in carrying out clinical assessment of post-traumatic symptoms, pure post-traumatic stress disorder practically does not exist – it is always accompanied by other clinical symptoms (Maercker, 2009) and psychosocial difficulties, relationship and identity problems, and existential ordeals.

Cultural trauma

In recent decades, the concept of trauma was moved from the psychotraumatological clinical field to social sciences and humanities and filled with social content. New discourse on trauma is emerging in sociological and anthropological research in which *cultural trauma* (or *trauma to a culture*) is described as a 'culturally interpreted wound to cultural tissue itself' (Sztompka, 2000, p. 458). The effects of cultural trauma are observed when members of a community agree that they have been subjected to a horrible event which permanently changed their group consciousness as well as their memory and identity (Alexander, 2004). Cultural trauma is thus a self-reflection of the culture itself. The theory of cultural trauma was developed by studying collective traumas in various social contexts in different regions: reflections of critical American historic events in the public consciousness (Neal, 1998; Alexander, 2004); experiences of the negative aspects of social transformations in post-communist Poland and other Eastern European countries (Sztompka, 2000); connections between the social and individual level of cultural traumas in post-Soviet Estonia (Aarelaid-Tart, 2006).

As already mentioned, the term 'trauma' in this research is taken from psychology and psychiatry and applied to society, individual groups of society, and culture. The description of cultural trauma is completely analogous to the psychopathological description of trauma: like in diagnostic systems of mental disorders (DSM, ICD), the nature and criteria of a traumatic event are outlined (the definition of trauma, the key features of traumatic situations), and like in the concept of individual traumas, the menacing events are only *potentially* traumatic – whether or not they will cause cultural trauma depends on a number of individual and social factors. The effect of potentially traumatic historical events is not a one-time reaction; instead, it is a process which can manifest as cultural disorientation that does not necessarily grow into cultural trauma (as in the case of an individual, where potentially traumatic events may only induce a stressful reaction rather than post-traumatic disorders). A clinical term is also used to give a name to the consequences of cultural trauma: *trauma symptoms* (Sztompka, 2000; Alexander, 2004). It is believed

that unlike stress, trauma profoundly alters the basic structure of the cultural system as a whole: 'Society will never be the same again.' (deVries, 2007, p. 401) If it is possible to speak about individual trauma as an interruption in the normal flow of life, so does cultural trauma disrupt the continuity of collective memory and the transfer of historical memory from generation to generation, as well as relations between the family and society, and between different social groups and generations.

The same goes for theoretical approaches. As in psychotraumatology, two major theoretical approaches have been adopted to interpret the phenomenon of cultural trauma: cognitive rationalist and psychodynamic, which comes from the tradition of psychoanalysis (Alexander, 2004). The cognitive approach holds to the assumption that individuals have a conscious understanding of traumatic events, and that their reactions are an assessment of the problems, a search for alternatives, and the formation of collective memory (e.g. Neal, 1998; Eyerman, 2001). In the case of the psychodynamics (Friedlander, 1992; Caruth, 1995; Garland, 1999), cultural trauma exists as unconscious emotional fear, ousted memories, and cultural complexes (Singer & Kimbles, 2004), so traumatic feelings and experiences not only stem from events, but also from the anxiety of keeping them suppressed. Jungians use the concept of cultural complexes to explain cultural trauma (Singer & Kimbles, 2004). Cultural traumas shake up the normal cultural identity (*cultural ego*) of society or groups thereof, and can be replaced by *cultural complexes* – one-sided, simplified approaches which provoke a vast number of strong, irrational feelings, when positive qualities are unconsciously attributed to one's own group, and the negative ones are projected to others. The behaviour, choices and decisions determined by cultural complexes are generally more primitive. The task in coping with trauma is the restoration of a healthy cultural identity which assures the understanding of one's uniqueness, realistic assessments, and acceptance of contradictions, and which allows for free interaction with other cultural and social groups. Trauma is overcome when repressed memories are integrated into the collective consciousness. Estonian anthropologist Aareleid-Tart (2006) refers to the historical example of *the coalition of silence* – one of the results of resolutely suppressed collective memory. The fact that Stalin's crimes were not discussed in Estonian public space after the deportations is 'an example of a long-lasting anxiety in the collective unconsciousness of the Baltic nations. After the restoration of independence in the 1990s, this hidden collective remembrance was actively revealed in public acts of commemoration, and in its representation in the mass media and people's memoirs.' (p. 45)

Polish sociologist Sztompka (2000; 2004) studied the experience of post-communist countries and presented a theoretical analysis of the traumatic experiences of radical social change that Eastern European nations went through. He uses the term *cultural trauma* to explain these changes. His seminal article on this topic is entitled 'Cultural Trauma: the Other Face of Social Change' (Sztompka, 2000). The author observes that social changes have long been idealised as

continuous progress, but the twentieth century in particular refuted this, bringing radical and dramatic social upheavals. The author applies the concept of cultural trauma in explicating social change and the collective recognition thereof, or more precisely – the dysfunctional, maladaptive side of major social changes. According to Sztompka, potentially traumatic events do not always have to be negative. Cultural trauma may also originate in success. Sudden, unexpected, unplanned, large-scale social changes that exceed expectations may, objectively, seem positive and beneficial, but their side effects can include traumatic events and situations. For example, the collapse of communism and the deep, radical transformations of East European societies were met by most people with the greatest enthusiasm, but for some, they also resulted in traumatic experiences known as the *pains of transition* (Sztompka, 2004) – unemployment, inflation, status degradation, corruption, crime and so on.

Cultural trauma is the most threatening because, like all cultural phenomena, it has the *strongest inertia*; it persists and lingers much longer than other traumas – sometimes over several generations. The breakdown of cultural order is most manifested in the collapse of collective identity. Sztompka bases his characterisation of the sustainability of trauma in both the psychodynamic and cognitive theoretical approaches: cultural trauma long remains 'preserved in collective memory or hibernating in collective sub-consciousness.' (Sztompka, 2000, p. 452) As in psychotraumatology, *coping* with cultural trauma is a process that can be successful and constructive, but can also be destructive. The success of coping strategies depends on the sociocultural capital of the society and its groups, and on the constructive discourse created within the society. Coping with cultural trauma is finding an interpretation of the past that restores the damaged identity (Aarelaid-Tart, 2007). Positive coping with cultural trauma leads to a new cultural consolidation.

On the one hand, it seems that the concept of cultural trauma is fairly reductionist, and therefore criticised as an attempt to psychologise social phenomena; on the other hand, relatively solid theoretical and empirical research has established this concept in sociological and anthropological studies (Šutinienė, 2002).

Cultural trauma and psychological trauma

As hard as it might be to believe, this is actually a relatively new field of research. The consequences of cultural disintegration on the individual and the efforts of individuals to overcome cultural traumas have not been researched much in psychology. In psychotraumatology, it is often encouraged to avoid narrowing, to try to understand the experience of trauma and its consequences in view of the entire complexity of the trauma, and to use the biopsychosocial model as a basis (e.g. Weisæth, 2004); however, narrowed approaches which are detached from the cultural context are often dominant in reality.

Efforts are made in sociology to underline that cultural trauma affects *culture* and the community, and therefore cannot be treated as an individual predicament (as in psychoanalysis) (Sztompka, 2000). Sociologists are overprotective in terms of psychological reductionism, since this allegedly precipitates evaporation of the cultural level, and the processes of psychological trauma and cultural trauma are very different. The mechanisms of psychological trauma are intrapsychic (defence, adaptation, coping, working through), while at the cultural level they are the interaction of social groups, but they are still psychological processes such as feelings, memory and judgments, and this is essential (Smelser, 2004). This separation is therefore in part artificial, but, perhaps, adequate as well, as it allows one to delve further into certain defined aspects of traumas.

In studies of the interactions of cultural and psychological trauma, the essential aspects from the psychological perspective are *the cultural context of psychological trauma and the impact of cultural trauma on the individual's psychological development*.

Psychological trauma and culture. A traumatic event always happens in a specific sociocultural context. The characterisation of both psychological and cultural trauma first and foremost depends on the context and the meaning given to the event. Trauma is a person's experience and assessment of how he or she feels regarding those events. Post-traumatic reactions also reflect the sociocultural environment in which the trauma occurs. Interaction between the community and the individual also plays a very important role in coping with the trauma. Persons who identify themselves with cultural values are more likely to take advantage of social support, while for those who are less socially integrated, stress has a greater impact on health and leads to other post-traumatic reactions (deVries, 2007). In post-communist countries, it has been established that a network of friends and loved ones as well as family support are important in coping with traumas caused by radical social change (Sztompka, 2000); for people who experienced Soviet repression, the greatest support in the general hostile environment of the regime was provided by people who shared the same fate (Kazlauskas, 2006); communal recognition of the trauma and the attention and support of one's most immediate surroundings always alleviate the consequences of even severe long-term trauma significantly (Herman, 1992).

Under normal circumstances, culture significantly protects its members from the potentially destructive effect of traumatic events, because cultures are usually very resistant to environmental stresses and changes. Culture provides security, order and community (Bronfenbrenner, 1979, 1994). Social support and justice institutions, cultural traditions, family and religion form a medium which ensures that the traumatised persons return to the normal flow of life and provides strength to overcome the trauma. Cultural values and norms help to regain a feeling of self-worth and confidence in the meaning of life and integrate the experience into a historical context; they also maintain

the perception of continuity of life, even under conditions of traumatic shock (deVries, 2007; Herman, 1992).

In the interpretation of the process of an individual trauma, the cultural level and the individual level are different. It may be that psychological and cultural explanations are best suited in different stages of the trauma process (deVries, 2007). The psychological (and often psychobiological as well) explanation best explicates acute reactions to trauma (shock, denial, dissociation, strong feelings). However, the further course of post-traumatic reaction and coping with trauma is inevitably linked with sociocultural aspects. By providing identity, cultural rituals for coping with trauma, recognition of trauma, as well as a system of aid institutions, social support and rehabilitation, culture strengthens individuals' resistance and ability to cope with trauma. In many of the studies presented in this book about people who have experienced specific traumas, we clearly see how a destroyed cultural context becomes a significant precondition for the problems caused by traumatisation to become chronic.

Cultural traumas and a person's psychological development. If a cultural trauma occurs, its impact is complex and multi-layered. Cultural trauma first manifests in the destruction of collective identity (Sztompka, 2000; Smelser, 2004). This is also a threat to personal identity. Culture no longer carries out its protective function; it no longer has the power to restore a sense of security and community. People feel that they are living in a dangerous world, where no one cares about their personal needs. For example, culture usually regulates mourning rituals, which are an important part of the mourning process and have significant psychological meaning because they ensure organised support for those experiencing the trauma of loss. Under the communist regime, many people were deprived of mourning – their 'grief and mourning were arrested.' (Lindy & Lifton, 2001, p. 24) The families of partisans who had been killed and people who died as a result of repression often did not have the opportunity to say goodbye to them or give them a funeral, or even find out where they were buried. The need to complete the mourning process in Lithuania intensified greatly as soon as prohibitions weakened. When the process of democratisation began in the Soviet Union, many people brought back the remains of relatives from distant places of exile or tried to complete the disrupted mourning process through various symbolic forms, such as memorial hills, symbolic graves or family crosses (Gailienė, 2008).

When cultural protection collapses and protective social and cultural ties are destroyed, people are left alone, and their problems are proportionate to the cultural disintegration. Then, traumatised individuals and groups have to help themselves. Trauma destroys the individual's mental integrity and triggers defensive and compensatory systems. These concentrate purely on survival strategies and thus limit the person's creativity, self-expression and personal growth (Gudaitė, 2014). Times of major shock often provoke both the best in a person and the worst (deVries, 2007). *The good side* is the opportunity

to change and create new forms of coexistence and identity, while the *bad side – the dark side* – is regression to more primitive emotions and behaviours which temporarily alleviate the excruciating complexity of the situation. However, cultural traumas that have not been overcome can last a long time; they can even be passed down to future generations and disturb individuals' normal psychological development in the long run (Gudaitė & Stein, 2014).

In the twentieth century, our country went through many dramatic political changes which caused cultural trauma. Three successive occupations (the first Soviet occupation of 1940–1941, the Nazi occupation of 1941–1944, and the second Soviet occupation of 1944–1990), followed by the restoration of independence and radical reforms, had a fundamental impact on every person and every family. Radical historical processes took place in many other Eastern and Central European countries as well, but the specific experiences are different. In order to get a deeper understanding of the processes of cultural traumas, it is therefore important to study and compare the profound traumatic experiences of different countries as well as the processes of coping with them. However, successful investigation of historical cultural traumas is only possible if they are acknowledged as such.

The problem of recognition

In trauma research, the problem of public *recognition* of the trauma itself and its consequences is essential. The attitude of society and the political processes are also vital to the success of scientific research of traumas and support for trauma victims (Danieli, 1998; Staub, 2006; Sztompka, 2000). The entire history of psychotraumatology shows that its most significant achievements only became possible once the periods of denial and non-recognition of trauma were overcome. For example, the public and political decisions that were made in Western countries after World War II were favourable towards ongoing studies of severe, long-term traumas, and a system of compensation for victims of the Nazi regime was subsequently created and improved based on these studies (Weisæth, 2004). However, the phases of recognition and forgetting in the history of trauma research are periodically repeated (Herman, 1992; Shephard, 2000; Gailienė, 2001; Weisæth, 2004). The reasons behind denial of trauma are emotional, social and political (Gailienė, 2008). The fact that life under the Communist regime was traumatic is not easily recognised in the cultural discourse of Europe.

Unlike National Socialism, communist ideology was not recognised as a criminal system in the Western world after the collapse of communism, so the attention given to its criminal consequences is disproportionately low. With respect to the crimes of communism and communist ideology, the prevailing attitude in Western countries is at best ambivalence, while in Russia any crimes of communism are categorically denied. In the field of scientific research, this denial and ambivalence creates a considerable imbalance: though research

on Holocaust trauma, victims of World War II and participants in the resistance against Nazi occupation is abundant, there is still a shortage of reliable and representative research on the consequences of political repression in post-communist countries, especially in the former republics of the Soviet Union.

In theory, the twentieth century European totalitarian regimes were early identified as criminal. Philosopher Hannah Arendt (1951) introduced the concept of *totalitarianism* to academic and public discourse shortly after World War II, and used it to describe both criminal regimes – that of the Nazis and the Communists. However, this idea did not gain recognition easily in Western Europe. In academic research on historical memory and historical traumas, comparison of these two dictatorships is still taboo.

In the spring of 2004, when the Baltic states joined the European Union, European Commissioner and former Foreign Minister of Latvia Sandra Kalniete spoke at the opening of the Leipzig Book Fair in Germany, where she tried to confirm the existence of the two criminal totalitarian regimes as an unmistakable fact of European history: *'Only after the fall of the iron curtain did the archived documents and the life histories of these victims become accessible to researchers. These documents confirm the truth that both totalitarian regimes – Nazism and Communism – were equally criminal. We should never differentiate between them just because one was on the winning side. The fight against fascism cannot be regarded as something that can permanently vindicate the Soviet Union, which, in the name of the ideology of one class, oppressed an infinite number of innocent people. I am firmly convinced that it is the duty of our generation to rectify this error. The losers must also write their history, because they too deserve a proper place in the history of the continent. If this is not done, history will remain one-sided, sketchy and dishonourable.'*

However, this comparison gave rise to a scandal in Germany and discussions on the two criminal regimes again fell into a long silence (Assmann, 2013).

'We see that it is still taboo, that boundaries are constantly being drawn. In general, there is no place for such things in the German narrative, because we are focused solely on the Holocaust. I would say that we Germans do not want any other groups of victims to appear in history, because we are worried that we will begin to compare ourselves, and that there won't be enough room for both stories. That is the great problem.' (Interview with Aleida Assmann, 15min.lt, 7 September 2013)

With intense discussions taking place in Germany about the memory of the two dictatorships – Nazism and Communism – when even their comparison was taboo, historian Bernd Faulenbach proposed a diplomatic formula:

1. The memory of the crimes of Stalinism cannot relativize the memory of the Holocaust.

2. The memory of the Holocaust cannot trivialise the memory of the crimes of Stalinism.' (Assmann, 2013, p. 163)

Researchers hope that assertions such as this can not only help to more evenly discuss the 'two dictatorships' in Germany, but to address the two totalitarian regimes in Europe in general (Assmann, 2013).

Psychological studies on the traumas induced by the communist regime, their long-term effects and the processes of coping with them are few in number. A number of sociological and anthropological studies on the processes of social transformation after the collapse of communism have already been published, but there is little research on the long-term effect of the traumatic experience of totalitarianism. That experience stands out for its scale and extremely long duration. In cases of direct political repression, the experience under the communist regime was different than in various other countries, where the traumatising of the repressed person usually ceased with the end of imprisonment; even after being released from prisons or labour camps, the victims of communist repression and their family members continued to be persecuted for decades, until the very collapse of the system. Therefore, even after their time of exile or imprisonment had expired, they were not only forced to hide their past from the people around them, but sometimes even from their own children. This precipitated specific experiences in families where talking about the traumas experienced by the parents was not only avoided for psychological and emotional reasons, but for political ones as well. However, it turned out that a portion of the families managed to preserve their history and pass it on to future generations (Vaskelienė, 2012), and this becomes a guarantee of human strength (Bieliauskaitė et al., Mažulytė et al. *in this monograph*). Another characteristic is that the cultural traumas caused by occupations and historic upheavals affected society as a whole, as well as each person and family; the impact was long-term and complex, and it is sometimes difficult to understand who the real victims were and who were the winners.

So what can we detect in people today? How do they feel, how do they assess what happened, and what meaning do they give to it? How are particularly vulnerable social groups doing – ones who have experienced a specific trauma or severe personal traumas? What about those who were faced with greater cultural trauma challenges because of their minority status and who had to form a new identity after a breaking point? Will their identity find a place in the new cultural identity or identities?

In the research being presented, we tried to include a broad range of research participants and combine quantitative and qualitative research methods, looking for answers to certain questions, while knowing that the answers to others are still far off, therefore providing insight for further research.

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RESEARCH METHODOLOGY

Neringa Grigutytė

The “Psychological Effects and Coping with Extreme Trauma and Social Transformations” project was carried out under measure VP1-3.1-ŠMM-07-K “Support to Research Activities of Scientists and Other Researchers” (the Global Grant Measure), Priority 3 “Strengthening of Capacities of Researchers and Other Scientists” of the Operational Programme for Human Resources Development for 2007–2013. The project study attempts to *analyse factors related to the traumatic experiences, psychological health and methods of coping of various social groups in the context of social transformations*. The study is arranged in such a way as to respond to the need to carry out a large-scale comprehensive study while it is still possible to reach people who experienced the events and take a look at social changes from a certain distance. The study analyses personal and historic traumas experienced by residents of Lithuania from different age and social groups, as well as methods of coping with them and the connection with psychological health. The associations between risk and protective factors were not only assessed at the personal level, but at the family, community and societal levels as well.

PARTICIPANTS

The study sample consisted of residents of Lithuania from three age groups. Upon taking the structure of the population into account and applying quota sampling (Čekanavičius & Murauskas, 2000)², 200 participants were selected to represent three generations: elderly persons who lived under Soviet occupation for a long period of time (average age: 67), representatives of the middle generation who lived both under Soviet occupation and in independent Lithuania (average age: 47), and young adults who grew up in independent Lithuania, i.e. did not live under Soviet occupation or do not personally remember the Soviet regime (average age: 23). In total: 281 men (44%) and 319 women (56%).

In seeking deeper insight into the feeling of well-being of various groups of society, specific groups with traumatic experience were analysed:

- *People who have attempted suicide (suicide attempters) and relatives of people who have died by suicide (bereaved by suicide)*. This group was singled out in an effort to better understand the role of unresolved traumas in suicidology, since traumatic experiences and unresolved traumas are significant to suicidal behaviour (Dyregrov, Cimitan, & De

² The main criteria in the selection of participants were gender, age (born between 1940 and 1953, 1960 and 1972, 1983 and 1995), education (higher, vocational secondary or secondary, basic or primary), place of residence (city, town, village). The quotas of the participant selection are based on the data of the 2011 Population Census conducted by Statistics Lithuania.

Leo, 2014), and the suicide rate in Lithuania is one of the highest in the world (World Health Organization, 2014³).

- *Victim* groups⁴ recognised by the state: the defenders of independence who were injured as a result of Soviet aggression during 11–13 January 1991, the families of independence defenders who were killed, and the clean-up workers of the Chernobyl accident. These groups were selected from all of the victim groups (e.g. political prisoners, deportees, participants in the resistance, etc.) as being the ones who have received the least amount of attention from researchers thus far.
- *Ethnic minorities* in Lithuania. Two groups – ethnic Poles and ethnic Jews – were selected. This attention to ethnic minorities is not random. Ethnic minorities in Lithuania also face a changing socio-political situation, so it is important to understand how representatives of ethnic minorities get through these difficulties and overcome them, and what factors make coping easier or more difficult for them, as compared to ethnic Lithuanians. Poles are the largest ethnic minority group (6.6%, Demographic Yearbook 2011), and recent political events and mutual Lithuanian–Polish social tension necessitate a more careful examination of the experiences of this ethnic minority. The Jewish community in Lithuania suffered greatly during the Nazi and Soviet repressions, when as much as 90% of the Lithuanian Jewish population was killed (Truska, 1995). Furthermore, both of these ethnic minorities are generally viewed in a negative light: based on a 2012 poll conducted by GfK Custom Research Baltic, 51% of Lithuanians would not want Poles in their neighbourhood, and 45% would object to Jews.⁵

The specific research groups were put together by deliberately looking for research participants who met certain criteria. The search for participants was done using official lists⁶ as well as through various organisations and institutions to whom we are sincerely grateful for their help (the Genocide and Resistance Research Centre of Lithuania, the Chernobyl Movement of

³ Preventing suicide. A global imperative. World Health Organization, 2014. Source: <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/publications/2014/preventing-suicide-a-global-imperative>.

⁴ Law on the Recognition of the Legal Status of Independence Defenders and other Victims of Soviet Aggression during 11–13 January 1991, State Gazette, 2000, No. 5-124. Law on the Legal Status of People of the Republic of Lithuania who were Victims of the 1939–90 Occupations, State Gazette, 1997, No. 66-1609. Law of the Republic of Lithuania on State Pensions, 1994, No. I-730.

⁵ 'One-in-two Lithuanians don't want a Pole living next door', 2012 01 05. Source: <http://www.thenews.pl/1/10/Artykul/81633,Oneintwo-Lithuanians-don%27t-want-a-Pole-living-next-door#sthash.ckCpzOt.dpuf>.

⁶ List of Chernobyl clean-up workers obtained from the Genocide and Resistance Research Centre of Lithuania; list of victims of Soviet aggression during 11–13 January 1991 and recognised as invalids; list of the relatives of people killed during the January Events.

Lithuania, the Victims of January 13th Society, the Bičiulystė Association for the Families of January 13th Victims, the Jewish Community of Lithuania, etc.).

Individuals who have *attempted suicide* were invited to participate in our study in cooperation with hospitals where they were admitted after the attempts. No more than one month had passed since the suicide attempt when the research was conducted. The group of *the relatives of people who died by suicide* was formed by inviting people to participate in the study through media, universities, health institutions and archdiocese centres; participants were also recruited in cooperation with police officers who had investigated suicides and personally invited relatives of the deceased to participate in the study. The people who participated in the study as part of this group were adults who had lost a member of their immediate family (a parent, brother, sister, spouse or partner) at least one year ago, but no more than two years ago.

Snowball sampling was used to form the *ethnic minority* groups. First, Polish and Jewish cultural centres were contacted to invite people to participate in the study, and then the participants were asked to invite other people. The participants were Lithuanian citizens who have lived in Lithuania for at least the past 18 years and who consider themselves to be of Polish or Jewish ethnicity.

In all groups, efforts were made to interview people of various ages from major cities as well as smaller towns and villages. Potential research participants were informed about the study and were able to withdraw from the study at any time. The confidentiality of information supplied by the research participants was guaranteed. Participation in the study was voluntary,⁷ and the research participants provided written consent thereof.

The following people participated in the study:

- 32 Chernobyl accident clean-up workers: all men aged 47–77, with a mean age of 59;
- 30 victims of the events of 11–13 January 1991: 17 women (57%) and 13 men (43%); of whom 22 were defenders of independence who were injured as a result of Soviet aggression during 11–13 January 1991 and 8 were relatives of independence defenders who were killed. The age range of participants in this group was 36–83, with a mean age of 66 (65 for women and 66 for men);
- 30 Lithuanian residents of Polish ethnicity: 23 women (77%) and 7 men (23%) aged 19–79, with a mean age of 46 (46 for women and 48 for men);
- 30 Lithuanian residents of Jewish ethnicity: 16 women (53%) and 14 men (47%) aged 20–88, with a mean age of 54 (50 for women and 58 for men);
- 21 people who have attempted suicide: 14 women and 7 men aged 18–62, with a mean age of 32 (33 for women and 29 for men);
- 23 relatives of people who died by suicide: 20 women and 3 men aged 24–60, with a mean age of 43 (43 for women and 37 for men).

⁷ Reasons for refusal to participate in the study are discussed in succeeding chapters presenting the results of different study samples.

INSTRUMENTS USED IN THE STUDY

In order to carry out a large-scale comprehensive study involving residents of Lithuania from different age groups who have experienced personal and historic trauma and analysing the connection of these traumas with their personal health as well as their strategies for coping with them, cross-sectional studies were selected, combining quantitative and qualitative research strategies. The combined use of quantitative and qualitative methods is becoming increasingly common in social sciences (Shank, 2006). Quantitative methods are employed to identify essential characteristics, distinguish common psychological dimensions and illustrate the interaction of various factors in numerical terms. Therefore, all of the research participants completed the questionnaire compiled to achieve the research objectives. The answers to the questionnaire provided by a sample of Lithuanian residents from three age groups were summarised, and the conclusions were applied to the entire population of Lithuania. The answers provided by research participants belonging to specific traumatic experience groups were compared to the results of the three age groups, thus establishing the statistical differences between the groups⁸. In order to obtain better insight into the subjective ordeals of participants in the specific traumatic experience groups and to more broadly interpret certain aspects of the phenomenon under study which differ by nature rather than quantity, a qualitative research strategy was used (Cropley, 2002) – data was collected during semi-structured interviews and interpreted according to the principles of thematic analysis.

Quantitative data questionnaire. In order to prepare methodology for the quantitative evaluation of traumatic experience and the relationship to the individual's and family's traumatic experience, a search and analysis of measuring instruments used in Lithuania and abroad for the evaluation of psychological well-being, traumatic experience and coping methods was first carried out. Permission was obtained from the authors to use the assessment instruments in this study. After selecting the assessment instruments and forming questions in accordance with the objectives of the study, a pilot study was conducted with 58 participants ranging in age from 19 to 74. The goal of the pilot study was to check the procedure used for the application of the questionnaire as well as its psychometric characteristics. Based on the results of the pilot study, the final questionnaire for this study was prepared, consisting of five parts:

- 1. Demographics.** The research participants were given demographic questions about their gender, age, place of residence, education, occupation, ethnicity, employment, average family income,

⁸ With the exception of the group of the relatives of people who died by suicide, for which other methods of evaluation were used (COPE, ESCQ, PG-13, PTSI). The goal was to compare the data of the suicide survivors from an intercultural perspective.

subjective assessment of their financial situation, religion, and political and social activeness. They were also asked about their family's historical experience: whether any of their family members (they themselves, their parents or grandparents) had ever been deported, held as political prisoners, or otherwise affected by political or Nazi repression; whether they had participated in resistance against the Soviet system (i.e. whether they were actively involved in dissident activity or Sajūdis – the organisation which led the struggle for Lithuanian independence); or whether they belonged to the Communist Party.

2. Psychological well-being. The well-being of the research participants was evaluated in several ways:

1. *The WHO-5 Well-Being Index (WHO, 1998)*: a five-question instrument which assesses the presence of aspects of well-being (e.g. mood, activity) over the last two weeks. Answers are given on a six-point Likert scale ranging from zero (*at no time*) to five (*all of the time*). The internal consistency of the questionnaire was $\alpha = 0.85$.

2. *The Revised Life Orientation Test (LOT-R; Scheier et al., 1994)*: a six-question test designed to assess an individual's degree of optimism, i.e. positive expectations for the future. Statements were rated on a five-point scale, from *strongly disagree* to *strongly agree*. The original version consists of 10 questions, of which four are filler questions which are not used in calculating the result, so they were not included in this questionnaire. The internal consistency of the questionnaire was $\alpha = 0.7$.

3. Subjective description of psychological well-being: five questions which the participants rate on a scale of zero to five regarding how happy they have felt recently (0 – *very unhappy*, 5 – *very happy*); how their health has been (0 – *terrible*, 5 – *excellent*); how fair life has been to them (0 – *very unfair*, 5 – *very fair*); how loved they were during childhood (0 – *not at all*, 5 – *very much*); and how hopeful they are for the future (0 – *not at all*, 5 – *very*).

3. Life experiences

1. *The Life Events Checklist (LEC; Gray et al., 2004)*, which lists 17 potentially traumatic events that can occur in a person's lifetime. The research participants are asked to indicate whether they have personally experienced such events, been witness to such events, or have never been exposed to such events.

2. Taking the objectives and tasks of the study into account, the research participants were additionally asked to note whether they have had other negative experiences in their lifetime, such as *childhood neglect or abuse within their family, attempted suicide, the 1979–1989 Soviet war in Afghanistan, liquidation of the Chernobyl Nuclear Power Plant, participation in the January Events of 1991*, etc.; they were also asked to note if they were personally involved in these events or if they were witnesses to these events.

3. The research participants were asked to indicate which of the experiences (of the LEC traumatic events and other negative experiences)

affected them the most. They were asked to specify approximately when it happened, and to expound on the experience (open-ended question).

4. *The Trauma Screening Questionnaire (TSQ; Brewin et al., 2002)* is a short 10-question test to identify individuals who may have posttraumatic stress disorder. For each of the posttraumatic reactions listed, the research participants were asked to indicate whether or not they have experienced the reaction at least twice in the past week. The internal consistency of the questionnaire was $\alpha = 0.83$.

4. *Coping with difficulties.*

1. The research participants were given an open-ended question about what helped them when they experienced the event that affected them the most (which they indicated themselves earlier).

2. The methods for coping with difficulties were assessed on a five-point scale, from *not at all* to *very often*, taking the following aspects into account:

1) how often the experience that affected them or members of their family are discussed in their family; 2) how often feelings and ordeals are discussed; 3) how often the research participants try to overcome difficulties by themselves, without the help of others; 4) how often they turn to work or other activities to distract themselves from their difficulties; 5) how often they consume alcohol as a means to suppress thoughts and feelings; 6) how often they use antidepressants, sedatives or hypnotics; 7) how often, in times of difficulty, they think that they could attempt suicide; 8) how often they turn to family members or friends when they are having a hard time; 9) how often they turn to mental health professionals for help.

3. Alcohol consumption was assessed by asking how often the research participants consumed alcohol, and whether they think they have been consuming too much in the past few years.

5. *Social transformations.*

1. Adapting to change: the research participants were asked to rate, on a five-point scale, how much they had adapted themselves to the former system prior to the restoration of Lithuanian independence in 1990 and after the restoration of independence. In regards to the first question, the participants were given the option of answering that the question is not applicable (*I wasn't born yet, I was too young, I did not live in Lithuania at that time, etc.*)'

2. Evaluation of statements related to social transformations: 1) life in Lithuania (0 – *is getting worse*, 5 – *is improving*); 2) life was/is better (0 – *when the country belonged to the Soviet Union*, 5 – *now, in independent Lithuania*); 3) if the opportunity arose, I would have no problem emigrating from Lithuania permanently (0 – *by no means*, 5 – *definitely*); 4) In general, my opinion of Lithuanian life during the interwar period is (0 – *negative*, 5 – *positive*); 5) In general, my opinion of Lithuanian life during the period of Soviet rule is (0 – *negative*, 5 – *positive*); 6) In general, my opinion of Lithuanian life after the restoration of independence is (0 – *negative*, 5 – *positive*); 7) I am a Lithuanian patriot (0 – *by no means*, 5 – *definitely*); 8) I like living in Lithuania (0 – *by no*

means, 5 – definitely); 9) if Lithuania were to be attacked by an enemy state (0 – I would hide or leave, 5 – I would resist and defend Lithuania).

3. The research participants were given an open-ended question about the impact of the restoration of independence: ‘How has life in independent Lithuania affected you as a person?’

A sample of Lithuanian residents from three age groups (600 participants) was chosen for the study which was surveyed exclusively by questionnaire. It was decided to include questions in the quantitative data questionnaire which were important to achieve the objectives of the study, but without burdening the participants (on average, it took 40 minutes to complete the questionnaire):

- Questions about family and family history:

1. Conveyance of experience in the family. The study examined whether or not the historical traumas experienced by family members were discussed in the family, and the participants were asked to evaluate how these events were recounted. The research participants were asked to indicate which statements applied in their case: 1) Discussion was avoided; 2) The events were related in a reserved manner, without emotion; 3) The events were related in an intimidating manner, threateningly; 4) The events were related in an emotional manner, expressing much sadness; 5) The events were related with considerable anger; 6) The events were related through the use of symbols or humour; 7) A sense of despair and helplessness was evident when relating the events; 8) A sense of strength and pride was evident when relating the events.

2. Identification with the family history. The research participants were given four statements: 1) I want to tell other people about my family’s story during World War II and the post-war years; 2) I always want to learn more about my family’s history with respect to World War II and the post-war years 3) I want to distance myself from my family’s history during World War II and the post-war years 4) My family’s history during World War II and the post-war years is important to me in understanding who I am. The internal consistency of the questionnaire was $\alpha = 0.68$.

3. *The Parental Bonding Instrument (PBI; Parker, Tupling & Brown, 1979)*. The original scale of 25 statements was shortened based on the research data of foreign authors (Tsaousis et al., 2012), when the statements which had the least weight after performing factor analysis were eliminated. The final version of the scale consists of nine statements, with three in each sub-scale: care, protectiveness and authoritarianism. Respondents are asked to rate each statement from zero (*very like*) to four (*very unlike*). The internal consistency of the questionnaire varied by sub-scale from $\alpha = 0.69$ to $\alpha = 0.83$.

4. *The 14-Item Resilience Scale (RS-14; Wagnild, 2009)* is a shortened version of the original Resilience Scale designed to measure psychological resilience. Respondents are asked to evaluate each statement on a scale of one to seven, with one being *strongly disagree* and seven – *strongly agree*. The internal consistency of the questionnaire was $\alpha = 0.89$.

A *qualitative semi-structured interview* was selected in an effort to create a more open atmosphere of communication with the research participants and thereby obtain more exhaustive answers revealing subjective experience. In accordance with the semi-structured interview model (Gudaitė, 2007; Wengraf, 2004), questions were planned in advance with the research objective in mind: key questions which give the conversation direction, and additional questions which are selected according to the research participant's initial response. These questions were intended to reveal the subjective experiences of research participants from different groups with various traumatic experiences, as well as their ways of coping with traumatic experiences and their overall well-being. A pilot study was carried out in each specific traumatic experience group in order to determine which interview questions were the most appropriate and to perfect the wording of these questions.

The last questions were the same in each interview and were given to all of the research participants regardless of their specific experience. These questions were intended to reveal the effects of social transformations on various groups of society. The research participants were told: 'We would also like to talk about how the changes in our country's situation affected your family's life and your own.' This was followed by these key questions:

1. How was your family's life affected by the loss of Lithuanian independence when Lithuania became a part of the Soviet Union?
2. How were your family's life and your own affected by the restoration of Lithuanian independence in 1990?

QUALITATIVE DATA ANALYSIS

All qualitative data was analysed in five different groups according to the research targets: ethnic minorities, Chernobyl clean-up workers, January 13th independence defenders, people who have attempted suicide, and the relatives of people who died by suicide. Each study group consisted of three to six researchers.

A thematic analysis of the qualitative data was performed, whereby codes were created from the data, without applying a predetermined theory. ATLAS.ti v7.1.8 software was used for coding data. The results were analysed based on the steps singled out by Boyatzis (1998) and Braun and Clarke (2006).

The initial phase: familiarisation with the data. First, each recorded interview is transcribed using a predetermined transcription system and rules (e.g. generic categories in square brackets are used in place of proper nouns, i.e. the name 'Tomas' is replaced by '[name]'). The interview is then re-read several times in order to grasp its entirety.

The theme phase. In each group, the 3–5 interviews which are most dissimilar are selected in order to reveal what arises from the data, without any preconceived ideas. Each researcher delves into the text individually,

singling out meaningful units – an initial data reduction is performed so that the volume of the material is more convenient for qualitative analysis. After this, the meaningful units which have been singled out are reviewed in order to find repetition, thereby connecting small meaningful units to the initial themes. The initial themes are then joined and given concise, clear names which reflect their essence without digressing from the original data. All of the themes are then reviewed by a group of 3–5 researchers, who make sure that there are no overlaps, and a list of themes is compiled.

Use and validation of the list of themes. The list of themes compiled from 3–5 interviews is used for analysis of the remaining interviews. Themes that are newly defined in other interviews are added to the existing list, thus updating the list and forming the final list of themes for each specific research group (e.g. the relatives of people who died by suicide) and through employing visualisation in the form of the thematic map.

In an effort to ensure that the analysis was as impartial and reliable as possible, the data was analysed by several researchers and discussed in making joint decisions.

Since common questions on social transformations, which were posed to all of the research participants regardless of their specific experience, were analysed in different groups, a list of themes was first compiled within each research group according to the abovementioned principles, and the final list of themes was put together after all of the group researchers discussed the themes which arose and considered any overlap between the themes.

RESEARCH QUALITY ASSURANCE

During the preparatory phase of the study, the researchers were taught how to carry out research – how to survey the study participants by giving them questionnaires and conducting interviews. During the pilot study, considerable attention was not only paid to the content (differentiating questions and their wording), but also to teaching the researchers how to create ethical relationships with the research participants and how to conduct an interview. In an effort to increase the reliability of the qualitative data being collected, the researchers took note of their reflections on the process itself after each interview. In some cases, postgraduate psychology students joined different research groups, where they were supervised by a research group leader with a higher degree (doctorate). The researchers had several levels of supervision in order to ensure that the procedure for conducting the research was as uniform as possible, to assure interview quality, and to avoid subjectivity and bias. Weekly supervision took place within each individual research group, and there were monthly meetings with all of the researchers to address issues that had come up. In ensuring the reliability and validity of the qualitative research, the data was analysed by several researchers, and in

the event of a difference of opinion, discussions were held within the research group (between 3–6 researchers) until unanimous conclusions were reached.

Researchers were trained on how to react if the research participants had strong negative emotional reactions while disclosing their traumatic experiences. A plan had been prepared⁹ to deal with crises that might arise during the study, such as suicidal thoughts or psychopathological symptoms among the research participants which would require immediate attention to ensure their safety. Another protective measure that was provided for in advance was the preparation of information that was given to the research participants on opportunities to receive psychological assistance.

In order to ensure the ethical aspects of the study, participants were fully informed about the study, and their confidentiality and data protection was guaranteed: the personal data of participants was linked to participant questionnaires or interview transcripts by code. With the consent of the participants, their personal data was collected so that in the future it would be possible to clarify results, or extend or repeat the study. A permit was obtained from the Vilnius University Committee of Psychological Research Ethics to conduct the study.

PROCEDURES

The study was carried out in 2013-14 at various locations throughout Lithuania: at Vilnius University, the research participants' place of work or residence, schools in various cities, etc. Efforts were always made to ensure that the research participants were interviewed by the researchers in private and without interruption. Interviews with the research participants were conducted individually. Meetings that were exclusively for the completion of questionnaires were arranged by the researchers either individually or in small groups of up to five people. All of the participants were acquainted with the study's course and objectives. Confidentiality was also discussed, as well as the option to terminate the study at any time. Upon the receipt of written informed consent from the participants, the study was initiated. Usually, two meetings were held with each participant. The first meeting was for establishing contact and conducting a semi-structured interview which included questions prepared in advance. Follow-up questions were used to encourage the research participants to expound on their answers. Upon completion of the interview, a second meeting was arranged during which the participant was asked to complete the quantitative data questionnaire. The research participants were invited to contact the researcher by telephone or e-mail should they have any questions related to the study.

⁹ In cooperation with the Crisis Management Centre and the Crisis Intervention Department of the Vilnius Mental Health Centre.

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PSYCHOLOGICAL WELL-BEING, TRAUMATIC EXPERIENCE AND COPING SKILLS AMONG DIFFERENT GROUPS OF STUDY PARTICIPANTS

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PSYCHOLOGICAL WELL-BEING

Several aspects of psychological well-being were assessed in the study. The WHO-5 scale acts as a tool to measure how good survey participants feel in everyday life. Statistically significant differences were not found between the three generations (see Table 1) – the study participants from all three generations felt equally well, although the youngest participants indicated a slightly higher level of well-being. We also asked the study participants how happy they feel and how good their health and financial situation are. The responses of the study participants of all three generations evidenced that they felt more happy than unhappy, although the oldest generation of study participants indicated that they are the least happy: their average happiness rating was significantly lower than that of the representatives of the youngest generation and the middle generation ($p = 0.001$). The subjective health assessment of the study participants highlights the differences between the three generations: representatives of the youngest generation rated their health the best, and the oldest participants rated it the worst; statistically, all of the groups were significantly different from each other ($p < 0.001$). The subjective assessment of the study participants' finances showed that the majority of participants were neutral about their financial situation, although the youngest generation more often indicated that their financial situation was good or very good, resulting in a statistically significant difference from the middle generation and the oldest generation ($p < 0.001$; see Table 1).

Table 1. Indicators of psychological well-being among different generations. Means and standard deviations (in parentheses), the p -value from ANOVA.

	The youngest generation	The middle generation	The oldest generation	p
WHO-5 scale	55.90 (19.98)	52.54 (21.90)	52.23 (22.35)	0.22
Level of happiness	3.44 (1.16)	3.37 (1.18)	3.02 (1.12)	0.001*
Health assessment	3.84 (1.01)	3.40 (1.20)	2.79 (1.24)	0.0001**
Financial situation	3.41 (0.71)	3.03 (0.79)	2.93 (0.72)	0.0001***
Fairness of life	3.84 (1.17)	3.53 (1.37)	3.27 (1.24)	0.0001***
Meaningfulness of life	3.90 (1.15)	3.77 (1.21)	3.79 (1.31)	0.54
Hope for the future	3.92 (1.11)	3.73 (1.15)	3.28 (1.25)	0.0001*
Feeling loved as a child	4.32 (1.07)	4.08 (1.11)	4.12 (0.98)	0.07

Note. * the oldest generation differs from the other two. ** each generation is different from the others. *** the youngest generation differs from the other two.

We also assessed psychological well-being by asking the study participants about their subjective attitude towards their life, i.e. how just life seems, how meaningful it is, and how loved the study participants felt as children (see Table 1). The youngest generation differed in their assessment – they felt that life was the fairest, hence the statistically significant difference in their ratings as compared to those of the other two generations ($p < 0.001$). All of the generations assessed the meaningfulness of life equally well, but representatives of the oldest generation felt less hope for the future than the younger and middle generations ($p < 0.001$). The representatives of all of the generations felt equally loved when they were children, so over time, the love of the parents was consistently evaluated positively.

Table 2. Indicators of psychological well-being among the different groups of study participants. Means and standard deviations (in parentheses), n – the number of study participants in the group.

	Population sample ($n = 600$)	Ethnic Poles ($n = 33$)	Ethnic Jews ($n = 19$)	Injured in-dependence defenders ($n = 17$)	Family members of independence defenders who were killed ($n = 7$)	Men who took part in the Chernobyl clean-up ($n = 32$)	People who attempted suicide ($n = 15$)
WHO-5	53.64 (21.45)	48.12 (17.79)	56.63 (22.32)	49.18 (18.64)	49.71 (30.71)	47.75 (24.17)	41.07 (18.36)
Level of happiness	3.28 (1.17)	3.61 (0.75)	3.26 (1.20)	3.18 (1.24)	3.57 (1.13)	3.06 (0.91)	2.07 * (1.49)
Health assessment	3.35 (1.23)	3.73 (0.76)	3.16 (0.90)	2.18 * (1.33)	3.0 (1.16)	2.59 * (1.32)	3.13 (1.41)
Financial situation assessment	3.12 (0.77)	3.15 (0.71)	3.42 (0.84)	3.53 (0.51)	3.29 (0.76)	3.16 (0.57)	3.20 (0.56)
Fairness of life	3.54 (1.28)	3.97 (0.88)	3.89 (0.81)	3.82 (0.95)	3.57 (0.98)	3.31 (1.12)	3.40 (1.68)
Meaningfulness of life	3.82 (1.23)	4.33 (0.74)	3.89 (1.24)	3.94 (0.90)	3.71 (1.80)	3.81 (1.15)	2.33 * (1.72)
Hope for the future	3.65 (1.20)	4.0 (0.97)	4.0 (1.14)	3.59 (1.12)	3.86 (1.86)	3.63 (1.21)	2.40 * (1.68)
Feeling loved as a child	4.17 (1.06)	4.39 (0.90)	3.68 (1.34)	4.47 (0.80)	4.14 (1.46)	4.28 (0.89)	3.40 (1.81)

Note. The WHO-5 well-being index. *significantly different from the population sample.

The psychological well-being exhibited by the groups of study participants with specific traumatic experiences vary (see Table 2). In terms of psychological well-being, the group of participants who had attempted suicide stand out the most: their well-being index (WHO-5) is the lowest, they are the least happy (with a statistically significant difference from the population sample: $p < 0.01$), they see their lives as being the least meaningful (with a statistically significant difference from the other groups and the population sample, $p < 0.01$), they feel the least hope for the future (with a statistically significant difference from the other groups and the population sample, $p < 0.01$), and they also feel that they were the least loved as children (with a statistically significant difference from the Polish group, which generated the highest ratings, $p = 0.046$). Injured independence defenders and the study participants who took part in the Chernobyl clean-up rated their health the worst (with both groups showing a statistically significant difference from the population sample, $p < 0.01$). The happiest participants in this study were the ethnic Poles (with a statistically significant difference from the study participants who attempted suicide, $p < 0.01$).

HISTORICAL TRAUMAS

The traumatic experiences of the participants' families during World War II and the post-war years were evaluated – who personally, or whose parents or grandparents, were imprisoned, deported to Siberia, or otherwise affected by the Soviet or Nazi regimes (see Table 3). Nearly half of the study participants' families have suffered from the Nazi or Soviet regimes. We also see that there is no difference in the extent to which the different generations indicated that their families were affected. A total of 253 study participants (42%) indicated that there is at least one person in their family who was a victim of the Soviet or Nazi regimes. The fact that there are fewer families who were affected than there are participants, parents and grandparents who were affected in total (253 compared with 368) reaffirms that there is usually more than one victim in a family (e.g. entire families were deported, including the parents, children and grandchildren). In most cases (24%), the study participants indicated that they themselves or their parents and grandparents were 'otherwise affected' by the Soviet regime (5% indicated that they themselves were, 11% indicated that their parents were, and 18% – that their grandparents were). Although 'otherwise affected' was not specifically defined or explicated, it became clear in speaking with the participants of the study that they were referring to the death of loved ones through the regime, the loss of homes or land, or long-term hiding from the government in order to avoid deportation. Due to the scope of the study, we were unable to examine if the brothers and sisters of the participants were affected; however, we often came across cases where brothers were resistance members, political prisoners or deportees, and

this in turn caused the entire family to feel persecuted. In these cases, it was suggested that the study participants indicate that they were affected by the Soviet regime in another way.

Table 3. Traumatic events experienced by the study participants themselves, their parents and grandparents during World War II and the post-war years, as indicated by the study participants.

		The youngest generation (n = 200)	The middle generation (n = 200)	The oldest generation (n = 200)	Total (n = 600)
Themselves	deportees	-	-	16	16 (2.67%)
	political prisoners	-	1	1	2 (0.33%)
	post-war resistance participants	-	1	1	2 (0.33%)
	otherwise affected by the Soviet regime	2	7	19	28 (4.67%)
	affected by the Nazi regime	-	-	4	4 (0.67%)
	affected in total*	2	7	31	40 (6.67%)
Parents**	deportees	3	20	26	49 (8.17%)
	political prisoners	-	4	12	16 (2.67%)
	post-war resistance participants	2	7	14	23 (3.83%)
	otherwise affected by the Soviet regime	5	24	39	68 (11.33%)
	affected by the Nazi regime	-	7	15	22 (3.67%)
	affected in total*	10	45	72	127 (21.17%)
Grandparents**	deportees	45	32	18	95 (15.83%)
	political prisoners	9	17	6	32 (5.34%)
	post-war resistance participants	7	18	5	30 (5%)
	otherwise affected by the Soviet regime	44	38	25	107 (17.83%)
	affected by the Nazi regime	13	17	3	33 (5.5%)
	affected in total*	76	79	36	191 (31.83%)
Family (experienced by at least one of the parents or grandparents personally)	deportees	45	37	36	118 (19.67%)
	political prisoners	9	20	19	48 (8%)
	post-war resistance participants	9	23	17	49 (8.17%)
	otherwise affected by the Soviet regime	46	46	52	144 (24%)
	affected by the Nazi regime	13	18	16	47 (7.83%)
	affected in total*	79	89	85	253 (42.16%)

Note. *This number is not the sum of other components, since it was not uncommon for a single individual to indicate being affected by more than one event.

**These numbers show how many participants indicated that at least one of their parents or grandparents were affected; some participants indicated that both parents or more than one grandparent was affected, but this is not reflected here.

TRAUMATIC PERSONAL EXPERIENCE

We evaluated several aspects of the study participants' traumatic experience. We used the Life Events Checklist (LEC) to ask how many different potentially traumatic events the study participants had experienced in their lifetime (see Table 4). On average, the study participants of all three generations experienced the same number (3.7–3.9) of different traumatic events, such as natural disasters, fires, car accidents, etc. However, there was a large standard deviation between the experiences of the individual study participants. We

also asked the study participants to specify which of the aforementioned events was the most traumatic, and approximately how long ago this event occurred. Those who specified which one event was the most traumatic also completed the Trauma Screening Questionnaire (TSQ). Table 4 shows that the mean elapsed time since the most distressing event differs, as does the number of symptoms associated with the traumatic event that are felt now. The degree to which the study participants of the oldest generation felt more symptoms associated with the event was statistically significant ($F(2,379) = 5.10, p = 0.006$), even though said events occurred the longest time ago. It is important to note that although more than half of the study participants did specify the event in their life which was the most traumatic, nearly half of these participants had not felt any event-related psychological symptoms over the last week (the TSQ score for 48% of the youngest generation, 56% of the middle generation and 40% of the oldest generation was zero).

Table 4. Traumatic experience ratings among the groups of study participants of three generations (*M* and *SD*).

	The youngest generation	The middle generation	The oldest generation	<i>p</i>
Number of lifetime traumatic events (LEC)	3.78 (2.50)	3.73 (2.55)	3.88 (2.23)	0.91
Time elapsed	5.92 (5.57)	16.15 (11.62)	21.65 (16.49)	0.0001*
Intensity of trauma symptoms (TSQ) (for those who experienced a distressing event)	1.56 (2.27) (<i>n</i> = 117)	1.40 (2.13) (<i>n</i> = 129)	2.30 (2.88) (<i>n</i> = 136)	0.006**
Family post-war traumas (indicated how much, on average, family members were affected)	1.14 (2.21)	1.53 (2.49)	1.58 (2.58)	0.136

Note. *M* – mean; *SD* – standard deviation; LEC – Life Events Checklist; TSQ – Trauma Screening Questionnaire; PTSD – Posttraumatic stress disorder. *P*-value from ANOVA or chi-square test *significant difference between all three generations. **significant difference between the oldest generation and the other two generations.

An analysis of the experience of individual traumatic events (see Table 5) shows that with age, the number of traumatic events experienced by the study participants personally increased, while the number of traumatic events which they witnessed decreased. So although the number of events experienced in the different age groups according to the Life Events Checklist does not differ, the older participants have experienced more events personally, rather than as witnesses. Representatives of the youngest generation experienced more cases of physical violence than representatives of the other groups, while the older study participants had more experience with dangerous illnesses and accidents.

Table 5. Potentially traumatic events experienced in life (based on the LEC). Study participants who indicated that they had experienced them personally or participated as witnesses (and percentage of the total sample).

	The youngest generation (n = 200)	The middle generation (n = 200)	The oldest generation (n = 200)	Total (n = 600)	Total (n = 600)	Specified as the most traumatic event
	Experienced / were witnesses	Experienced / were witnesses	Experienced / were witnesses	Experienced personally	Were witnesses	Amount (% of those who indicated the most traumatic event n = 311)
Natural disaster	12 / 10	24 / 13	20 / 5	56 (9.3%)	28 (4.7%)	5 (1.6%)
Fire or explosion	23 / 31	30 / 41	41 / 39	94 (15.7%)	111 (18.5%)	16 (5.1%)
Transportation accident	76 / 31	88 / 33	67 / 22	231 (38.5%)	86 (14.3%)	24 (7.7%)
Serious accident	48 / 23	43 / 28	68 / 18	159 (26.5%)	69 (11.5%)	12 (3.9%)
Exposure to toxic substance	19 / 3	15 / 6	26 / 3	60 (10%)	12 (2%)	2 (0.6%)
Physical assault	83 / 32	63 / 24	66 / 9	212 (35.3%)	65 (10.8%)	20 (6.4%)
Assault with a weapon	25 / 11	14 / 2	16 / 1	55 (9.2%)	14 (2.3%)	5 (1.6%)
Sexual assault	8 / 2	14 / -	6 / 2	28 (4.7%)	4 (0.7%)	8 (2.6%)
Other unwanted or uncomfortable sexual experience	16 / 3	12 / 1	5 / 1	33 (5.5%)	5 (0.8%)	4 (1.3%)
Combat or exposure to a war-zone	- / 1	13 / -	7 / 3	20 (3.3%)	4 (0.7%)	-
Captivity	5 / -	3 / -	1 / 2	9 (1.5%)	2 (0.3%)	-
Life-threatening illness or injury	26 / 21	32 / 12	70 / 11	128 (21.3%)	44 (7.3%)	23 (7.4%)
Severe human suffering	54 / 19	43 / 20	81 / 12	178 (29.7%)	51 (8.5%)	18 (5.8%)
Sudden violent death	/ 22	/ 21	/ 16	-	59 (9.9%)	3 (1%)
Sudden, unexpected death of someone close to you	77 / 26	101 / 14	119 / 17	297 (49.5%)	57 (9.5%)	131 (42.1%)
Serious injury, harm or death you caused to someone else	11 / 4	11 / 4	8 / 3	30 (5%)	11 (1.8%)	4 (1.3%)
Other very stressful event or experience	91 / 18	64 / 23	77 / 14	232 (38.7%)	55 (9.2%)	36 (11.6%)
Total events according to the LEC	574 / 257	570 / 242	678 / 178	1822	677	311 (51.83%)

A total of 311 study participants (52%) indicated that one of the mentioned events caused them considerable distress (see Table 5). The sudden and unexpected death of a loved one was most frequently specified as the most distressing event – this was mentioned by 131 individuals (42% of those who singled out one event as being the most traumatic).

We also asked the study participants about potentially traumatic events related to the objectives of our study: participation in the 1979–1989 Soviet war in Afghanistan, clean-up of the Chernobyl Nuclear Power Plant, and the January Events of 1991, as well as about experiences related to suicide (see Table 6). The youngest generation reported significantly more suicide-related experiences (suicide attempted by the study participants themselves or their loved ones, as well as suicide of a loved one) than the study participants from the oldest generation ($F(2.591) = 5.03, p = 0.007$). Representatives of the youngest generation specified more events that happened to their family members or loved ones, while individuals from the oldest generation listed more events that happened to them personally ($F(2.593) = 20.48, p < 0.001$).

Table 6. Potentially traumatic events experienced by the participants in their lifetime. Number of participants who experienced these events or who indicated that they were experienced by a family member or another loved one (percentage of the total sample).

Additional events	The youngest generation (<i>n</i> = 200)	The middle generation (<i>n</i> = 200)	The oldest generation (<i>n</i> = 200)	Total (<i>n</i> = 600)	Total (<i>n</i> = 600)	Total (<i>n</i> = 600)
	Happened to them / a loved one	Happened to them / a loved one	Happened to them / a loved one	Happened to them	Happened to a family member or other loved one	Specified as the most distressing event
War in Afghanistan	- / 12	4 / 13	1 / 3	5 (0.83%)	28 (4.67%)	8 (1.33%)
Chernobyl clean-up	- / 19	2 / 11	1 / 7	3 (0.5%)	37 (6.17%)	5 (0.83%)
Participation in the January Events of 1991	5 / 80	43 / 28	45 / 19	93 (15.5%)	127 (21.17%)	19 (3.17%)
Death or maiming as a result of the activities of Nazi Germany or the Soviet Union	1 / 12	5 / 14	1 / 13	7 (1.17%)	39 (6.5%)	1 (0.17%)
Suicide attempt	8 / 21	8 / 9	3 / 5	19 (3.17%)	35 (5.83%)	10 (1.67%)
Suicide	/ 22	/ 15	/ 13		50 (8.33%)	20 (3.33%)
Neglect or abuse in childhood	19 / 9	12 / 3	7 / 5	38 (6.33%)	17 (2.83%)	8 (1.33%)
Combined total	33 / 175	74 / 93	58 / 65	165 (27.5%)	333 (55.5%)	71 (11.83%)

Table 7. Traumatic experience of the population sample and other groups.

	Population sample (n = 600)	Ethnic Poles (n = 33)	Ethnic Jews (n = 19)	Injured independence defenders (n = 17)	Family members of independence defenders who were killed (n = 7)	Men who took part in the Chernobyl clean-up (n = 32)	People who attempted suicide (n = 15)
Number of life-time traumatic events (LEC) (<i>M</i> and <i>SD</i>)	3.80 (2.43)	3.73 (2.16)	4.74 (2.13)	5.88* (3.22)	4.14 (1.87)	5.28* (3.15)	4.67 (2.72)
Time elapsed (average number of years)	14.91 (13.87)	9.88 (9.95)	20.18 (26.76)	22.0 (4.35)	20.43 (6.80)	24.57 (9.05)	5.94 (7.83)
Intensity of trauma symptoms (TSQ) (for those who experienced a distressing event)	1.77 (2.49) (n = 311)	1.55 (2.46) (n = 33)	1.95 (2.37) (n = 19)	4.65* (3.06) (n = 17)	3.14 (2.41) (n = 7)	2.69 (3.28) (n = 32)	3.01 (3.13) (n = 15)
Potentially PTSD (according to the number of TSQ symptoms) (the number of study participants and percentage of the group)	40 (6.67%)	4 (12.1%)	1 (5.3%)	7 (41.2%)	1 (14.3%)	5 (15.6%)	4 (26.7%)
Most common traumatic events (how many people mentioned it and percentage of the group)	Sudden death of a loved one (131; 22%) Other stressful events (36; 6%) Traffic accident (24; 4%)	Sudden death of a loved one (18; 55%) Accident (8; 24%)	Traffic accident (12; 63%) Severe suffering (8; 42%) Physical assault (7; 37%)	Life-threatening illness or injury (11; 65%) Severe suffering (9; 53%) Physical violence and exposure to a war-zone (8; 47%)	Severe suffering (6; 86%) Death of a loved one or maiming as a result of the January Events (6; 86%)	Exposure to toxic substance (28; 88%) Physical assault (17; 53%) Severe suffering (10; 31%)	Physical assault (8; 53%) Accident (7; 47%) Suicide of a loved one (6; 40%)
Events most often listed as the most distressing (how many people mentioned it and percentage of the group)	Death of a loved one (131; 42%) Other stressful events (36; 12%)	Death of a loved one (13; 39%)	Death of a loved one (6; 32%)	Maiming as a result of the January Events (8; 47.06%) Participation in the January Events (6; 35.29%)	Death of a loved one as a result of the January Events (7; 100%)	Chernobyl experience (18; 56%) Death of a loved one (5; 16%)	Attempted suicide (5; 33%) Death of a loved one (4; 27%)

Note. *Statistically significant differences from the population sample.

The traumatic experiences of the population sample and the other groups of the study are presented in Table 7. The greatest amount of different traumatic events was indicated by the injured independence defenders (5.88 on average) and the participants who took place in the Chernobyl clean-up (5.28); the number of traumatic events experienced by these groups is significantly higher than the population sample ($p < 0.05$). Analysis of the experiences of these groups shows that a significant number of the traumatic experiences are directly linked to the January Events and the Chernobyl clean-up, most notably: fire or explosion (16 people – 50% – of the Chernobyl group experienced this themselves or were witnesses thereto, and 10 – 58% – of the injured independence defenders experienced this themselves or were witnesses thereto), physical assault and exposure to a toxic substance.

The group of injured independence defenders indicated the most trauma symptoms associated with the event that was the most traumatic ($M = 4.65$); this figure differs significantly from that of the population sample ($M = 1.77$).

COPING WITH DIFFICULTIES

The different ways of coping used among the three generations are presented in Table 8 according to how frequently they were employed, while those of the specific study groups can be found in Table 9. The results of the three generations of study participants show that people most often try to cope with difficulties on their own, without the help of others. The second most common way of coping is engaging in work or other activities. Other coping methods are used differently in different age groups. Representatives of the youngest generation are more likely than those of the other generations to turn to their family or friends in times of difficulty ($p = 0.0001$), while representatives of the oldest generation are more likely to pray ($p = 0.0001$). The representatives of all three generations equally often talk about their difficulties with family members, and equally rarely consume alcohol to suppress painful thoughts and feelings. However, the study participants tend to use more antidepressants and sedatives with age – each generation is different from the other two in terms of their use ($p = 0.0001$). Although the representatives of all generations equally rarely think about suicide in times of difficulty, they also rarely turn to mental health professionals for help.

Table 8. Frequency of employing ways of coping among different generations. Means and standard deviations (in parentheses), group comparison p-value from ANOVA.

	The youngest generation	The middle generation	The oldest generation	<i>p</i>
Prefer to cope with difficulties on their own	2.77 (1.08)	2.8 (0.96)	2.71 (1.03)	0.66
Engage in work or other activities to distract themselves	2.39 (1.16)	2.5 (1.12)	2.63 (1.15)	0.12
Turn to family members or friends in times of difficulty	2.02 (1.23)	1.58 (1.06)	1.53 (1.04)	0.0001*
Pray	1.07 (1.23)	1.50 (1.24)	2.16 (1.39)	0.0001**
Talk with family members about the distressing events	1.35 (1.10)	1.39 (0.94)	1.54 (1.08)	0.12
Use alcohol as a means to suppress painful feelings	0.69 (0.86)	0.67 (0.88)	0.52 (0.82)	0.09
Take antidepressants, sedatives	0.2 (0.63)	0.47 (1.01)	0.74 (1.11)	0.0001**
Think that they could attempt suicide	0.32 (0.75)	0.18 (0.56)	0.19 (0.64)	0.08
Turn to mental health professionals for help	0.26 (0.73)	0.18 (0.57)	0.17 (0.54)	0.32

Note. Answers were given on a scale ranging from 0 (not at all) to 4 (very often). *statistically significant difference between the youngest participants and those of the other generations. **statistically significant difference between all three generations.

Analysis of the different ways of coping employed by the specific study groups (see Table 9) reveals that engagement in work or other activities remain the most popular means of distracting oneself from difficulties in all groups. One group does stand out – those who have attempted suicide. These individuals indicated that they are less likely to undertake activities, and more likely to use antidepressants and sedatives; furthermore, in times of difficulty, they think that they could attempt suicide (statistically significant differences from the other groups and the population sample for both of these coping methods, $p < 0.01$). Those who attempted suicide also indicated that, in comparison with all of the other groups of participants, they very rarely turn to family members or friends (with statistically significant differences from the population sample, $p < 0.05$), but turn to mental health professionals for help more often (with statistically significant differences from all the groups except those affected by the January Events, $p < 0.05$).

Table 9. Frequency of employing coping methods in specific study samples. Means and standard deviations.

	Popu- lation sample (<i>n</i> = 600)	Ethnic Poles (<i>n</i> = 33)	Ethnic Jews (<i>n</i> = 19)	Injured indep- ence defenders (<i>n</i> = 17)	Family members of inde- pendence defenders who were killed (<i>n</i> = 7)	Men who took part in the Chernobyl clean-up (<i>n</i> = 32)	People who at- tempted suicide (<i>n</i> = 15)
Engage in work or other activities to distract themselves	2.50 (1.14)	1.91 (1.40)	2.42 (1.22)	2.24 (1.39)	2.71 (0.76)	2.13 (1.10)	1.87 (1.55)
Turn to family members of friends in times of difficulty	1.76 (1.13)	1.64 (1.17)	1.53 (1.07)	1.59 (1.23)	1.29 (0.95)	1.28 (0.92)	0.79 * (0.89)
Talk with family members about the distressing events	1.42 (1.05)	1.55 (0.71)	0.89 (0.81)	1.59 (1.28)	1.43 (0.79)	1.22 (0.91)	1.13 (1.06)
Use alcohol as a means to suppress painful feelings	0.64 (0.84)	0.34 (0.38)	0.37 (0.68)	0.47 (0.72)	0.14 (0.38)	0.91 (0.64)	0.93 (1.16)
Take antidepressants, sedatives	0.49 (0.97)	0.39 (0.61)	0.42 (0.84)	1.24 * (1.39)	0.29 (0.76)	0.59 (0.91)	2.13 * (1.51)
Think that they could attempt suicide	0.26 (0.72)	0.06 (0.24)	0.11 (0.32)	0.12 (0.33)	0.14 (0.38)	0.19 (0.47)	1.93 * (1.77)
Turn to mental health professionals for help	0.21 (0.62)	0.06 (0.24)	0.16 (0.50)	1.00 * (1.28)	0.00 (0.00)	0.28 (0.52)	0.87 * (0.99)

Note. Answers were given on a scale ranging from 0 (not at all) to 4 (very often). *statistically significant difference from the population sample.

Antidepressants and sedatives are not only used by those who have attempted suicide, but by injured independence defenders as well (with statistically significant differences from the other groups, with the exception of those who have attempted suicide, $p < 0.05$). This group is also the most likely to turn to mental health professionals for help (with a statistically significant difference from all the other groups, with the exception of those who have attempted suicide, $p < 0.05$).

More detailed quantitative and qualitative data analyses of the psychological well-being of the different groups of study participants and links to their historical experience and ways of coping with severe personal trauma and specific traumatisation are presented in subsequent sections of the book.

TURNING POINTS IN HISTORY AND THE EMOTIONAL STATE OF PEOPLE

EVALUATION OF CHANGES BROUGHT ABOUT BY INDEPENDENCE ON *THREE GENERATIONS IN LITHUANIA*

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INTRODUCTION

The twenty-first century has brought many social changes to a number of countries, and these have had a major effect on the life pattern of each member of society. The way in which each person perceives and views social changes has an impact on society and the development of these changes. The social developments that took place after the restoration of Lithuania's independence are a good illustration of such interactions.

The first steps in analysing social transformations were taken by historians, anthropologists and sociologists (Norkus, 2008; Gaidys, Gečienė, Kublickienė, Sviklas, Šutinienė, & Žvinklienė, 2013; Aarelaid-Tart, 2006; Subačius, 1999). Historian Subačius (1999) studied Lithuania's national revival and its liberation from tsarist Russia that had begun in the nineteenth century. Subačius says that the processes by which independence was restored in 1918 and 1991 were similar: in the beginning national identity was shaped, and then became brighter and more distinct until it transformed into the politicisation of the nation and the establishment of statehood. Norkus (2008) describes the paths undertaken by different countries in 'exiting communism', and compares and identifies the traits of each state. When reading the insights shared, it becomes clear that the transition from socialism to democracy can take a variety of forms. Similarly, contrasting types of communism are identified that are characteristic of different countries.

The aim of a study carried out by anthropologist Aarelaid-Tart (2006) was to present biographical narratives of people against the backdrop of cultural traumas. She gives concrete examples that reveal differences in the discourse of cultural changes experienced by people. In her study, she compares the macro and micro levels of cultural trauma, focusing not only on a sociological evaluation that analyses social phenomena and theories that explain them, but also touching on psychological aspects by examining individual traumatic experiences. According to Aarelaid-Tart, there is a scientific challenge in identifying the relationship between social reality and individual agency, in terms of seeking to address the issue of how radical social change affects real human lives.

A sociological study conducted by Gaidys et al. (2013) analyses how people assess various aspects of the past and present. The authors of the study take a constructive approach by stating that they examined interpretations of the Soviet past in the collective memory of the Lithuanian population and identify the

ambivalence of such an evaluation that is partly related to particular features of memory. The same people identified both positive and negative aspects of Soviet times. One part of such an evaluation is non-political, relating to the reality of everyday lives or households. The authors highlight the importance of this type of study because it enables people to speak about positive recollections and experiences that are not related to political matters. In contrast, evaluations of the political regime are often not that positive. Moreover, in discussing evaluations of Soviet times, the authors see an interesting link between the present and past: according to them, a positive evaluation of Soviet times by people could reflect dissatisfaction with their current life experiences. Nonetheless, psychological theories suggest that ambivalence in the evaluation of Soviet times shows the maturity of society. According to these theories, a mature personality is capable of differentiating various aspects of reality, and identifying both positive and negatives aspects.

We are confronted with a phenomenon in which people are capable of comparing the two regimes during which they have lived or continue to live. Most Lithuanians are able to do that, and such comparisons may both facilitate and aggravate their lives. The country's history is dynamic and the situations arising from political developments are recurring. As a result, comparison of the two regimes is a constant part of people's psychological reality. This can be partially attributed to a certain inner conflict that people undergo when they try to give a definitive answer to the question about when life was better. When confronted with reality, people give different answers and these are based on their personal experience. It is usually quite a challenge for them to come up with a straightforward answer. The political and non-political reflections identified by Gaidys et al. (2013) are therefore important because they provide a more holistic and comprehensive view of the evaluation of social transformations.

Psychologists have not scrutinised processes of social transformation in great detail. Among the main examiners of such changes is a group of Jena researchers headed by Rainer K. Silbereisen. As a theoretician of developmental psychology, Silbereisen looked at social changes against the backdrop of dynamic continuous development. He started his career in scientific research by analysing the issues of teenage behaviour and adaptation in Germany and the USA, and he soon understood the significance of context in development. Following social transformations in Germany¹⁰, he was prepared to examine those changes. The strength of his research was that he carried out empirical studies and developed theoretical concepts and models along the way. The new motivational theory of lifespan development was used to construct a variety of research (Heckhausen, Wrosch, & Schulz, 2010), including on social transformations in Germany and Poland (Tomasik, Silbereisen, Lechner, & Wasilewski, 2013).

Authors perceive social transformations as cascades of change that affect every individual with regard to certain aspects of their development.

¹⁰ Social transformations took place after the fall of the Berlin Wall in 1989 and the reunification of Germany.

Social transformations take place on a macro level, yet affect individuals on a micro level through their daily life experiences. According to authors, one of the main factors that determines human reactions is the perceived demands that they face. Since authors mostly examine characteristics of human life with regard to work, they give examples from this field, such as uncertainty about employment, the loss of jobs and economic difficulties¹¹. As time passes, these demands are collected in various contexts and become stressors that can go beyond the human ability to adapt, thus destroying their successful functioning (Silbereisen, 2014). In explaining how people get by in such situations, the authors introduce the concept of goals. They say that individuals try to cope by raising, applying or changing these goals, and in this way adapt to changing opportunities or restrictions. In such processes, it is important to assess one's cognitive requirements and, at the same time, one's capacities (internal and external resources). Such evaluation can take a variety of forms, namely control, rescue, disengagement and compensatory action.

Heckhausen has a theory involving four main forms of adaptive development, with the classification based on the concept of control. According to this theory, instead of seeing a human being as a passive individual who is simply affected by changes, humans are perceived as active agents who make decisions and choose their paths. Heckhausen writes that the capacity to sustain primary control is what a person seeks in the main areas of life. Primary control (bringing about changes in the world) and secondary control (directed at changing oneself) may be selective (focused on inner resources by trying to satisfy demands) or compensatory (trying to avoid misfortune by altering demands or somehow dealing with them).

As a result, four models of adaptive development were identified: one whereby attempts are made to use or develop personal resources; another in which motivation is strengthened by imagining results; another in which social assistance is sought; and a final model whereby a disengagement strategy is used to protect oneself when confronted with difficulties. The disengagement strategy can consist of two types, one directed at self-protection, or protecting one's psychological well-being (for instance, an individual may blame state authorities for not creating proper jobs), and another that facilitates reconciliation with an unattainable goal (for instance, when a certain job position has not been attained and this affects one's self-esteem). Adaptive development helps one to go through the process of abandoning a goal, changing it or thinking of new ways to achieve it.

It is interesting to note that Heckhausen et al. (2010) has conducted a number of studies that reveal that training related to disengagement strategies could be a valuable goal in interventions when difficult problems are faced, such as suffering from an incurable illness. Although a disengagement strategy may look like a non-constructive way of coping because the problem

¹¹The authors have also analysed the wider context of adaptation (family life and free time), but these data have not been analysed.

is avoided, it is still a method of coping that may be adaptive and save human resources in certain situations. As we are interested in the analysis of social transformations and the echoes of a former Soviet regime in the present, we assume that coping with the issue through retreat and disengagement has helped people undergo political pressure, a totalitarian regime and the social transformations after 1990. The question remains about whether and how this is reflected in today's society.

Martin J. Tomasik and his colleagues applied Silbereisen's theoretical model in Poland and repeated the research conducted in Germany (Silbereisen, Pinquart, & Tomasik, 2010; Tomasik et al., 2013). The purpose of both studies was to reveal how social changes occur and are perceived, undergone and coped with at work. By formulating hypotheses for research, the authors focused primarily on factors that have an impact on goal engagement as a more favourable strategy of adaptation to social changes.

The results revealed certain factors that enable development of strategies that help to pursue goals. According to participants in such research, the requirements imposed by social change seem possible to cope with and control. This was reflected by the finding in both countries that the majority of people in most situations choose engagement strategies. The bigger the burden of requirements, the larger the number of different strategies selected. Interestingly, women use a greater number and wider variety of engagement strategies. Disengagement strategies are not related to either a work position or family status. An unexpected finding was that employed people were less engaged in goal-seeking and used fewer secondary strategies for self-protection. This could mean that the unemployed have fewer resources than those who have a job, but the burden of requirements they carry is heavier. The authors presume that a lack of personal and institutional resources prevents them from taking an active position of goal-seeking and control. The main difference between findings in Poland and Germany was related to the role of primary and secondary cognitive evaluation in control strategies with regard to engagement and disengagement. An initial evaluation of requirements with regard to the axes of loss-of-benefits and challenges-and-threats could imply the selection of engagement-control strategies in Germany, but not in Poland. An evaluation of the axis of loss-of-benefits in a German sample did not relate to the disengagement-control strategy, whereas in Poland it was positively related. By indicating many advantages in neighbouring countries, the authors explain these varying findings through differences in social assistance and pension systems, and argue that people in Germany have better social protection against transformations related to a possible loss of work or a forced change of labour. They also have better protection against changes related to retirement. In Poland, a heavy burden of requirements does not prevent people from adopting an engagement-control strategy during an initial evaluation because there is no other way but to cope with such requirements. With regard to secondary evaluation, it is also associated with disengagement because it is natural not to

try to change things that a person perceives as being beyond his or her control.

Kohn and his team conducted research by applying a theory of social structure and personality that he shapes and assesses by comparing the findings of research carried out using the same model in different countries, namely the USA, Japan, Poland, Ukraine and China (Kohn, 1999; Kohn, Wang, & Yue, 2012). This model covers: 1) the position of people in a social structure and class system (with social layers, such as small entrepreneurs, workers and experts); 2) working conditions, with regard to how much a person feels that they self-direct their own work activities and make independent decisions, and whether this work is based on routine or varies; 3) personal traits, such as intellectual flexibility, sense of control and responsibility (*self-directedness*); and 4) psychological well-being and distress. According to Kohn et al. (2012), a more privileged social class enables a person to get a better job with a greater degree of self-direction and more decision-making opportunities. In turn, this develops their skills of taking responsibility and enjoying intellectual flexibility and better social well-being. These skills and traits have an impact on how much a working person feels in charge of their situation. The researchers use this model to explain the factors that affect the way people feel in a certain regime and how they relate their feelings to their working activities and position, or the opportunities offered by the social level to which they belong.

We can see that the analysis carried out by the research groups headed by Kohn and Silbereisen focuses only on the processes taking place in the present, and does not try to take account of historical social development against the psychological backdrop of traumas. Similarly, some Lithuanian sociologists (Gaidys et al., 2013) hold an opinion that research into Soviet history and repression is no longer relevant or interesting to people.

Psychological studies into historical situations raise a question about how long-term and heavy traumas in the past can manifest themselves in the present, and seek to analyse this. Some research reveals that historical trauma can be seen in a clinical sample, which can be explained by the fact that a person faces greater challenges after confronting a major stressor. As a result, adaptation can be more challenging (see the chapter *The Strength of a Family: The Effect of Historical Trauma on Offspring*). However, our previous research (Gailienė, 2008; Vaskelienė, Kazlauskas, Gailienė, & Domanskaitė-Gota, 2011) suggests that experiences of historical trauma are related to the psychological state of people and their adaptation in life, which is not necessarily worse; on the contrary, this is a noticeable phenomenon of traumatic growth. As we can see from the findings described in the chapter *The Strength of a Family: The Effect of Historical Trauma on Offspring*, people whose parents have suffered political repression tend to have stronger psychological resistance. Furthermore, if their grandparents were victims, they tend to be more optimistic and have more hope for the future.

On the other hand, when we think about public health in Lithuania, we see that the country suffers from a high suicide rate – and particularly among men. The

overall rate dropped in 1986–1992, but went up again (Gailienė, 1998). Moreover, alcohol consumption per person is very high: Lithuania, together with Moldova and Belarus, is among the top three countries in the world with the highest levels (World Health Organization, 2014). Although the number of people who die in traffic accidents has decreased in Lithuania, this also remains at one of the highest levels in the European Union (Lithuanian Road Administration under the Ministry of 2014 Transport, 2014). Craig et al. (2009) state that among 40 countries studied, Lithuania had the highest rate of bullying among teenagers.

Gudaitė and Stein (2014a) compiled a collection of scientific articles that examined the issue of cultural trauma, which is noteworthy because it seeks to disclose the effects on intrapsychic processes. They touch upon such trauma in different countries, such as South Africa, Mexico and Russia. It shows that this phenomenon is widespread throughout the world and is also relevant to psychotherapeutic process. As Gudaitė (2014b) contends, from a psychodynamic-paradigm point of view, trauma undergone by parents may have an impact on children if they assume the same emotional insecurity, have a sense of responsibility for how their parents feel, and seek means to protect them, or associate themselves too strongly with the role of a victim or survivor. Traumatic events lead to people developing defences that enable them to go through such experiences, with such coping methods also adopted by children (Gudaitė, 2014b).

Gudaitė (2014a) analyses how cultural trauma becomes manifested in a process of psychotherapy when a person has not directly experienced trauma, but has inherited it from their parents or grandparents. This experience is reflected in human dreams, consciousness of traumatic images, strengthening the integrity of one's identity, and attempts to understand the past and find hope: all of these psychotherapeutic processes ameliorate human well-being (Gudaitė, 2014a).

We presume that it is important to know how people assess the social changes they have undergone and their lives against the backdrop of such transformations because this may help us to understand some of the sources of difficulty that society goes through. The objective of our research is to show perceptions and evaluations of social change, as well as related psychological and social factors experienced by three generations, twenty-four years after the restoration of independence. The study asks how people living in today's Lithuania assess the changes that took place, in light of the rescue from Soviet occupation and shift to a democratic regime. Which psychological and social factors does this evaluation relate to? What parts in an evaluation of social changes are played by a historical family context and current personal resources?

SELECTED AREAS FOR RESEARCH

On the basis of results of our previous research and studies conducted by other authors, we have constructed our research in such a way as to help us understand how an evaluation of social changes relates to human historical

experience, identification with the history of one's family and one's country, and the personal meaning of core sources of social change in Lithuania such as the restoration of the nation's independence. By taking into account theoretical models used in psychological research, we have assessed variables that reflect on the resources of people undergoing social transformations.

To create a more comprehensive picture of the evaluation of social changes, we have included answers to an open-ended question about how the restoration of Lithuania's independence affected respondents personally. An analysis of these responses revealed subjective personal meanings that people associate with social transformations. Such a combination of qualitative and quantitative research leads to a more in-depth look at the issue under review. In this case, the analysis of a qualitative open-ended question supplements the quantitative data, helping to explain and interpret them.

Interviews conducted with two men who were born and lived during Soviet times (aged 54 and 59) show how evaluations of social transformations relate to personal life events. Individual cases are unique but help in the observation of common features relating to personal historical experiences and the evaluations of social transformations. The semi-structured interviews included the following questions:

1. How were you and your family life affected by the loss of Lithuania's independence when the country became part of the Soviet Union?
2. What is your overall evaluation of your life during Soviet times?
3. How was your life affected after the restoration of Lithuania's independence in 1990?
4. What is your overall evaluation of your life in an independent Lithuania?
5. Which other political and social events in Lithuania have affected you or your family (such as crises and laws)?

Additional questions were asked as the interviewees' stories were told to gain a more in-depth understanding of them. The two case studies show how historical and personal events are intertwined on the path of psychological development.

We looked at perceptions and evaluations of social transformations by analysing 11 questions dedicated to this purpose. We analysed responses to questions about adapting to changes before and after 1990 separately. We conducted a factor analysis of the answers to the remaining nine questions. The three key areas addressed in the analysis were the following:

1. An evaluation of changes (whether life in Lithuania is improving or getting worse; whether it was better when the country belonged to the Soviet Union or now, in an independent Lithuania; and an overall evaluation of whether life in Lithuania has been negative or positive following the restoration of independence).
2. An evaluation of the past (an overall evaluation of whether life in Lithuania during the period between the two world wars (from 1918 to 1939) was negative or positive; and an evaluation of whether it is negative or positive following the restoration of independence).

3. Patriotism (whether the person would emigrate from Lithuania once and for all if they had the chance, or whether they are a patriot of Lithuania and have a good life there; and whether they would hide and seek to evacuate if Lithuania were attacked by an aggressor state, or resist and defend the country).

The three factors highlighted by the factor analysis $KMO = 0.810$ explain 66.9 per cent of the data dissemination, whereas the weight of factors in one factor dominate from 0.54 to 0.88.

A further analysis of the material reviewed the factors. The one related to evaluating the past was complicated because it comprised two statements: *My evaluation of life in Lithuania during the period between the two world wars is...*; and *my evaluation of life in Lithuania during Soviet times is...* These statements were about different periods, so we decided not to add them together on one scale. As a result, we analysed two factors (the evaluation of changes and patriotism) and four questions: about adaptation both before and after 1990, and about life in Lithuania during the period between the two world wars and during Soviet times. The value of Cronbach's alpha for the evaluation of changes is 0.797 and for patriotism is 0.689. Variables with a normal distribution of data were subject to analysis through the use of parametric statistics, whereas non-parametric approaches were used for those that without a normal distribution. Two variables with a non-standard distribution – adaptation before and after 1990 – were transformed into normal distributions following the recommendations of Pallant (2005). Parametric statistics were then used to assess these altered variables.

Figure 1 shows a scheme of research for the quantitative data analysis. The variables used included victims of the Soviets; victims of the Nazis; membership of the Communist party; identifying oneself with one's family history; communication of historical traumas within the family; means of coping when confronted with difficulties; optimism; place of residence (city, town); education; income per family member; and a subjective evaluation of one's financial status.

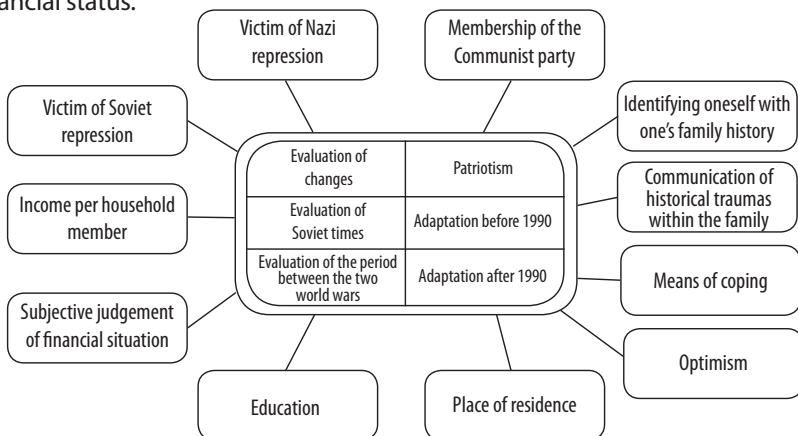


Figure. 1. Evaluation of social transformations and other variables in our research.

We chose to examine the links between variables in each generation separately because this shows a more comprehensive picture of evaluations of social transformations. It is likely that the viewpoints of people of different ages are affected by contrasting factors. Moreover, the examination of three generations may help to assess the actual impact of Soviet times because such an analysis covers both people who lived during the two regimes and those who were born after the country's independence was restored. In our research, the youngest generation comprises people aged between 18 and 30, the middle generation those between 40 and 54, and the most senior those aged 60–74.

EVALUATION OF SOCIAL TRANSFORMATIONS AMONG THREE GENERATIONS

The first analysis of data reveals that all three generations have a relatively positive evaluation of social transformations (Figure 2). All of them had values above the middle score on a 5 point scale when assessing changes, whereas their evaluation of Soviet times was below the middle score on a 5-point scale. The youngest generation gave the most positive evaluation of social and political changes that took place in Lithuania (Tukey $p = 0.000$). The middle and oldest generations do not differ statistically with regard to their evaluation of changes (Tukey $p = 0.698$). The analysis of data about life during Soviet times shows that the youngest generation has a much more negative evaluation of this than the middle or older generations (Tukey $p = 0.000$), whereas all generations gave a similar view of life during the period between the two world wars (Tukey $p = 0.999, 0.990$ and 0.994). The most patriotic of the three generations is the senior one (Tukey $p = 0.000$), whereas the level of patriotism of the youngest and middle generations is lower and similar (Tukey $p = 0.946$).

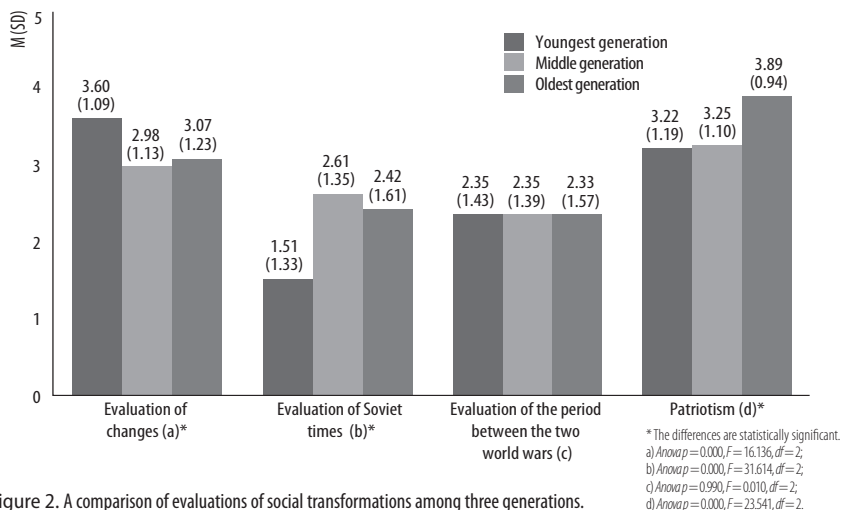


Figure 2. A comparison of evaluations of social transformations among three generations.

To summarise, our data show an overall positive evaluation of social transformations.

A less favourable evaluation of the consequences of social transformations by the oldest generation can be a demonstration of traits that are characteristic of age. One distinctive feature of society in Eastern Europe in general and Lithuania in particular is the tendency to undermine and ignore people of a senior age, partly for reasons related to economic factors. The Soviet pension and health-care system has not ensured a dignified life for pensioners, in contrast with their peers in Western Europe and the USA. Evaluations by members of this group can also be related to their age. According to Erik Erikson, late maturity starts at 65, and one of the fruits of older age – wisdom – is reached only when people have gone through life and can see its essence and integrate a variety of experiences. If people do not reach wisdom, they lose hope.

Against this backdrop, it is important to note that the oldest generation demonstrated the highest level of patriotism. One could assume that personal experience encourages people to think about the importance of the country's independence from various perspectives, with an evaluation of their own patriotism and an expression of their determination to defend the country against enemies. A negative attitude towards emigration can be related to age because for older people, it may seem more difficult to imagine a new life in another place. Presumably, patriotism expressed by the oldest generation is a way of seeing meaning in life.

A distinctive feature of the youngest generation is that members of this group have the most positive view of their current lives in Lithuania and their future. However, their level of patriotism is lower than that of the older generation. Interestingly, representatives of the youngest generation have a positive view of life in Lithuania and its prospects, yet say that they could easily emigrate and would not defend their country so vigorously. These responses presumably reveal the characteristic traits of modern society: the mobility of the labour and academic markets, and the sense of security brought about by political structures such as the EU and NATO. A positive evaluation of life in independent Lithuania can also be related to the respondents' ages.

EVALUATION OF SOCIAL TRANSFORMATIONS AND HISTORICAL EXPERIENCES

Family historical experiences

As already mentioned, most research studying social transformations focuses on processes happening today (Silbereisen et al., 2010; Kohn et al., 2012), whereas we seek to explore the impact of the past on evaluations. Respondents were asked about experience of their families during Nazi and Soviet regimes. As a result, a comparison could be made between two groups: victims and non-

victims of Soviet repressions.

The first group – victims of Soviet repression – included respondents who said that he or she or a family member (such as a parent or a grandparent) was a deportee, political prisoner or participant in the post-war resistance movement, or was otherwise a victim of Soviet political repression ($N = 200$). The second group – non-victims of Soviet repression – were respondents whose family members had not been victims, or did not know about this kind of family experience ($N = 332$). The results are presented in Table 1.

Table 1. Comparison of evaluation of social transformations by people who were victims of Soviet repression and those who were not.

	The family has members who were victims of the Soviet repressions	The family has no members who were victims of the Soviet repressions, or such situations are unknown		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t (df)</i>	<i>p</i>
Youngest generation				
Evaluation of changes	3.84 (0.97)	3.41 (1.16)	-2.553 (179)	0.011*
Evaluation of Soviet times	1.18 (1.17)	1.74 (1.41)	2.707 (176)	0.005*
Evaluation of the period between the two world wars	2.46 (1.45)	2.31 (1.41)	-0.683 (176)	0.495
Patriotism	3.46 (1.29)	3.04 (1.10)	-2.328 (179)	0.021*
Middle generation				
Evaluation of changes	3.07 (1.12)	2.89 (1.15)	-1.031 (174)	0.304
Evaluation of Soviet times	2.36 (1.39)	2.76 (1.29)	1.928 (172)	0.055
Evaluation of the period between the two world wars	2.48 (1.56)	2.22 (1.30)	-1.175 (170)	0.261
Adaptation before 1990	3.75 (1.36)	3.78 (1.22)	-0.590 (171)	0.564
Adaptation after 1990	3.84 (1.27)	3.83 (1.12)	-0.760 (170)	0.458
Patriotism	3.43 (1.07)	3.11 (1.09)	-1.908 (174)	0.058
Oldest generation				
Evaluation of changes	3.27 (1.28)	3.05 (1.20)	-1.125 (171)	0.262
Evaluation of Soviet times	1.91 (1.67)	2.60 (1.56)	2.755 (169)	0.007*
Evaluation of the period between the two world wars	2.08 (1.80)	2.46 (1.47)	1.444 (157)	0.171
Adaptation before 1990	3.69 (1.27)	3.89 (1.18)	0.527 (167)	0.599
Adaptation after 1990	3.81 (1.36)	3.80 (1.30)	-0.156 (168)	0.876
Patriotism	3.97 (0.93)	3.92 (0.92)	-0.362 (171)	0.718

*The difference is statistically significant

People of the youngest generation whose family members were victims of the Soviet repression are more positive about changes and have a stronger sense of patriotism. They also have a more negative attitude towards Soviet times than people whose families were not victims. The middle generation is no different with regard to either of these aspects. People aged 40–54 were similar in their evaluations of Soviet times and the restoration of independence, regardless of whether their families were victims or not. Moreover, they demonstrated a similar sense of patriotism. Among the older generation, victims of Soviet repression have negative attitude only towards Soviet times. The comparison of groups in three generations shows that the youngest generation whose families were victims of Soviet repression demonstrates a more positive view of social transformations and patriotism than older groups.

How can we explain these results? The youngest generation has grown up in an independent Lithuania, in which families who suffered from Soviet repression have been able to speak more openly about their traumatic experiences and their history. These family members have not felt undermined or restrained. On the contrary, their traumas have been acknowledged and respected, with laws regulating restitution (the restoration of property) coming into effect and people being able to speak freely about their recollections. As a result, the youngest generation has been able to learn about the experiences of – and be proud of – their families. The dream of parents and grandparents has come true: life, in principle, has become just in this respect. It is therefore not difficult to explain the evaluation of the oldest generation: families whose members were repressed had more difficult lives because of political and economic restrictions during Soviet times. This message could be conveyed to the youngest generation.

We continued our research about how family experiences could be related to political realities, analysing evaluations of social transformations by looking into whether or not families had members in the Communist party (Figure 3). In the group of non-victims of Soviet repression, comparison of the evaluations of social transformations was done between families with members that belonged to the Communist party and families without such members. In total, 1.88 per cent of respondents said that some of their relatives were members of the party.

The results revealed that membership (situations in which at least one relative (such as a parent or grandparent) was a member) was more associated with evaluations of the past than the present. Those who were members of the Communist party have a more favourable picture of life in Lithuania during Soviet times and say they adapted to it better than those who did not hold membership yet did not suffer from repression. Interestingly, former members of the Communist party also have a more positive view of life in Lithuania during the period between the two world wars. However, the groups have a similar evaluation of the restoration of Lithuania's independence and adaptation after it, with their sense of patriotism also similar.

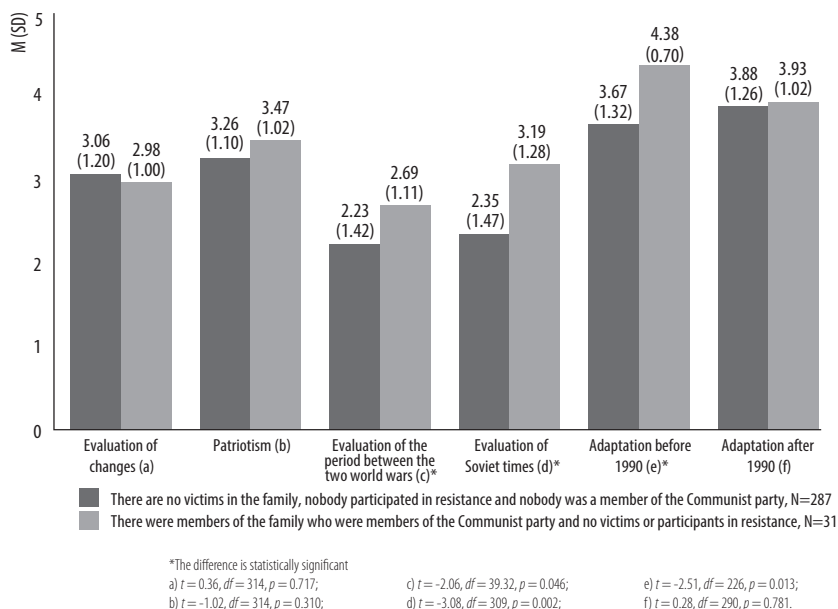
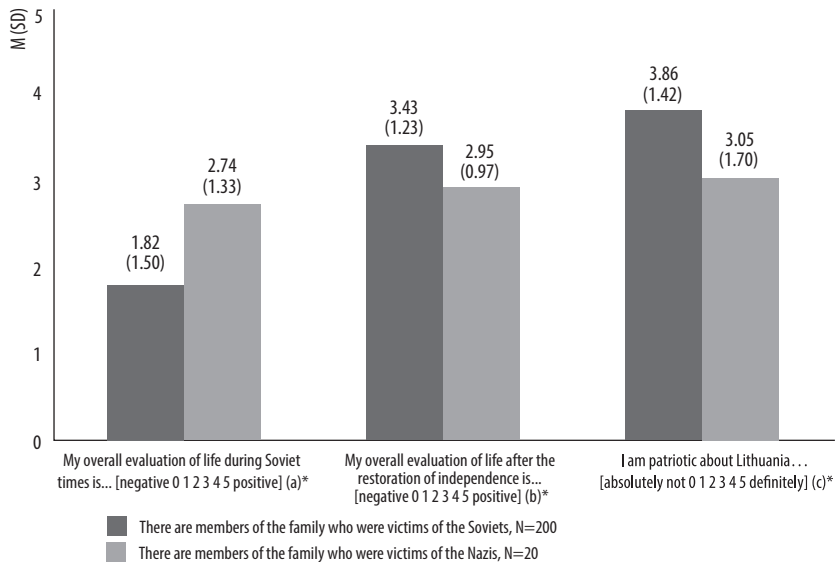


Figure 3. Evaluation of social transformations by the sample of non-victims of Soviet repression in a comparison of groups whose family members were or were not members of the Communist party.

In discussing the results, prior expectations are corroborated by a more positive evaluation of Soviet times and adaptation before 1990 by members of the Communist party because such membership could offer better life conditions, with the pursuit of a better life often one of the reasons for joining the party. Somewhat unexpected was a more positive evaluation of life during the period between the two world wars.

The questions asked in our research enabled us identify two groups of respondents for examining these periods: those whose family members were victims of the Nazis (20 respondents) and those whose members were victims of the Soviets (200 respondents). Activities of the Nazis was short-term and this terror was condemned in its entirety, with its architects either committing suicide or being sentenced. Some of these victims also suffered Soviet repression because a fair number of people who survived Nazi camps were also deported to Soviet gulags. In order to avoid this overlap, we selected one group that comprised people who were victims only of the Soviets and another group of people who were victims only of the Nazis.

A comparison of the two groups revealed that those who were victims of the Nazis have a more favourable evaluation of life in Lithuania during Soviet times, but are more negative about life following the restoration of independence compared with those who were victims of the Soviets. Meanwhile, the patriotism of victims of the Soviets is more strongly expressed than among those who were victims of the Nazis.



*The difference is statistically significant a) $U = 1209.5, Z = -2.60, p = 0.009$; b) $U = 1335.5, Z = -2.20, p = 0.028$; c) $U = 1404, Z = -2.31, p = 0.021$.

Figure 4. A comparison of answers given by victims of the Soviets and victims of the Nazis.

It seems natural and logical that those who suffered from Soviet repression have a gloomier view of life during Soviet times because both they and their families encountered a variety of restrictions and limitations, or state violence. Higher levels of patriotism among this group could mean that, in assessing social transformations, its members attach greater importance to the country's autonomy and a greater awareness of historical justice that is manifested in personal history.

Identifying oneself with country and family history, and the relationship with means of communication

Both the data presented in previous chapters and our initial analysis of the information (Bieliauskaitė, Grigienė, Eimontas, Grigutyte, & Gailienė, 2014) showed that identification with one's country and family history could be an important factor in assessing social transformations. Once we had a full sample, we therefore decided to explore this relationship.

Identifying oneself with the history of one's family and country is related to evaluations of social transformations in all three generations. The analysis of the youngest and oldest groups shows that the greater the sense of identification with one's family history, the more positive the evaluation of changes, with a stronger sense of patriotism and better adaptation to life after 1990. Among the middle generation, adaptation after 1990 does not relate to identification with the history of one's family and country. Such identifications

Table 2. Links between evaluations of social transformations and identification of oneself with one's family history among three generations.

	Identifying oneself with family history					
	Youngest generation		Middle generation		Oldest generation	
	N	r	N	r	N	r
Evaluation of changes	193	0.177*	189	0.248**	189	0.261***
Patriotism	193	0.339***	189	0.195**	189	0.268***
Adaptation before 1990	36	0.194	187	0.195**	185	-0.071
Adaptation after 1990	162	0.182*	186	0.108	186	0.183*

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

can show whether individuals are interested in the history of their country and family, and whether they are ready to share it. We could make an assumption that this linkage with family history provides people with a sense of security, continuity and stability within their lives and themselves, and may be related to better self-esteem because it offers the opportunity to be proud of one's life or accept changes in it. After the restoration of independence, people who had been victims of the Soviet regime could be proud of certain things, and this could relate to their self-esteem and the tendency to have a more positive evaluation of life. This is all the more so because for this group of people, the restoration of independence was their ultimate goal and a dream that came true. In a similar way to events in 1918, changes were very fast, and a swift reaction and determination by people to seek the things they found most important in life enabled them to feel part of history, with their immediate choice to protect unfolding independence in the face of danger. Such things also carry a certain responsibility with them and this, in turn, can be associated with a more favourable evaluation of social transformations.

These considerations are corroborated by a follow-up analysis of quantitative data. The correlative analysis shows that the evaluation of social transformations has links to how families spoke about their experiences with regard to the Soviets and their repression. These links are the most prominent in the youngest and middle generations. The more strength and pride the youngest generation felt when listening to stories about terrible traumatic experiences of their families, the more favourable their evaluation of changes and the more strongly expressed their sense of patriotism. In the middle generation, their means of communication were more related to their evaluation of changes rather than patriotism. A presumption can be made that because members of the oldest generation may have been victims or witnesses of such traumatic events, they are more affected by their own experiences than stories told about them. It is not surprising that the biggest impact of

such stories is on the youngest generation, who listened to narrations of their family's and country's history by their parents and grandparents. Striving for identity and pride may be another inner resource that contributes to better adaptation and a more positive evaluation of life after social transformations.

Table 3. Special features of communication about historical traumatic experiences in families and links with the evaluation of social transformations and patriotism.

When telling the story, there was a feeling of strength and pride	Evaluation of changes		Patriotism	
	N	r	N	r
Youngest generation	116	0.246**	116	0.224*
Middle generation	132	0.221*	132	0.087
Older generation	134	0.112	134	0.160

* $p < 0.05$, ** $p < 0.01$

To summarise, a presumption can be made that the strength of identification with the history of one's family and country, and stories heard from family members about traumatic historical events, have a link with a more positive evaluation of social transformations among all three generations. However, the manner in which a story is told and the associated feelings of strength and pride created have a link with the evaluation made only among the youngest and middle generations.

EVALUATION OF SOCIAL TRANSFORMATIONS AND PERSONAL RESOURCES

The evaluation of one's personal life after social transformations could also mean the level of adaptation and ease of life in the Lithuania of today. Most authors we have quoted focus mainly on resources such as education, financial status and employment. This part of the analysis will examine means of coping with psychological difficulties.

Means of coping when confronted with difficulties

Historical traumas experienced during World War II and the Soviet occupation had to be properly overcome and processed for people to continue leading a successful life in an independent Lithuania. Properly processed traumas could also be a resource, something that is reflected in our research results (see the chapter *The Strength of A Family: The Effect of Historical Trauma on Offspring*). Social changes that took place after the restoration of Lithuania's independence were also associated with a type of stress that demanded adaptation. We therefore focused on links between coping with trauma and the evaluation of social transformations (Table 4).

Table 4. Links between the evaluation of changes and the means of coping among three generations.

Means of coping (r)	Evaluation of changes		
	Youngest generation	Middle generation	Oldest generation
How often does your family speak about the terrible experiences that you or your family went through?	0.21**	0.13	-0.09
How often does your family speak about feelings and painful experiences?	0.13	0.06	-0.04
How often do you try to overcome difficulties on your own without asking for the help of others?	0.20**	0.12	-0.02
How often do you engage in some kind of work or activity to distract yourself from difficulties?	0.12	-0.04	0.02
How often do you drink alcohol as a way of soothing heavy feelings or thoughts?	-0.13	-0.11	-0.14
How often do you take antidepressants, tranquillisers or sleeping pills?	-0.21**	-0.20**	-0.05
When life is hard for you, how often do you think you could die by suicide?	-0.19**	-0.24**	-0.23**
How often do you ask your family members or friends for help when you are in trouble?	0.15*	0.18*	0.07
How often do you pray?	0.02	0.00	0.02
How often do you go to see a mental-health specialist?	-0.07	-0.15*	0.08

* $p < 0.05$, ** $p < 0.01$; highlighted entries represent Spearman's correlation

The results reveal that evaluations of changes by **the youngest generation** relate to the highest number of methods used for coping: the more a family speaks about traumatic experiences they have, the more people are inclined to ask family members and friends for help, the more attempts are made to cope with difficulties without help of others, the less frequently antidepressants or other drugs are taken, or the less often thoughts about attempting suicide emerge when confronted with difficulties, the more positive the evaluation of social changes. The less frequently antidepressants or other drugs are taken, or the less often thoughts about attempting suicide emerge when confronted with difficulties, the more positive the evaluation of social changes. We see that such links can be predicted: adaptive coping strategies that include talking about one's difficulties with relatives and asking for their help are a human resource that enables people to overcome traumas. A presumption can be made that these mechanisms could be taken from the family but, against the backdrop of present changes, they enable the youngest generation to successfully adapt and adopt a positive outlook on life.

With regard to the consumption of medicines as a coping strategy, in some instances this may be the only way to deal with a problem or situation and endure it. In other cases, it may be perceived as a retreat when a problem remains unsolved and attempts are instead made to avoid negative

experiences. From a third perspective, this method of coping could be chosen by people who have the most psychological problems and are most vulnerable. In such a case, a presumption could be made that people may make a worse evaluation of changes brought about by social transformations, partly because they have fewer resources to overcome them: such people may be less adaptive and suffer from bigger psychological problems.

Thoughts about attempting suicide when confronted with difficulties could have a similar significance to the consumption of drugs: preparing to escape in the face of an unfavourable situation. It is also a type of non-adaptive strategy that may relate to greater emotional and personal problems. In these cases, evaluations of social changes could be more closely linked to personal features (such as means of coping as a resource) rather than a historical period.

Evaluations of changes among the **middle generation** are related to how often members of this group resort to help from friends and family when confronted with difficulties. A negative correlation shows that the lower the level of medicine consumption and the less frequent consultations are with mental-health doctors, the more positive the evaluation of social changes. Moreover, there is a link between thinking about suicide and the evaluation of changes. This may be a reflection of personal resources and insufficient ability by the health system to provide adequate assistance.

A distinctive feature of the **oldest generation** is that people in this group demonstrate only one statistically significant link: that fewer thoughts about suicide relate to a more positive evaluation of social changes.

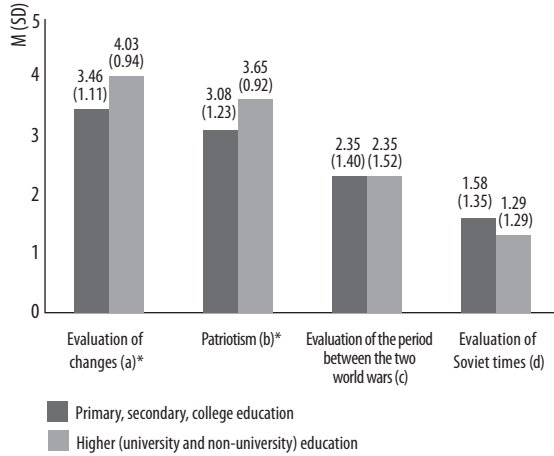
The only factor common to all three generations involves thoughts about suicide when confronted with difficulties, with all having a statistically significant negative correlation with the evaluation of changes in Lithuania. This means that the more negative an evaluation, the bigger the tendency to think about suicide when confronted with difficulties. We can make an assumption that difficulties relating to adaptation to changes may be linked to a shortage of internal resources and a tendency to retreat from difficult situations both consciously and unconsciously. In some instances, they could be related to a shortage of external resources.

Education

As a demographic characteristic, the education of a respondent may reveal a number of things, including their cognitive and emotional abilities, their psychological adaptation and health, and their productivity. We can presume that this is one of the personal resources that may be used in creating one's pathway in life.

Comparisons among the three generations show that the higher someone's level of education, the more positive their evaluation of social transformations. The positive attitude adopted by the youngest generation may be related to their age because people in this category might still be going through education, but the link is as strong as in the middle and oldest generations.

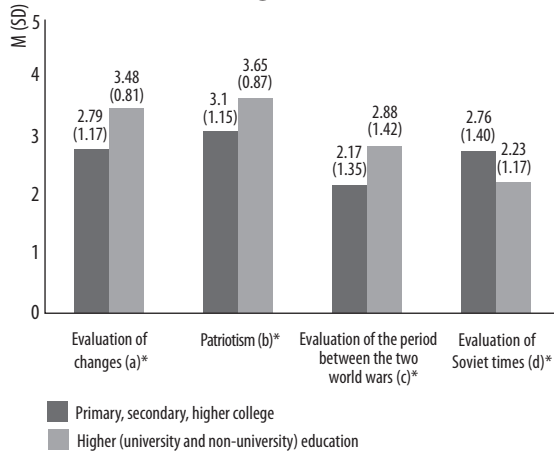
Youngest generation



*The difference is statistically significant a) $t = -3.22, df = 191, p = 0.002$;
 b) $t = -3.44, df = 110.13, p = 0.001$;
 c) $t = -0.017, df = 186, p = 0.99$;
 d) $t = 1.32, df = 188, p = 0.19$

Figure 5. Education and evaluation of social transformations among the youngest generation.

Middle generation



*The difference is statistically significant a) $t = -4.67, df = 135.96, p = 0.000$;
 b) $t = -3.53, df = 123.15, p = 0.001$;
 c) $t = -2.94, df = 185, p = 0.004$;
 d) $t = 2.43, df = 187, p = 0.016$

Figure 6. Education and evaluation of social transformations among the middle generation.

Oldest generation

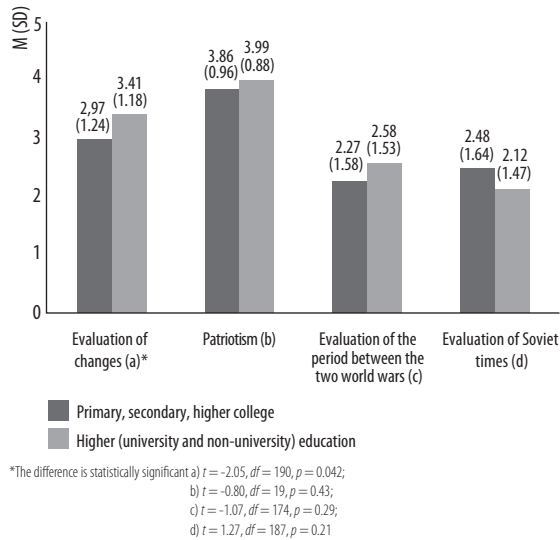


Figure 7. Education and evaluation of social transformations among the oldest generation.

Expressions of patriotism among people with different educational backgrounds are the most distinct only in the youngest and middle generations. A presumption can be made that this may be related to the fact that education had a different value and was differently measured among the oldest generation. For instance, graduation from a gymnasium could be made equal to the current university degree. During Soviet times, higher education was unattainable for many youngsters from educated families because of political reasons.

Income and subjective evaluation of one's financial situation

Table 5. Links between income and evaluation of social transformations among three generations.

	Income					
	Youngest generation		Middle generation		Oldest generation	
	N	r	N	r	N	r
Evaluation of changes	157	0.220**	191	0.355**	183	0.124
Patriotism	157	0.004	180	0.281	183	0.095
Adaptation before 1990	29	0.20	177	0.51	179	0.041
Adaptation after 1990	159	0.171	176	0.158*	180	0.044

* $p < 0.05$, ** $p < 0.01$

Our research shows that the evaluation of social transformations is most often linked to the level of income gained among the middle generation, and the higher the income, the more positive the evaluation of changes or the greater the sense of patriotism. Interestingly, the oldest generation did not demonstrate any link between income received and their evaluation of social transformations.

Table 6. Links between subjective evaluation of one's financial situation and evaluation of social transformations among three generations.

	Subjective evaluation of a financial situation					
	Youngest generation		Middle generation		Oldest generation	
	N	r	N	r	N	r
Evaluation of changes	190	0.271**	191	0.484**	190	0.13
Patriotism	190	0.162*	191	0.377**	190	0.181*
Adaptation before 1990	35	0.071	188	0.216**	186	0.121
Adaptation after 1990	159	0.184*	187	0.306**	187	0.146*

* $p < 0.05$, ** $p < 0.01$, highlighted entries represent Pearson's correlation

A subjective evaluation of one's financial situation is much more related to evaluations of social transformations than the level of income received in the case of all generations. The strongest expression of this is observed in the youngest and middle generations, among which a more optimistic evaluation of one's financial situation is related both to a more positive evaluation of changes and a stronger sense of patriotism. A subjective evaluation of one's financial situation among the middle generation is related to adaptation to life before and after 1990. Responses among members of the oldest generation demonstrated a positive link with patriotism and the ability to adapt after 1990, but no links were identified with the evaluation of changes and adaptation before 1990.

FACTORS PREDICTING HOW CHANGES ARE ASSESSED IN LITHUANIA

To evaluate the factors that best help to predict how social transformations in Lithuania are assessed among the three generations, we have created a regression model.

This model includes the following independent variables: experience of Soviet repression in family; identification with one's family history; the subjective evaluation of one's financial situation; the place of residence (town, village); optimism; education; and income level (Figure 8).

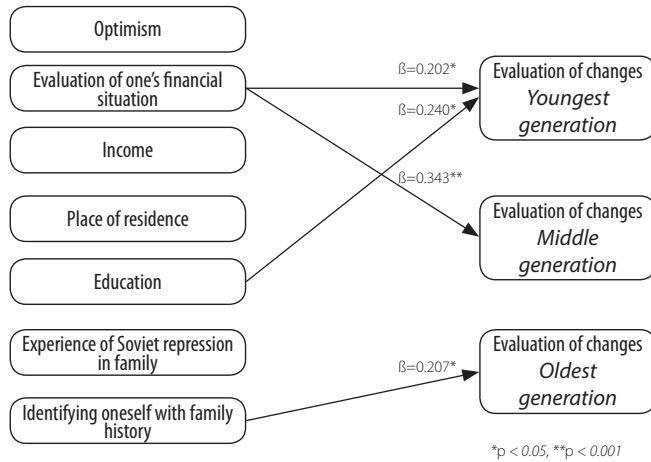


Figure 8. Factors that predict how changes are evaluated among three generations.

The model created was suitable among the youngest generation sample ($F = 5.631, p < 0.001$). The model predicts 21.8 per cent of variation of data ($R^2 = 0.218$). The most significant factor predicting how social transformations are assessed in the youngest generation is a person's education level ($\beta = 0.240, p < 0.05$): the higher this is, the more positive their evaluation tends to be of transformations. Less important, but still significant, is the evaluation of one's financial situation ($\beta = 0.202, p < 0.05$): the more positive this is, the more favourable the evaluation of transformations.

This model was also seen as suitable to use among the middle generation ($F = 10.270, p = 0.001$) and demonstrated an even bigger share of data dissemination (31.7 per cent, $R^2 = 0.317$). However, the model for this generation showed a subjective evaluation of one's financial situation as the only variable that predicted a significant evaluation of social transformations ($\beta = 0.343, p < 0.001$). We were able to forecast that members of the middle generation who more positively assess their financial situation would have a more positive attitude towards social transformations that have taken place in Lithuania.

A model created for the oldest generation was suitable to use ($F = 2.780, p < 0.01$), but was capable of explaining the smallest share of variation in data among the three generations, with a value as low as 11 per cent. ($R^2 = 0.110$). In contrast with other generations, the only variable that had a significant effect on how social transformations were assessed in Lithuania was identification with one's family history ($\beta = 0.207, p < 0.05$). The stronger this identification, the more positive the evaluation of social changes.

These results show different factors that predict how social transformations are assessed among the three generations. For the youngest, the most important factors are education level and the evaluation of one's financial situation, for the middle generation the subjective evaluation of one's financial situation, and for the oldest identification with one's family history.

THE PERSONAL MEANING OF SOCIAL TRANSFORMATIONS IN THE MIDDLE GENERATION

From a personal-development point of view, the middle generation has probably carried the heaviest burden in terms of changes because this generation matured at the peak of social transformations. Presumably, the experiences of this generation are those examined by Silbereisen et al. (2010) and Kohn et al. (2012) in their models that cover people's work activities, the positions they occupy and their means of coping with regard to the new demands brought about by changes.

With respect to results from a regression analysis of our research, the subjective evaluation of one's financial situation is different from other factors because in the middle generation, this factor alone plays a predictive role in assessing changes. Therefore, presuming that social transformations had the biggest impact on the middle generation and were among the strongest factors that determined their evaluation of changes in evaluating their financial situation, we decided to take a more in-depth qualitative look at the results of this research. We analysed the responses of this generation to an open-ended question about the personal impact on them of the restoration of Lithuania's independence in 1990, comparing groups that had a positive and negative evaluation of their financial situation.

Respondents from the group of the middle generation were divided into two groups: those who assessed their financial situation as good or very good, and those who assessed it as bad or very bad. We could therefore compare those who evaluated their financial situation positively (49 respondents) and those who held a negative view (39 respondents). This analysis did not include respondents who assessed their financial situation neutrally: in other words, those who said their financial situation was 'neither good nor bad'. The examination of both groups corresponds to an idea expressed by Boyatzis (1998), who said that the best way to explain the phenomenon is to compare two groups by specifying the features characteristic of one or another group.

The comparison of responses shows that the two groups share a number of themes, including a negative evaluation of public authority and contemporary values. They both view freedom as an important topic and say that they gained many opportunities after social transformations. The number of positive evaluations about such new openings was significantly higher than

the number of negative views.

The main difference in responses corresponds to the distinctive criterion of the group: those who assessed their financial situation negatively referred to financial difficulties. It should be also noted that the group who gave a positive evaluation also included a response concerning financial difficulties. The positive group said that social transformations had not had any impact on them, presumably adapting well both during Soviet times and in an independent Lithuania. Table 7 shows a number of other topics that the groups differed over.

The group **that assessed its financial situation positively** cited the following factors: the importance of personal responsibility (a growing responsibility to think about one's future and that of one's children, and the need to change occupation), new opportunities (financial and self-realisation), and fulfilling one's values and interests with regard to one's sense of participation (having an interest in observing and taking part in events happening in the country). In addition, this group identifies freedom as a feeling of change in a more specific way, such as with reference to freedom of speech or freedom in beliefs.

The group **that assessed its situation negatively** has one very specific concern: economic difficulties (with regard to unemployment and a negative demographic situation). Some topics are symmetrical: hope among those who hold a positive view, and hopelessness among those whose outlook is negative. Accordingly there are also themes of stability (laws protect me) and lack of stability (insecurity), individuality and feeling undermined (see Table 7).

Table 7. Specific themes identified and responses by groups who have a negative and positive evaluation of their financial situation.

People who evaluate their financial situation negatively	People who evaluate their financial situation positively
<p>Life is unstable and has no guarantees, creating feelings of insecurity <i>'Life in a free Lithuania is unstable. I don't know how long I will be employed, and there are no guarantees.'</i> (female, 53)</p>	<p>Laws that protect <i>'I can freely express my opinions, go to the church I like, and celebrate and rejoice at Christmas and on other special days. The laws of Lithuania defend me.'</i> (female, 41)</p>
<p>Hopelessness <i>'<...> What will happen to this generation? Babies are not born, many people die and the demographic situation is difficult. Many people die in accidents. There will be no future: I have many debts, I cannot find employment, and during this time I lost those closest to me, all of them.'</i> (male, 47)</p>	<p>Hope <i>'It gave me hope. The world opened up before me, developing tolerance, a wonderful variety of cultures and traditions, and experiencing unity and being united in diversity <...>'</i> (female, 40)</p>
<p>People being undermined <i>'A person is pushed into a more difficult situation in life, and I want to hope that a time will come when future generations will have a better life and people will be valued.'</i> (female, 47)</p>	<p>Appreciation of individuality <i>'I still enjoy the possibility of saying what I think about the political situation, and I express my political views without limitation. I enjoy the opportunity to travel everywhere – my freedom of movement. I am happy to see that young people can study where they want. It's great that individuality and distinctiveness is valued more than melting in with the mass, as a collective group.'</i> (female, 48)</p>

Lack of work

'Negatively: there's little work. During Soviet times, I could earn more and I had a job.'
(male, 41)

Responsibility

'I was forced to change my profession, become independent, work and think about my future and the future of my children.' (female, 52)

The chance to earn a living and opportunities for self-fulfilment

'New opportunities opened up and I managed to take advantage of them. I can live, create and do what I want, which seems meaningful.'
(female, 46)

Values and their preservation

'<...> Freedom to me is a great gift, yet we have to build our personality on the basis of "life culture" and we should not get lost among freely expressed values (death culture).' (male, 41)

Participation and involvement

'The restoration of independence was the most interesting period in my life. It was very interesting to watch politicians and assess them. It was interesting to watch the development of an independent Lithuania and complex situations. I feel that I was a witness to all these events. I am touched by each of them. <...>' (female, 50)

It can be seen that people who assess their financial situation negatively have less hope, and feel insecure and undermined in their country. It remains unclear whether a poor financial state leads to hopelessness, insecurity and a feeling of being undermined; or perhaps it is the other way round: those who have experienced inner hopelessness, insecurity and low self-esteem may then negatively assess their financial situation. It might be that both sides interact in this relationship, maximising each other. People who assess their financial situation positively have more hope, enjoying a stronger sense of security and feeling that their country values them as individuals. Moreover, in contrast with people who see things negatively, positive thinkers highlight the importance of personal responsibility, community and the preservation of values. The issue of a causal link remains relevant: do people who positively assess their financial situation feel better and have a more positive attitude towards the state? Or is the reverse true? Do those who are community-oriented, highlight values, remain hopeful and have an inner sense of security also have a more positive attitude towards their financial situation?

We can make a presumption that people who assess their financial situation negatively are usually more passive and less proactive in solving their problems, instead tending to dwell on their hopelessness. This represents a type of retreat, or – more precisely – a disengagement strategy. This idea has been examined by Tomasik et al. (2013) and may manifest itself, for instance, in blaming or undermining the authorities. In such cases, this may signify a

refusal to get involved in community activities. Following the comparison of positive and negative responses with regard to social transformations, a presumption can be made that those who see social transformations in a negative light are adopting a position of self-defence. In other words, they may seek to protect themselves by making statements in which they blame or undermine the authorities and are less eager to share their personal experiences. With regard to the restoration of Lithuania's independence, such a radical regime change that had an impact on most people in the country could contribute to criticism about changes when targets are sought who are 'suitable' for blaming or undermining (Bieliauskaitė et al., 2014).

A SUBJECTIVE PERCEPTION OF LINKS BETWEEN ONE'S LIFE PATH, HISTORICAL TRAUMA AND SOCIAL TRANSFORMATIONS: TWO CASE STUDIES

In this research, we follow a presumption that people who experienced Soviet repression were more affected by historical trauma, although the whole of society suffered from a traumatic experience that involved various limitations, the presentation of a twisted and dual reality and a constant fear of expressing feelings and thoughts. Here we try to pinpoint some of the characteristics describing a period that different people experienced and perceived in varying ways, depending on their psychological features. We present a short analysis of two interviews to try to show how various factors revealed by quantitative research could have an impact on the life of real people.

The purpose of the two analyses was to have a more in-depth look at specific phenomena behind the results of the quantitative study. In addition, it was aimed at helping us to interpret the results and identify some recommendations for follow-up research. The main areas highlighted in the interviews were perceptions and reflections on historical and social transformations, identification of the impact of these on oneself and one's family, the change in the perception of meaning with regard to social transformations and their relationship to consequences in everyday life.

We selected research participants on the basis of their willingness to tell their story, as well as their ability to reflect and identify experiences and express their thoughts. We also chose people who lived both during Soviet times and after the restoration of Lithuania's independence, meaning that they were 50–60 years old. In addition, we decided that they should be the same gender. Because men in Lithuania are more affected by psychological and social problems (such as suicide, traffic accidents and premature death), we chose them for the research.

An interview was therefore conducted with two men, one aged 56 and the other 58. During the restoration of Lithuania's independence in 1990–1991, they were adamant advocates of independence. It is interesting to see how they

came from different places to reach the same point in history and life and then move away from it, remaining true to their trajectories.

The first respondent, Andrius¹², aged 56, specified in the questionnaire that members of his family were victims of Soviet repression, with his grandparents deported or otherwise victimised. He identifies himself as an active fighter against the Soviet system. The families of both of Andrius's parents were subject to deportation and a relative of his mother was forced to flee to the West and live there under a different name because *'I think he had some administrative position in (TOWN) or something like that when the Germans were here.'* His parents did not tell him anything about family members who were victims. His mother was more willing to talk about it, but his father did not let her. *'They remained silent about this to prevent us youngsters from telling others.'* Andrius's father listened to the Voice of America in secret, away from the children. Andrius could not understand what was actually going on, but felt that there was something else apart from the Soviet propaganda and façade of reality. Without his father's knowledge, he began to listen to the Voice of America and discovered a different and free world that was very attractive. *'... well, they did not speak straight away, because everybody was afraid in Soviet times that someone would come, something would happen and everything would be the same, with deportation or something similar...'* We can presume that it was not just fear that prevented Andrius's parents from talking; in fact, their situation was fairly complex. Before the war, his father served in the Lithuanian army. After the first Soviet occupation and as World War II broke out, he had to take sides to protect himself and his family, so joined the 16th Lithuanian Division¹³ and fought throughout the entire war. At home, nobody spoke about it. Andrius says that he and his brother were upset about such silence. After the war, his uncle's family escaped deportation thanks to a letter that his father had sent from the front and that Soviet soldiers discovered. Andrius is proud to relate that his uncle thanked his father when both of them visited him. Traumatic experiences, such as that of his mother's relative who served in the German administration, the so-called treason of his father when he joined the Soviet army, and numerous victims among his relatives, could have contributed to the development of various feelings that were usually contradictory: happiness and guilt for surviving, but shame about certain matters. In Andrius's case, this significantly obstructed his relationship with his father, but it seems that he was quite close to his mother. The need to understand what happened by himself made him responsible for himself on the one hand, but very lonely on the other. He identifies the duality of his feelings: *'On the one hand, it was impossible to resist the impact of Soviet ideology, which made one feel powerless and passive. On the other hand, there was inner resistance: I could not accept this nonsense and take part in it. Hence, I realised that I was different; sometimes people would laugh at me, and sometimes I would feel terribly lonely and scared.'* Difficulties with being close to his family (because his parents experienced inner suffering, were emotionally closed

¹² This name has been changed.

¹³ This division took part in battles against Nazi Germany (*translator's note*).

and did not communicate with the community around them) and ideological differences resulted in deep feelings of loneliness and otherness, and it was essential to find hope. That hope was the West: a sense of another world, perhaps more normal, with a Voice of America, Vatican Radio and 'Laisvoji Banga' radio, as well as the then unfolding Western democratic pop culture, one aspect of which was the idea that culture could be for everybody. This is how communication started with strangers who were similar to oneself. *There were times when you didn't consider them, let's say, friends, but they united us all, and there was a main idea that could unite this and that group of people – the **idea of freedom** and the idea of a free creative life united us...* However, Andrius had a traumatic experience with the law when he was falsely charged with organising a scuffle among groups of young people. He does not see a link with politics or resistance because there was no intention of this. However, from a long-term perspective, it can be seen that this happened soon after the self-immolation of Romas Kalanta in 1972¹⁴. One can imagine that young people who led a different lifestyle, wore jeans, had long hair, played the guitar and carried music records were tempting targets because they annoyed 'decent' citizens, as if they were irritated by the mere existence of such dreams or hopes of freedom. When groups of youngsters who were inspired by Kalanta's suicide increased their activity, law enforcement became very fierce. As a result, Andrius and eight other youngsters were convicted in a show trial and spent a few years in a Soviet prison. He feels sad that even today he cannot be rehabilitated because his conviction was not politically motivated and the case has disappeared. Yet we can see that the system tried to crush young people who dared to think differently.

While in prison and afterwards, Andrius retained his interest in cultural publications and knew what was printed in the Soviet Union. After his imprisonment, he decided to study and then went on to engage in creative work. Before the *Sajūdis* reform movement, the feeling of freedom was already 'in the air' and people who were driven by the idea started to gather. Andrius was one of the most active people at the centre of this, uniting and leading others, but those who were most active and held managerial positions (such as school principals and factory directors) soon took over the initiative. Andrius does not have any grudges and maintains his self-esteem, saying *'I was pleased to see changes, developments – let's say in the social and cultural area – rather than telling people what they should do and what should be changed.'*

Andrius met with the priest Stanislovas, who showed him a Lithuanian flag that he kept in secret. This encounter had an important impact on Andrius's worldview, and he started to look for a new national identity. He said *'it filled a vacuum that I had'*. The *Sajūdis* reform movement continued to play an important part for him and he felt that historic events were taking place: *'...these are things that are impossible to retell <...> you can wipe everything else out, but those things – those **spiritual** things that you feel – you can never wipe out.'* Andrius was among the

¹⁴ Romas Kalanta (1953-1972) was a Lithuanian high-school student known for his public self-immolation to protest against the Soviet regime in Lithuania (*translator's note*).

first members of the *Sąjūdis* movement, bringing people together and organising activities in a place where he lived. His experiences after social transformations were still of a dual nature. On the one hand, he had a clear feeling that a fundamental freedom was being attained, that a 'show' was no longer necessary and that the world was opening up. It provided a new sense of self-esteem that was shared with other nations: *'...so you start to realise that we also have something, right?'; 'let's take Šepka (Lionginas Šepka, a godmaker from Aukštaitija, and a sculptor), it means the heart and love where arrows meet, the feeling that he as a man from Aukštaitija has his perception, which is the same in Africa, imagine that it could be someone from a Zulu tribe (laughing). He could have the same understanding about what it is (claps his hands), that it is a broken heart, that a soul is crying.'* On the other hand, Andrius has a heavy feeling that *'...it is the same today... everywhere... We have been tossed around, we have not been given this and that... They tried to destroy you... Perhaps they did... They tried their best to overcome you... But they cannot succeed. I am like I was. That's it.' 'In an independent Lithuania they tried to destroy my personality... Many ideas remained unimplemented... my ideas were not implemented... they were pushed aside.'* Perhaps it was difficult for Andrius to adopt new ideas of expression or action because he had his concrete vision of things. It may be that this lack of flexibility and his conviction that he was the only one in the right prevented him from having his creative ideas put into practice. He had to abandon some of his projects and speaks with disappointment and frustration about this. Yet he is proud of the project, and is happy that he managed to do what he wanted. *'That was one good job. You know, that's the main thing.'*

It seems that even after the social transformations, Andrius feels different and somewhat special. He refers to the others as 'the grey mass', undermining them. He 'understands' and 'analyses', but the others do not always need that. He does not find the ways, but he is proactive in seeking to continue with the dissemination of his creativity. Difficulties do not prevent him from understanding the meaning of modern life and he realises that this is a free Lithuania with opportunities. Although he cannot receive everything, sometimes he feels sad and fears that fundamental matters can be lost. However, what happens today is undoubtedly good compared with the 'shows' during Soviet times. When filling out the questionnaire and in response to an open-ended question, Andrius writes: 'I am a free citizen.' His evaluation with regard to changes is 4.33 and his patriotism is 4.75, so we can see that he assesses both changes and life in Lithuania after social transformations in a very positive light. He presents himself as a patriot who is ready to defend his country. He is very negative about his life during Soviet times and his adaptation to it, but thinks of life during the period between the two world wars very positively. A presumption can be made that his idealisation of the period between the two world wars and search for Western culture are things that helped him maintain his hope that a different world existed.

The other participant, Vytautas¹⁵, aged 59, was also very active during the

¹⁵ The name has been changed.

events of 13 January, but followed a different pathway in life before and after these incidents. Vytautas was born in 1955 to a family that was well-adapted to Soviet life. His parents were Communists and occupied relatively responsible positions in a small town. Vytautas did not know his father's relatives – a matter that he finds painful even now – but his mother's family was large. After the war, huge conflicts took place among his relatives for political reasons. His grandfather's brother was in favour of an independent Lithuania, whereas his grandfather started collaborating with the Soviet authorities at a very early stage. The brothers, who lived on the same street, did not speak to each other for more than 10 years. At a very early age, Vytautas experienced a break-up in his family, but when he turned 12 or 13 he also became a witness of reconciliation. Examining the responses provided by Vytautas in the main questionnaire, he falls into the group of non-victims of the Soviets and his family had members of the Communist party. The interview reveals that Vytautas understands and suffers from the fact that his grandfather never told him about what happened during and after the war. He is aware why his grandfather was scared: *'It is clear that in a certain sense he had this damaged mentality, an inner fear to speak because you don't know what could happen'; 'well, he had everything torn apart in him'*. Vytautas feels somewhat disappointed. He adapted to all areas of life: he was a good student and an active participant in various activities, and chose technical studies. He followed a common official path: he was a Little Octobrist, a member of the Young Communist League, and a Communist. Peers of his who held other views (such as our respondent Andrius) seemed like losers to him and he could mock them. His career ran smoothly. His first unpleasant encounter with the Soviet system was when he studied for a PhD. He and his friends created an innovative device that was supposed to travel to an exhibition in the West. However, two state officials came from Moscow and decided that they would take it to the exhibition themselves. When Vytautas realised this, he became furious and refurbished the device without changing its appearance. At the exhibition, the device did not work. This was Vytautas's reaction to injustice: he felt he was undermined and did not expect state officials to act this way. He says: *'We all felt shocked <...> I was a very good student, very active and everything, but I faced these mean things. I was terribly stressed and furious.'* When the Soviet Union started to open up, Vytautas had a chance to see other countries and differences in how people and state border officials behaved, as well as contrasting living conditions. Before his visits, he also had thoughts that some things were presented differently to how they were. Such thoughts entered his mind because of the Voice of America, which his father had listened to in secret. However, the major breakthrough happened when he read a book written by Aleksandr Solzhenitsyn, *The Gulag Archipelago*. The new information made Vytautas reassess his perceptions on life, and this coincided with the beginning of the national revival. As a member of the Lithuanian Communist Party, Vytautas nurtured the idea of an independent Lithuania and was among those members who initiated the party's separation from the Soviet Communist Party. He therefore contributed to restoring the country's independence as a member

of the Lithuanian Communist Party rather than the *Sajūdis* reform movement. Thanks to his activities during the Soviet period, Vytautas had a large amount of technical and social knowledge, as well as management skills. During the early years of Lithuania's independence, Vytautas occupied a 'high position', which he called a '*big challenge*' because it required a lot of energy and he had to learn new things. When talking about the period, Vytautas has mixed feelings. He is proud of such responsibility, but admits that it was difficult and feels sad about the mistakes made. One of his main feelings is that there are incomparably more business opportunities than before. He also expresses his disappointment about the lack of opportunities when he was young. In the questionnaire, Vytautas wrote that he tried to overcome difficulties and negative emotions using two means: work and alcohol. In assessing social transformations, Vytautas makes a distinction between what he considers mistakes made by the administration, his personal failures and the meaning of the restoration of Lithuania's independence. For instance, in his questionnaire he wrote that he was unemployed and that his financial situation was poor (although his household income per family member was LTL1,500–2,000), but his evaluation of changes was favourable (with a value of 4.0). In response to an open-ended question, he specifies mostly positive aspects of social transformations: *'I am a rather energetic and educated person, and this has helped me make some use of my life. I had a challenging and responsible job, and I managed to make ends meet and see the world. I became spiritually free.'*

Both stories reveal that the feelings of the men's parents made communication difficult within their families. This situation relates to the fear brought about by the Soviet regime and possible shame and guilt: in Andrius's case, this is associated with his father's possible feelings about him joining the Soviet division and his mother's grandfather, who went into hiding and collaborated with the Nazis; and in Vytautas's case, this is linked to the fear related to the regime and the break-up of his father's family. When Andrius failed to receive any straight and clear answers about the world and feelings, he thought he should find the answers himself to be able to survive and preserve his self-esteem and meaning in life. He made some use of his creative powers to do this and the priest Stanislovas Dobrovolskis helped him to build a model of identity and adopt ideas of Lithuanianism. Andrius mentioned some other men in positions of authority who helped him to gain strength and whom he had met while fighting for independence (although regrettably, he did not name them). The restoration of independence was a result that brought him joy and pride, yet Andrius remained a social outcast. Having no management skills and refusing to seek a managerial position, he was pushed or agreed to move aside. Perhaps he was not sufficiently flexible and sought his goals in the way that he wanted to. However, he was happy about what he managed to achieve. He did not mix his disappointment, the mistakes made by the government and the most important achievement: the restoration of Lithuania's independence.

Vytautas had a much smoother path in life: he respected his parents, had no doubts about the paths they chose, and was part of a Soviet system

that provided him with opportunities to develop his abilities and skills. His ideological turnaround took place at a time of greater political freedom, after he read Solzhenitsyn's book. Vytautas was therefore able to choose a road of a legal political fight. The restoration of Lithuania's independence and a high-ranking position in the first government brought Vytautas a feeling that he was making history, as Andrius felt this in his way. He is proud of helping to build the new state of Lithuania with his hard work. He was quick to shift to business development and appreciated the new opportunities that had opened up. His only disappointment was that he had not had such opportunities when he was young. In a similar way to Andrius, Vytautas does not link his personal difficulties to social transformations in principle. While recognising that some mistakes were made and reflecting that neither he nor the others had experience in managing the state, he holds a positive view of social transformations and his patriotism.

We notice that in speaking about social transformations and the personal meanings they attach to them, the two men speak very little about their everyday lives, personal relationships and families. It seems that the most significant achievements for them are their perceptions of how they participated in the restoration of Lithuania's independence and later activities they were involved in that helped them attain their life goals. If we think in terms of the model of Silbereisen or Heckhausen, we could say that their lives have been dominated by the balance of primary and secondary controls: they seek to gain knowledge and skills, set clear goals and are able to use a retreat strategy if they fail.

Gudaitė (2014) writes that when confronted in psychotherapy with the manifestations of traumas experienced by previous generations, one of the steps for coping is to discover hope. Looking at Andrius's life, we see that the idealisation of Western culture and the period between the two world wars gave him hope that he probably lacked within his family, which was forced to remain silent and hide its experiences. Such lack of communication could not show or establish possible ways in which Andrius could cope with trauma or gain hope. What he saw when he faced trauma was his parents' disengagement, silence, fear, insecurity and the injustice. In contrast, Western culture seemed to Andrius a response to the question of how things should be, where the truth lay and what kind of life should be sought.

Both interviews reveal the issue of the lack of a picture of father. In each case (that of Andrius's father and Vytautas's grandfather), the men refused to speak about their experiences during World War II. Both the respondents mentioned that they lacked this communication and wanted to hear their family stories, but received only silence or were even forbidden from talking about this. Kalinenko and Slutskaya (2014) wrote that the totalitarian regime in Russia affected the role of the father in the country's families: many Russian men were destroyed as enemies of the nation, while others started to drink heavily and this had a major influence on their families. We cannot say the same about Lithuania, but similar things were found: the role of the father affected by the atrocities of World War II and prohibition from speaking about family traumas. This therefore led to the development of a fragmented link with one's father and family history.

CONCLUSIONS

Our research, conducted 24 years after the restoration of Lithuania's independence, shows a relatively positive evaluation of social transformations seen by the three generations. Most citizens who were born and grew up in an independent Lithuania have a more favourable evaluation of social transformations. We can conclude that the burden of changes that have taken place in the country and the requirements that people have had to satisfy have been bearable. A similar conclusion with regard to how bearable the burden of social transformations was in Poland and Germany was made by researchers in those countries (Silbereisen et al., 2014; Silbereisen et al., 2010). Analysis of an open-ended question and case study showed that a positive evaluation is reached through various routes and that different meanings are attached to those changes.

The youngest generation differs from the other two in that it has a more positive evaluation of changes, a poorer evaluation of Soviet times, and a stronger correlation between the evaluation of changes, Soviet times, patriotism and family experience of Soviet repression. The oldest generation has the strongest sense of patriotism. According to the results of our research, communication by this generation about historical family experiences does not have any link with the evaluation of changes or patriotism. In contrast, the other generations show those connections.

All three generations make similar links between identification with one's family, the evaluation of changes and patriotism. However, identification with one's family history predicts how changes are assessed among the oldest generation. Social transformations took place during different stages of each generation's development. Members of the youngest generation grew up, started to learn about the world and have studied in an independent Lithuania. It is therefore not surprising that their evaluation of social transformations is determined by education and a subjective evaluation of their financial situation, because these resources have been gained during that time.

When social transformations took place, members of the middle generation were already educated, started to work and got ready for a certain system of public life. They were therefore supposed to change the most. The evaluation of changes by this generation is mostly related to how they managed to adapt, and a subjective evaluation of their financial situation shows how they assess it themselves. Members of the oldest generation have a tendency to assess their whole lives, which relates to them examining the events that have happened to them and their achievements at this point in life. It might be that identification with family history shows how integrated a person's life is, encompassing various aspects of their own life and those of their family. This is probably the reason why this factor predicts how changes are assessed among the oldest generation, encompassing how much a person sees their life and that of the state in an integrated, holistic fashion.

In their research, Tomasik et al. (2013) measure the perception of challenges brought about by social transformations and examine people's evaluation of difficulties caused by such changes, looking at whether these are opportunities or threats. It can be seen that a subjective evaluation of people is as important as objective indicators. This is corroborated by the results of our regression analysis, according to which the evaluation of social transformations depends not on actual income but on the subjective evaluation of one's financial situation. This means that if the same model of predictive factors includes information about income and the subjective evaluation of it, then that evaluation overshadows actual income and becomes more important in predicting one's appraisal of social transformations. However, one cannot deny the impact of the actual economic situation on how people feel and what they believe, because our research shows certain links between income and social changes in the youngest and middle generations. Other research corroborates such findings (Tomasik et al., 2013).

The analysis of the impact of Soviet times on society raises a question about whether membership of the Communist party influences one's views. We examined the group of non-victims of Soviet or Nazi repression and tried to identify differences in opinion among respondents whose families had members of the Communist party and those who did not. The results revealed that membership of the party had the strongest link with the evaluation of life in Soviet times and adaptation to that period, with those who belonged to it more favourable about these aspects. Research conducted by Kohn (1999) also shows that greater stress was felt by managers who did not belong to the Communist party. Obelenė (2012) analysed the career choices of people who belonged to the Lithuanian Communist Party and their paths in life after the restoration of independence, noting that a motive for joining the party was the chance to act, create, improve one's life and enjoy privileges. According to Obelenė (2012), members of the Communist Party felt part of the overall independence movement and later part of the independent state.

Our research is in line with the insights that she provides, with membership of the Communist party showing better adaptation during Soviet times and the ability to acclimatise in a different, democratic regime. The two case studies back up Obelenė's statement that management experience gained during Soviet times, as well as self-confidence and the availability of financial resources, could help a former member of the Communist party to adapt to changes and create new structures. Our analysis focuses on two important matters: firstly, an individual makes a new evaluation of Communist ideology in the light of new information (in this case, new information that changed the previous system of values) and could contribute to the restoration of independence; secondly, our research did not answer the question of whether an individual who has started to function differently under the new conditions of a capitalist or liberal economy also brings views that could have a negative or limiting impact on their activities.

It would be interesting to carry out economic and psychological research with regard to the development of views on the legitimacy of a shadow economy, perceptions of private and state ownership, and opposition to authorities that are regarded as strangers and abusers.

Aarelaid-Tart (2006) analyses the concept of the continuity of humankind in anthropology, stating that humans' ability to successfully adapt to an environment is tied to their skills and capacity for storing collected experiences and information in an interpersonal way. Cultural continuity ensures a certain order for humankind, reducing uncertainty and providing a sense of security, confidence and a stronger identity (Aarelaid-Tart, 2006). Presumably, the destruction of culture, or radical changes to it, erodes continuity and people may start to feel insecure because this challenges their identity.

Against the backdrop of our research, we do not see a clear-cut picture of continuity in Lithuanian culture. The social changes that took place after the restoration of independence marked a movement in two directions: forward, through the creation of a modern, independent Lithuania; and backwards, through attempts to restore the values of independent Lithuania from the past. We have taken that into account when analysing and interpreting the results of our research. The theme of identity was highlighted in responses to an open-ended question about the impact of independence on people.

One of the most relevant themes is the perception of self-esteem: some people felt undermined, whereas others felt appreciated as individuals and that they had more opportunities to achieve their goals. Our results show that those who were victims by Soviet repression are psychologically stronger, more optimistic and hopeful, and hold a more positive view on social transformations. People whose families were victims at the time presumably feel better now because they have experienced justice since Lithuania restored its independence. Moreover, Soviet crimes were revealed and families who had survived the atrocities became stronger because they all gathered together and supported each other during difficult times. Negative self-esteem could relate to difficulties in adapting to changes because of a shortage of resources such as education and a comfortable social environment, or the lack of a sense of meaning.

A second relevant theme that reflects the experience of identity is freedom. Respondents with both positive and negative views of their financial situations mentioned the importance of liberty brought about by the restoration of independence. This relates to the perception of oneself as a free citizen.

A qualitative evaluation of the two case studies complements the section of quantitative analysis that reveals the significance of identification with the history of one's country and family. These examples revealed that the two men were exploring the issue of identity, which was related to the history of their families and the lack of communication about traumatic experiences

by the older generations. Both men referred to the lack of comprehensive information about the family history shared by their parents. We can also see that this identity gap was filled by other things, such as the move towards independence and its restoration, and communication with other people in positions of authority. In these areas, they managed to help restore justice, find truth, reveal history and create the opportunity to speak loudly about the past. Back in Soviet times, when a national rebirth was already being awakened, there was a movement of rock-music culture, with people listening to Western radio stations and starting to resist the system; and finally statehood was restored, giving them back their broken identity.

Our results also reflect the phenomenon described by Aarelaid-Tart (2006) in which, amid cultural changes, people start to talk about nothing being sacred any more, the most important traditions not being kept, and no one being able to act under the new circumstances. Similar statements are shared by people in their responses to an open question, with, for example, Western values mentioned as unacceptable, society seen as having no morals, and people saying that it is impossible to survive these days. When making a link between these types of statement and changes in culture, one could think that Lithuania is still undergoing some kind of social transformation, and that it may be a continuous rather than a breakthrough process. Another idea comes to mind that culture is subject to constant development and that it is natural for there always to be people who oppose change, bearing in mind the human need for continuity.

An overview of the survey results shows that Lithuanian people follow a path for coping by integrating their past. Identification with one's family history by all generations has a positive impact on evaluations of the restoration of independence and patriotism. This means that a family's history is not isolated or hidden so deep that it loses any link with an evaluation of life today.

The summary of results reveals that the processes taking place in the country have an impact on people's identity. Talking about the restoration of Lithuania's independence, they mention self-esteem, freedom and individuality. We see that social transformation cannot be seen as a negative matter because the meaning and goal of such changes and the will of people are significant variables. Experience of a situation before and after such transformations depends on how people perceive them and what meaning they attach to them.

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THE STRENGTH OF A FAMILY: *THE EFFECT OF HISTORICAL TRAUMA ON OFFSPRING*

Eglė Mažulytė and Monika Skerytė-Kazlauskienė

INTRODUCTION

Long-term psychological effects of historical trauma on a family

The long-term psychological effects of political repression, religious or political persecution and genocide have been broadly studied by psychological trauma research due to the extreme nature of traumatisation. Such trauma is usually prolonged and associated with immediate threats to health and life and deliberate violations of human rights.

Over the past few decades, the long-term effects of the Holocaust were studied quite extensively. The research demonstrated that the shocking experiences of the Holocaust had long-term negative psychological effects on its survivors (Barel, van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010). Similar results were not only demonstrated by research focused on the effects of the Holocaust, but also on other experiences, e.g. the experiences of war or political prisoners (Bichescu, Schauer, Saleptsi, Neculau, Elbert, & Neuner, 2005; Engdahl, Harkness, Eberly, Page, & Bielinski, 1993; Kazlauskas, 2006; Maercker & Schützwohl, 1997). Even many years after the war, the political prisoners of World War II experienced more PTSD and other anxiety disorders (Bichescu et al., 2005; Kazlauskas, 2006; Maercker & Schützwohl, 1997), depression and somatic symptoms (Engdahl et al., 1993; Bichescu et al., 2005) than their peers who were not exposed to political persecution.

Extreme trauma, such as genocide, political repression and imprisonment, not only has long-term psychological effects on its survivors, but also on their families and society in general. The research in this area shows that secondary traumatisation and vicarious traumatisation, i.e. when the negative psychological effects of extreme trauma are not only experienced by its survivors, but also by their family members, who were not directly exposed to the trauma, can also occur. Thus, this research is focused on the second and third generation survivors, i.e. children and grandchildren of the survivors of extreme and prolonged trauma. However, the transmission of negative trauma effects and psychopathology of subsequent generations is only observed in clinical samples, not in the general population. Today, researchers speak about the ability of families exposed to extreme trauma to adapt and function normally in everyday life or under minor stress. Nevertheless, it is possible that such families may get affected by major stressors, and that's why significant psychopathology

is observed in the clinical samples while the general population shows no significant differences (Major, 1996a; Shrira, Palgi, Ben-Ezra, & Shmotkin, 2010; van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). On the other hand, population studies allow the evaluation of potential protective factors and sometimes demonstrate the extraordinary resilience and strength of the survivors in their family life, when raising their children and ensuring their successful development, despite the fact that the survivors themselves may be severely affected by extreme trauma (Sagi-Schwartz, van IJzendoorn, & Bakermans-Kranenburg, 2008).

Factors related to the effects of historical family trauma on subsequent generations

The psychological effects of traumatic family experiences may be transferred directly through family communication about the traumatic experiences of older generations and through the identification of their offspring with the traumatic family history and with the victimized group.

The tendency of affected families to suppress or conceal extreme trauma experienced by older generations was noticed in the early studies of the second-generation Holocaust survivors (e.g. Lichtman, 1984). In professional publications, such family secrecy is often referred to as a 'conspiracy of silence' which describes an unspoken consensus when the parents won't talk about their traumatic experiences and the children won't ask any questions. Even if families choose silence to protect their children from the extreme trauma experienced by their parents and to protect parents from painful memories, a majority of studies state that a conspiracy of silence has a negative effect on the psychological well-being of the offspring (Bar-On, Eland, Kleber, Krell, Moore, Sagi, Soriano, Suedfeld, & van IJzendoorn, 1998; Braga, Mello, & Fiks, 2012; Giladi & Bell, 2013; Vaskelienè, 2012; Wiseman et al., 2002; Wiseman, Metzl, & Barber, 2006). It is important not only whether the traumatization is discussed within the family at all, but how it is discussed. Incriminatory, excessively emotional, intimidating or indirect communication is also associated with a greater risk of secondary traumatization and lower indicators of psychological well-being of the offspring (Braga et al., 2012; Lichtman, 1984; Major, 1996b; Wiseman et al., 2002).

Strong identification of offspring with a traumatic family history may pose various psychological challenges associated with collective victimization (Braga et al., 2012; Perlstein & Motta, 2013; Rowland-Klein & Dunlop, 1998; Wohl & van Bavel, 2011). There is no consensus among the researchers on whether the negative effects of victimization are characteristic only to survivors' family members or to anyone who identifies strongly with a victim group (e.g. Perlstein & Motta, 2013; Wohl & van Bavel, 2011). It was recognized, though, despite some disagreements, that strong identification with a victim group may contribute to the secondary traumatization of persons who were not exposed to the trauma directly.

A worldview disturbed by traumatic experiences, whether a loss of faith in the kindness of other people, seeing the world as a dangerous place, hopelessness, etc., is associated with the negative effects of intergenerational transmission of traumatic experience (Braga et al., 2012; Major, 1996b; Kaitz, Levy, Ebstein, Faraone, & Mankutakt, 2009; Iliceto et al., 2011). The study carried out by Iliceto et al. (2011) demonstrated that third generation Holocaust survivors have a tendency to perceive other people as more irritable and aggressive. The offspring of the survivors sometimes also inherit the older generation's vision of the world as a dangerous place, anticipation of disaster and readiness to react to potential threats (Braga et al., 2012). The parental burden of the survivors to protect their children and the tendency to overreact to any threats contributes to their children being more vigilant with regards to potential threats and to their hope for the future being stained with fear and apprehension (Kaitz et al., 2009).

Finally, the consequences of traumatic experiences are transferred through the relationship between generations. The traumatic experience of parents is associated with the lack of parental bonding and related parenting styles (emotional detachment, strict parenting or overprotection) and contributes to the negative effects of trauma transmission (Bar-On et al., 1998; Field, Muong, & Sochanvimeant, 2013; Han, 2005; Kaitz et al., 2009; Letzter-Pouw, Shrira, Ben-Ezra, & Palgik, 2014; Major, 1996b; Schwerdtfeger & Goff, 2007; Schwerdtfeger, Larzelere, Werner, Peters, & Oliver, 2013; Weingarten, 2004). Schwerdtfeger et al. (2013) discovered that mothers who experienced interpersonal trauma have a tendency to turn to authoritarian parenting associated with verbal hostility, physical coercion and lack of emotional nurturing. Such parenting, especially verbal hostility, is believed to create more psychological challenges for their children. The authors believe that authoritarian parenting could be one of the key factors in intergenerational transmission of trauma effects.

Protective factors and positive development of the survivors' families

Since there is a lack of evidence proving the negative psychological effects of intergenerational transmission of extreme trauma in the general population (Levav, Levinson, Radomislensky, Shemesh, & Kohn, 2007; Sagi-Schwartz et al., 2008; van IJzendoorn et al., 2003), the studies suggest an extraordinary resilience in the survivors and an ability to adapt and function successfully in everyday and family life. The results of the studies also enable an evaluation of potential protective factors in the intergenerational transmission of trauma effects.

A lot of authors have noticed that the same factors that take part in the transmission of trauma effects may also have a positive impact, i.e. to protect against secondary traumatization (Braga et al., 2012; Giladi & Bell, 2013; Vaskelienė, 2012; Weingarten, 2004; Wohl & van Bavel, 2011; Wu, 2011). Open and warm everyday communication and the use of symbols or humour when talking about painful experiences have a positive impact on families and contribute to the psychological resilience of the offspring who were not directly exposed to repression (Braga et al., 2012; Giladi & Bell, 2013; Vaskelienė, 2012). Such family

narratives may act as a healing process (Kiser, Baumgardner, & Dorado, 2010). An adequate level of identification can protect against the negative effects of victimisation through strong interpersonal relations, social support and social activity of the offspring that transcends the boundaries of the closed group of survivors, e.g. through the defence of common values such as personal freedom, respect and tolerance of differences (Braga et al., 2012; Wohl & van Bavel, 2011). The ability of persons who were exposed to extreme trauma to maintain a positive worldview and use adaptive coping strategies (active problem solving, adequate expression of emotions, openness to social support, etc.) contributes to family resilience and has a positive influence on later generations (Wu, 2011). Secure attachment, flexible parenting and optimal care all contribute to positive effects and resilience in the offspring (Han, 2005; Weingarten, 2004).

There is still little known about the resilience and strengths of extreme trauma survivors and their offspring. There is a lack of research which could provide an explanation for the better psychological well-being of second generation survivors in comparison to their peers without traumatic family experiences. In their study, Shrira et al. (2011) reported better psychological well-being, including life satisfaction, better quality of life, higher levels of optimism and hope in the second-generation Holocaust survivors, as compared to the control group. The authors believe that these positive effects of traumatic family experience might be a result of the strengths of the parents, who survived the horrors of traumatising possibly through a process of post-traumatic growth, being adopted by their offspring. The second-generation Holocaust survivors extended the desire of their parents for a better life, successful social integration and achievement of their goals, and in this way, they were able to find more meaning in life and feel more optimistic.

Trauma psychology is still in need of a profound understanding of the resilience of extreme trauma survivors and their offspring, and of family strengths that mitigate trauma effects in later generations or prevent intergenerational transmission of negative trauma effects and ensure the positive development of their offspring.

Experience of historical family trauma in Lithuania

In the last century, Lithuania lived through two World Wars and the occupations of Nazi Germany and the Soviet Union, with the last one continuing for almost 50 years. It was only at the end of the twentieth century that its independence was restored. These painful and historically significant experiences were accompanied by various repressions imposed by the occupation regimes such as persecution, imprisonment, deportation and murder, which affected about one third of the entire Lithuanian population (Kuodytė, 2004). There is still quite a large number of people (and their family members) residing in Lithuania who were officially acknowledged as victims, therefore the research of the effects of traumatic family history on subsequent generations in Lithuania is extremely important.

The factors determining the resilience of offspring of survivors who experienced the long-term repression of the communist regime have barely been researched in the post-Soviet countries. The available knowledge was collected from studies researching the effects of the Holocaust, while the experience of the post-Soviet countries is different. In their case, long-term traumatising was mostly caused by the Soviet regime. An important difference between the Soviet repression and the Nazi Holocaust lies in the fact that Soviet repression was not ethnically based, but was instead, targeted at prominent society activists who were able to confront the occupation and to rally others. Moreover, the experience of the survivors of Soviet repression in Lithuania is very specific since even after their exile or imprisonment was over, they were still forced to keep silent about their painful experiences and were discriminated, persecuted or humiliated one way or another during the entire Soviet period. Even the victims of the Holocaust were not named. Jews were not mentioned at the killing sites or on memorial inscriptions, and their mass graves remained unknown (Gailienė, 2008).

This study was one of the first attempts to evaluate the strength of Lithuanian families who survived Soviet political repression, the protective factors mitigating the effects of historical family traumatising and the psychological well-being of offspring and their worldview. The study is aimed at disclosing the effects of family persecution by the occupation regimes on their offspring by evaluating factors that have protected them against the negative effects of historical family trauma, including identification with family history, family communication about the traumatic historical past and aspects of parental bonding.

METHODOLOGY

Participants

To evaluate the effects of historical family trauma on the current psychological well-being and worldview of the participants, they were grouped based on the repression experience of their family members caused by totalitarian regimes. First, the families were divided into victim (42.9% of the participants) and non-victim (57.1% of the participants) groups. The family members were considered victims if they were former political prisoners, deportees, resistance fighters or other victims of the Soviet or Nazi regimes. To make a more detailed analysis, the participants were divided into four smaller groups (see Table 1) based on the historical trauma experience of their parents and grandparents. This way, the families were grouped into ones with no victims, ones where only the parents or grandparents were victims and ones where both parents and grandparents were victims of political repression. The distribution of research participants among these four groups is represented in Table 1. We also considered the possibility that some research participants may not be aware of their family members' persecution and introduced a variable of unawareness to determine the number of family members whose experiences

of political persecution was unknown to the participants . In total, 43.2% of the participants didn't know about at least one of their family members having been a survivor of a historical trauma.

Table 1. Distribution of research participants based on different experiences of historical family trauma.

		Parents	
		Non-victim	Victim
Grandparents	Non-victim	57.6%	9.5%
	Victim	21.5%	11.4%

Variables for analysis

To perform the analysis, the key variables of psychological well-being and worldview were selected. Psychological well-being: the WHO-Five well-being index (WHO-5) to measure psychological well-being, a short version of the Resilience Scale (RS-14) and a Trauma Screening Questionnaire (TSQ). Worldview: Life Orientation Test (LOT-R) to measure dispositional optimism, subjectively perceived fairness of life and hope for the future. To evaluate the potential factors protecting against the negative effects of historical family trauma, the following additional variables were introduced: unawareness of family members' repression by occupation regimes; identification with family history; family communication about traumatic historical experiences (avoidance of such communication; distant communication; intimidation; expression of sadness and anger in communication; use of symbols or humour; expression of hopelessness and helplessness or strength and pride in family communication) and some aspects of parental bonding (care, protectiveness and authoritarianism of mother and father based on the Parental Bonding Instrument (PBI) scale). The variables are described in more detail in the section Research Methodology.

DISCUSSION

Experience of family repression by occupation regimes and psychological well-being, and worldview of the offspring

First, to measure the impact of historical family trauma on the psychological well-being and worldview of the participants, the research participants from victim and non-victim families were compared. The results demonstrated that, on the one hand, the psychological well-being of both groups was similar ($t(571) = -1.020, p = 0.308$) as well as the level of PTSD symptoms ($t(570) = -0.174, p = 0.862$) and they had similar perceptions of the fairness of life ($U = 37561.50, p = 0.229$). On the other hand, the participants from victim families demonstrated higher resilience ($M = 76.13, SD = 11.53$), as compared to their peers from non-victim families ($M = 72.07, SD = 14.49, t(568.36) = -3.730, p = 0.000$). The participants from victim families were more optimistic ($M = 17.18, SD = 4.23$), as compared

to the offspring of non-victim families ($M = 15.73$, $SD = 4.51$, $t(571) = -3.925$, $p = 0.000$). The members of victim families had more hope for the future ($M = 3.76$, $SD = 1.18$, Mean Rank 299.81) than the ones of non-victim families ($M = 3.59$, $SD = 1.20$, Mean Rank 272.97, $U = 35792.50$, $p = 0.044$).

The results suggest that historical family trauma had a certain positive effect on the offspring of survivors. The results of this research resemble the ones obtained by Shrira et al. (2011) that demonstrated that second-generation Holocaust survivors had more satisfaction with life, better life quality, and a higher level of optimism and hope than the comparison group from non-victim families. It appears that the offspring of the victims of occupation regimes in Lithuania also have more resilience, a higher level of optimism and more hope for the future. Thus, this supports the conclusions of the authors of the previously mentioned study (Shrira et al., 2011) that people who were exposed to historical trauma could have passed on the strengths that helped them to survive this trauma, or that something gave them strength during their post-traumatic growth that they could pass on to their children and grandchildren. Moreover, the offspring of the victims of political repression extended the desire of their parents or grandparents for life in an independent country, which could have helped them to better adapt to ongoing social transformations after the reinstatement of independence in 1990 and to function more successfully in independent Lithuania during the past few decades.

It's important to analyse, though, whether these differences are equally prominent in the second and third generations of victim families. It's also important to note that parents and grandparents could have both been victims of political repression. Therefore, the comparison was made between the families where: neither parents nor grandparents were repressed; only grandparents but not parents were repressed; only parents but not grandparents were repressed; both grandparents and parents were repressed by occupation regimes. Only those well-being and worldview variables were used for the comparative analysis that showed differences when comparing victim and non-victim families.

The results of the two-way ANOVA revealed a statistically significant interaction between the effects of parents' and grandparents' repression experience on offspring' psychological resilience, $F(1.562) = 9.289$, $p = 0.002$. This interaction is manifested by a decrease in the resilience of persons whose parents were repressed by occupation regimes when adding the repression experience of grandparents ($M = 78.80$, $SD = 9.79$ and $M = 74.28$, $SD = 12.89$ respectively) and by an increase in the resilience of persons whose parents were not victims, but whose grandparents were ($M = 72.07$, $SD = 14.51$ and $M = 76.18$, $SD = 11.46$ respectively).

The graph in Figure 1 shows that the most resilient participants are those whose parents, not grandparents, were victims, while the least resilient participants are those from the families where neither parents nor grandparents were politically repressed by occupation regimes. The importance of stressful events to the development of resilience could be one possible explanation for

these results. The sharing of traumatic experiences within a family can provide a readiness for potential difficulties in the future. The families can also talk about the ways of coping with difficulties that proved to be successful and helpful in specific situations; this way, the offspring are given useful knowledge about how to act in difficult situations and where to look for help. After reviewing trauma and resilience research, Agaibi and Wilson (2005) noted that the developmental trajectory of persons who later led a successful life was not a straight line, but rather a curve (with ups and downs). It seems that exposure to difficulties could be important for the development of resilience since it helps to develop successful coping skills. On the other hand, if a family has never experienced any serious difficulties, they might not know how to cope with potential problems in the future because they are not prepared for them. The more prominent effect of historical trauma experienced by parents (not grandparents) could be associated with the importance of immediate interaction between children and parents for the development of resilience. It's possible that both parents and grandparents experiences of political repression contributed to the negative effects, which impedes the development of the offspring and their resilience, due to the vulnerability of victim families to a major stressor (Major, 1996b; Shrira et al., 2010; van IJzendoorn et al., 2003).

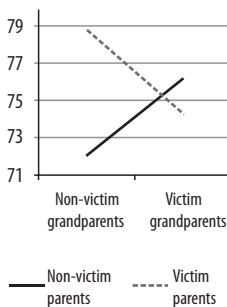


Figure 1.
Resilience based on family experience

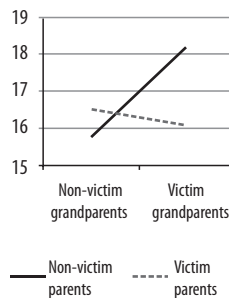


Figure 2.
Optimism based on family experience



Figure 3.
Hope for the future based on family experience

The comparison of the optimism of participants shows a statistically significant interaction between the effects of parents' and grandparents' experiences of historical trauma, $F(1.563) = 9.296, p = 0.002$. The manifestation of this interaction is similar to the one in the case of resilience. The optimism level of people whose parents were repressed by occupation regimes decreases if their grandparents were also persecuted ($M = 16.50, SD = 3.66$ and $M = 16.09, SD = 4.40$ respectively) while the optimism level of persons whose parents were not victims but grandparents were victims increases ($M = 15.75, SD = 4.50$ and $M = 18.16, SD = 2$ respectively) (Figure 2).

Other authors also note that the offspring of families exposed to historical trauma are more optimistic (Shrira et al., 2011). This research shows that the most optimistic participants are those whose grandparents were politically

repressed but parents weren't. Perhaps, a certain distance from the exposure to a painful historical trauma is important for the development of optimism, because the trauma experienced by grandparents is much more distant to the third generation. Therefore, understanding that their grandparents who experienced difficulties were still able to survive, adapt and successfully raise their children, who were not directly exposed to political repression, helps the grandchildren maintain a more positive worldview. The interpretation of Shrira et al. (2011) stating that the ability of the offspring to fulfil the desire of their elders for a better life makes them more optimistic could also be referred to. This hypothesis is especially important considering the fact that the grandchildren of the victims of occupation regimes lived the majority of their lives in independent Lithuania, while the second generation grew up during Soviet times when they could still face certain difficulties related to the past of their families while trying to successfully integrate into and adapt to the existing system. It is also important to note that older people are generally less optimistic (Mažulytė et al., 2014), while participants who indicated that only their grandparents were victims are much younger ($M = 35.25, SD = 15.36$) than those whose parents but not grandparents were victims ($M = 63.51, SD = 12.21$). It's possible that this is exactly the reason for their higher levels of optimism.

The comparison of hope for the future among families with different experiences showed no interaction between the parents' and grandparents' repression (Figure 3). The participants whose parents (but not grandparents) were victims had the lowest level of hope for the future ($M = 3.25, SD = 1.22$). A significant increase in the level of hope for the future was seen if the grandparents were also politically repressed ($M = 3.73, SD = 1.14, U = 1293.00, p = 0.021$). The participants whose grandparents (but not parents) were victims had the highest level of hope for the future ($M = 4.00, SD = 1.09$) and the level of hope for the future of those participants were statistically more significant than of those with no family members repressed by occupation regimes ($M = 3.59, SD = 1.20, U = 15419.50, p = 0.000$). It's important to note that there is no significant difference between the participants who only had grandparents who were victims and the participants whose parents and grandparents were both victims of repression ($U = 3355.50, p = 0.096$). Therefore, it can be assumed that the political repression experiences of grandparents have a statistically significant positive effect on grandchildren's hope for the future. This assumption could be based on the reasoning of Shrira et al. (2011) when associated with the fact that the third generation grew up in independent Lithuania. Wu (2011) also emphasised that the ability of persons exposed to extreme trauma to maintain a positive worldview had a positive effect on subsequent generations. However, it's also important to take the age of the participants into consideration because the analysis of the results of this research demonstrated that young people had significantly higher hope for the future (see the Ratings of Psychological Wellbeing, Traumatic Experience and Coping in All Research Participant Groups section) and the majority of them are third-generation survivors.

Relationship between family experience of political repression, identification with family history, family communication and parental bonding

To evaluate the factors related to the psychological effects of extreme trauma passed from generation to generation, a comparison was made between the identification of the offspring of victim and non-victim families with their family history, family communication about traumatic historical events and retrospectively perceived aspects of parental bonding.

Table 2. Differences in identification with family history, family communication and the aspects of parental bonding in families with different historical trauma experience.

		Family		<i>t</i> (<i>df</i>) or <i>U</i>	<i>p</i>
		<i>non-victim</i>	<i>victim</i>		
		<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		
Identification with family history		12.24 (3.77)	14.51 (3.89)	-6.986 (563)	0.000*
Family communication about traumatic historical events	Avoidance	1.61 (1.58)	1.37 (1.61)	15241	0.055
	Distance	2.41 (1.65)	2.39 (1.68)	0.173 (374)	0.863
	Intimidation	1.11 (3.54)	1.30 (1.64)	14770.5	0.019*
	Sadness	2.24 (1.73)	2.74 (1.77)	-2.769 (371)	0.006*
	Anger	1.57 (1.68)	1.75 (1.64)	15775	0.204
	Symbols, humour	1.23 (1.476)	1.51 (1.70)	15903.5	0.208
	Hopelessness, helplessness	1.81 (1.72)	1.76 (1.72)	17109.5	0.749
Strength, pride		1.57 (1.68)	2.51 (1.78)	-5.246 (374)	0.000*
Characteristics of parental bonding	Mother care	6.74 (2.21)	7.20 (1.90)	36339.5	0.321
	Mother protectiveness	4.53 (2.40)	3.91 (2.34)	3.033 (557)	0.003*
	Mother authoritarianism	2.97 (2.06)	2.90 (1.99)	0.437 (556)	0.663
	Father care	5.34 (2.75)	6.09 (2.29)	-3.369 (507.363)	0.001*
	Father protectiveness	3.46 (2.61)	3.56 (2.39)	-0.469 (519)	0.639
Father authoritarianism		3.32 (2.48)	3.04 (2.18)	1.347 (497.241)	0.179

Note. * statistically significant difference, $p < 0.05$.

The comparative analysis (see Table 2) showed that the participants from victim families have a significantly stronger identification with their family history; their family narratives are more intimidating or threatening and convey more sadness, strength and pride. It also showed that the participants from victim families claimed to have experienced more care from their fathers and less overprotection from their mothers.

The results demonstrate that identification with family history is important to the offspring of politically repressed families irrespective of the fact of whether it was their parents or grandparents that were victims. An adequate level of identification as a potential factor protecting against the

negative effects of victimisation was also mentioned in other studies (Braga et al., 2012; Wohl & van Bavel, 2011). It seems that the questions used in this research to evaluate the level of identification with family history (see Research Methodology section) show adequate, not excessive identification. For example, a willingness to know more or to tell others about one's family history instead of dissociating from it could be an indicator of strong family relationships. Thus, the greater level of identification of the participants from victim families with their family history helps to better understand the positive effects of historical trauma on the offspring. Similarly, the prevalent motive of strength and pride in the narratives of victim families could explain the positive attitude of their offspring towards the world and the future. Kiser et al. (2010) wrote about family communication as a healing process giving strength to the families. It's possible that such communication in the victim families could significantly contribute to positive development of their offspring.

The individual evaluation of the historical trauma experience of parents and grandparents demonstrated certain differences. The prevalence of the sadness motif in family communication about traumatic historical events is associated with the repression experiences of parents (manifestation of sadness in families where parents were victims $M = 3.16$, $SD = 1.74$ and where parents were not victims $M = 2.27$, $SD = 1.72$, $t(371) = -4.413$, $p = 0.000$) but not grandparents (manifestation of sadness in families where grandparents were victims $M = 2.63$, $SD = 1.74$ and where grandparents were not victims $M = 2.41$, $SD = 1.77$, $t(369) = -1.156$, $p = 0.249$). Whereas more threatening and intimidating communication is associated with the traumatic experience of grandparents (manifestation of intimidation in families where grandparents were victims $M = 1.32$, $SD = 1.59$, Mean Rank 199.33 and where grandparents were not victims $M = 1.14$, $SD = 3.31$, Mean Rank 173.35, $U = 14247.50$, $p = 0.011$), but not parents (manifestation of intimidation in families where parents were victims $M = 1.43$, $SD = 1.80$, Mean Rank 196.95 and where parents were not victims $M = 1.14$, $SD = 2.95$, Mean Rank 180.86, $U = 11879.50$, $p = 0.165$). The slight prevalence of sadness in the communication of victim parents but not grandparents explains the lower levels of optimism and hope for the future of the second generation. However, this difference is not significant when the overall experience of political repression of the families is taken into account. In turn, threatening and intimidating family communication is usually associated with the risk of secondary traumatising (Braga et al., 2012; Lichtman, 1984; Major, 1996b; Wiseman et al., 2002). The results of this research show that this motif is more characteristic to families with victim grandparents, not parents, or when the overall experience of political repression of a family is taken into account. It's rather difficult to explain these results, especially considering the fact that grandparent repression is associated with their grandchildren's higher level of optimism and hope for the future. To explain this aspect of family communication, more detailed research needs to be carried out.

The use of symbols and humour in family communication about incurred

historical trauma is considered to be a protective factor (Braga et al., 2012; Giladi & Bell, 2013). The results of our research revealed that the use of symbols and humour in family communication is more characteristic when historical trauma is experienced by grandparents (manifestation of symbols and humour in families with victim grandparents $M = 1.63$, $SD = 1.69$, Mean Rank 201.86 and families without victim grandparents $M = 1.18$, $SD = 1.49$, Mean Rank 173.78, $U = 14301.0$, $p = 0.010$). It may also be related to the higher level of optimism and hope for the future among representatives of the third generation, since the measurement of the political repression of parents didn't show any significant differences in the use of symbols and humour in family communication ($p > 0.05$).

The research also revealed that the offspring of families with grandparents politically repressed by occupation regimes experienced less overprotection from their mothers ($M = 3.82$, $SD = 2.39$ and $M = 4.48$, $SD = 2.37$ respectively, $t(552) = 3.091$, $p = 0.002$), less authoritarianism from their fathers ($M = 3.26$, $SD = 2.27$ and $M = 3.61$, $SD = 2.62$ respectively, $t(382.537) = 2.405$, $p = 0.017$) and more paternal care ($M = 6.10$, $SD = 2.28$ and $M = 5.47$, $SD = 2.69$ respectively, $t(391.894) = -2.784$, $p = 0.006$). No such association is observed when measuring the historical trauma experienced by parents only (all p 's > 0.05). However, in families with victim parents, fathers are more overprotective in respect of their children ($M = 4.09$, $SD = 2.60$ and $M = 3.35$, $SD = 2.48$ respectively, $t(518) = -2.640$, $p = 0.009$) while a father's protectiveness is not associated with the fact of whether the grandparents were politically repressed by occupation regimes or not ($M = 3.26$, $SD = 2.27$ and $M = 3.61$, $SD = 2.62$ respectively, $t(385.241) = 1.565$, $p = 0.118$).

In this case, we can't talk about the direct effects of historical trauma, and this makes it difficult to interpret differences in the characteristics of parental bonding by individually evaluating the victimisation of parents and grandparents, since the victimisation of grandparents could only have an indirect influence on parental bonding through the parenting styles adopted by the second generation as a childhood experience. Schwerdfeger et al. (2013) indicate that an authoritarian parenting style is one of the major factors in the intergenerational transmission of negative trauma effects. The results of this research revealed a decrease in the authoritarian parenting style of fathers in families with victim grandparents. No such difference was observed in families with victim parents. Other researchers (Han, 2005; Weingarten, 2004) refer to optimal parental care as one of the key protective factors in the transmission of trauma effects. Our research revealed higher levels of paternal care in families with victim grandparents. The influence of the grandparents' experience on these characteristics of parental bonding enables a better understanding of higher levels of optimism and hope for the future of the third generation. It's still unclear, though, what influence parental bonding in victim families has on the resilience of the offspring.

Further analysis included only those variables that were significantly different in the groups of victim and non-victim families; their association with resilience, optimism and hope for the future was evaluated, i.e. these were

variables of well-being and worldview that were also prominent when comparing families with different experiences of historical trauma. Such analysis enables an evaluation of the direct association between the variables. Nevertheless, due to the large number of variables, the evaluation was limited to the overall family experience of political repression by occupation regimes. The preliminary data analysis (Mažulytė & Rakovas, in press) showed that families with offspring who were unaware of the political repression experienced by their family members were the ones least willing to talk about their experience in World War II and after-war events. It could be that some of these families were not exposed to political persecution, but it's also possible that some others were politically repressed but avoided talking about repression with their family members due to an unwillingness to recall stressful events or in attempt to protect their close ones from negative emotions (van Ijzendoorn et al., 2003; Vaskelienė, 2012). Therefore, the variable of unawareness of repression was also used in this analysis.

Table 3. Correlation of resilience, optimism and hope for the future with a family's historical past, communication and characteristics of parental bonding.

	Resilience	Optimism	Hope for the future
Unawareness of political repression experience	-0.119**	-0.077	-0.034
Identification with family history	0.120**	0.217**	0.124**
Communication	Intimidation	-0.012	-0.086
	Sadness	0.124*	0.068
	Strength, pride	0.101*	0.161*
Characteristics of parental bonding	Overprotective mother	0.020	-0.155**
	Caring father	0.143**	0.030

Note. Statistically significant correlation: * $p < 0.05$, ** $p < 0.001$.

The results of the correlation analysis (see Table 3) showed that people who identify with their family history the most demonstrate more resilience, a higher level of optimism and more hope towards the future, i.e. a significant positive correlation was observed. The resilience, on the other hand, has a significant negative correlation with being unaware of the political repression experiences of family members. This means that more resilient participants knew more about the experiences of their family members. This result once again confirms the importance of awareness of family history and an adequate level of identification for the positive development of the offspring.

In the previously mentioned family communication, intimidation is correlated neither with resilience nor with optimism or hope for the future. Thus, even if the communication of the families with grandparents repressed by occupation regimes has more intimidating or threatening content than those of the families with grandparents who were not exposed to any historical

traumatisation, such communication is not correlated with psychological well-being of the offspring. The manifestation of sadness in family narratives has a significant positive correlation with resilience only, but not with optimism or hope for the future. Since such communication is more characteristic to families with victim parents but not grandparents, it could be assumed that the motif of sadness, when talking about past difficulties, is important for the development of resilience in the second generation. To explain this association, more detailed research needs to be carried out. The strength and pride in family narratives have a direct correlation with both resilience and optimism. This once again confirms the importance of such communication for the positive development of the offspring.

Evaluation of the characteristics of parental bonding revealed that people with more resilience claimed they have received more paternal care in their families, i.e. what other research identified as a protective factor. It is interesting that a higher level of paternal care was more prominent when measuring the traumatic experience of grandparents even if, as the results revealed, the experience of the parents is more important for the development of resilience. Participants with a higher level of optimism claim that their mothers were less overprotective; however, hope for the future is not correlated with paternal care or with the protectiveness of a mother.

All the previously mentioned correlations are statistically significant but not very strong. To better understand the influence and interaction of these variables in determining the positive development of the offspring of victim families, regression models for prognostic prediction of resilience and optimism were generated by gradually introducing such variables as historical family trauma, significant communication and parental bonding. Only variables that showed a correlation with family historical trauma experience, resilience and optimism were chosen. Unfortunately, it was not possible to generate a prognostic model of hope for the future since the distribution of this variable did not match a normal distribution. Nevertheless, the correlation analysis demonstrated that hope for the future have a weak correlation with only one of the mentioned protective factors, i.e. stronger identification with family history.

The first prognostic model generated for resilience demonstrated that, taken together, historical family trauma experience, unawareness of such experience and identification with family history can only explain a very small part (4%) of the resilience dispersion ($R^2 = 0.041$, $F(3,337) = 4.827$, $p = 0.003$). In this prognostic model, a higher level of resilience is significantly predicted by experience of historical family trauma ($\beta = 0.113$, $t(337) = 2.011$, $p = 0.045$) and a lower level of unawareness of historical family trauma ($\beta = -0.113$, $t(337) = -2.074$, $p = 0.039$) but not by identification with family history ($\beta = 0.069$, $t(337) = 1.237$, $p = 0.217$). This means that even though historical family trauma and awareness of family history has a significant impact on better resilience of the offspring, it is still not very prominent.

In addition, important communication characteristics (associated with both resilience and of historical family trauma) were introduced into the second prognostic model of resilience. The results demonstrated that, taken together, historical family trauma, unawareness of such family experience, identification with family history, expression of sadness, strength and pride in family communication only explain a small part (5%) of the resilience dispersion ($R^2 = 0.050$, $F(5,335) = 3.552$, $p = 0.004$). In this model, a higher level of resilience is significantly predicted only by a slightly better awareness of historical family experience ($\beta = -0.112$, $t(335) = -2.056$, $p = 0.041$). None of the variables, such historical family trauma ($\beta = 0.098$, $t(335) = 1.713$, $p = 0.088$), identification with family history ($\beta = 0.038$, $t(335) = 0.648$, $p = 0.518$), expression of sadness in family communication ($\beta = 0.087$, $t(335) = 1.580$, $p = 0.115$), strength and pride expressed in family communication ($\beta = 0.044$, $t(335) = 0.765$, $p = 0.445$) have reached a significant prognostic level.

In step three, an additional important aspect of parental bonding, i.e. paternal care, was introduced into the prognostic model of resilience. In this model, the variables, when taken all together, are still only able to explain a small part (6%) of the resilience dispersion ($R^2 = 0.062$, $F(6,334) = 3.687$, $p = 0.001$). The introduction of the additional variable showed that the variable of having a caring father was dominant with regards to the previous ones and was the only one to significantly predict higher resilience in this model ($\beta = 0.111$, $t(334) = 2.048$, $p = 0.041$). None of the variables such as historical family trauma ($\beta = 0.082$, $t(334) = 1.434$, $p = 0.152$), unawareness of family experiences ($\beta = -0.097$, $t(334) = -1.780$, $p = 0.076$), identification with family history ($\beta = 0.040$, $t(334) = 0.687$, $p = 0.492$), expression of sadness in family communication ($\beta = 0.079$, $t(334) = 1.423$, $p = 0.156$), strength and pride expressed in family communication ($\beta = 0.054$, $t(334) = 0.947$, $p = 0.344$) have reached a significant prognostic level in this model.

The analysis of these three steps of prognostic model generation demonstrated that historical family trauma has very little direct impact on the resilience of the offspring; the awareness of family members' experience is a much more important factor since its significance also persists when evaluating family communication. Nevertheless, paternal care stands out as a much more important protective factor. It's important to note that the historical family trauma and protective factors used in these prognostic models only explain up to 6% of the resilience. Thus, we can't claim that resilience is determined by historical family trauma; still, these protective factors have a significant influence on the better resilience of participants from families politically repressed by occupation regimes.

To better evaluate the impact of age on the optimism, the variable of age was introduced into the first prognostic model of optimism. The prognostic model that was generated demonstrated that the age of the participants can only explain as little as 3% of the optimism dispersion in the sample ($R^2 = 0.028$, $F(1,371) = 10.676$, $p = 0.000$). Nevertheless, a younger age predicts significantly higher levels of optimism ($\beta = -0.167$, $t(561) = -3.267$, $p = 0.001$).

In step two, the variables of historical family trauma and identification with family history were introduced into the prognostic model of optimism along with the age of the participants. This model revealed that, when taken all together, the variables can explain up to 9% of the optimism dispersion in the sample ($R^2 = 0.093$, $F(3.561) = 8.036$, $p = 0.000$). In this prognostic model, a higher level of optimism is significantly predicted by all the variables: younger age of research participants ($\beta = -0.189$, $t(561) = -3.790$, $p = 0.000$), family political repression experience ($\beta = 0.114$, $t(561) = 2.209$, $p = 0.028$) and stronger identification with family history ($\beta = 0.200$, $t(561) = 3.853$, $p = 0.000$).

In addition, significant communication characteristics (associated both with optimism and family victimisation) were introduced into the third prognostic model of resilience. The results demonstrated that, taken together, age of research participants, historical family trauma experience, identification with family history, expression of strength and pride in family communication still only explain a small part (10%) of the optimism dispersion ($R^2 = 0.098$, $F(4.367) = 3.891$, $p = 0.000$). In this model, a higher level of optimism is significantly predicted by the younger age of participants ($\beta = -0.184$, $t(367) = -3.688$, $p = 0.000$) and the identification with family history ($\beta = 0.181$, $t(367) = 3.385$, $p = 0.001$). The prognostic level of the variable of historical family trauma is close to being statistically significant ($\beta = 0.100$, $t(367) = 1.904$, $p = 0.058$), while strength and pride expressed in family communication ($\beta = 0.072$, $t(367) = 1.363$, $p = 0.174$) did not reach a statistically significant prognostic level in this model.

In the final step, an important aspect of parental bonding was additionally introduced into the prognostic model of optimism, i.e. mother protectiveness. In this model, when taken all together, the variables can explain up to 11% of the optimism dispersion in the sample ($R^2 = 0.113$, $F(3.567) = 3.891$, $p = 0.000$). In this case, the additional variable proved to be significant in the prognostic model that was generated. A higher level of optimism is significantly predicted by a less overprotective mother ($\beta = -0.127$, $t(367) = -2.545$, $p = 0.011$) together with younger age ($\beta = -0.174$, $t(367) = -3.515$, $p = 0.000$) and stronger identification with family history ($\beta = 0.177$, $t(367) = 3.337$, $p = 0.001$). However, neither historical family trauma experience ($\beta = 0.083$, $t(367) = 1.572$, $p = 0.117$) nor strength and pride expressed in family narratives ($\beta = 0.080$, $t(367) = 1.512$, $p = 0.131$) significantly predict optimism in this model.

These prognostic models of optimism demonstrate that age is not the only significant factor in predicting the level of optimism. The fact that the prognostic percentage tripled with the introduction of the variables of family members' experience of political repression and identification with family history suggests that the factors associated with historical family trauma are as important as the younger age of the research participants. The four-step analysis of the prognostic models revealed that the identification of the research participants with family history and a less overprotective mother along with younger age were among the most important protective

factors contributing to higher levels of optimism. In comparison to resilience, historical family trauma experience and significant protective factors used in the prognostic models explain slightly more - up to 11% of the optimism.

CONCLUSIONS

The experience of historical family trauma, such as political repression by occupation regimes, has a significant effect on the well-being and worldview of such families and their offspring. The results of this research demonstrated that there is no difference in the well-being of the offspring of victim families and their non-victim peers; it also showed that historical family trauma had a positive effect on the offspring. Paradoxical as it may seem, the offspring of victim families are more resilient and optimistic and have more hope towards the future. The importance of the historical traumatisation of parents for the better resilience of the second generation was observed as well as the significance of the historical traumatisation of grandparents for a higher level of optimism and higher hope for the future of the third generation. The analysis of the protective factors associated with traumatic experience demonstrated that more hope for the future is related to a stronger identification with family history. The regression models for prognostic prediction revealed that higher resilience is significantly predicted by the variables of historical family traumatisation by occupation regimes, more awareness of family history and retrospectively perceived higher paternal care. The higher level of optimism is significantly predicted by historical family trauma experience and protective factors associated with the traumatic experience of families, i.e. stronger identification with family history and a less overprotective mother.

The research demonstrated the importance of awareness of and identification with family history and aspects of parental bonding for better resilience, higher levels of optimism and more hope for the future of the offspring from victim families. This positive effect of historical family trauma on offspring generations could be associated with the characteristics of experienced traumatic experience. First, the political repression of the Soviet regime was not targeted at random residents, but rather at those who were considered to be a threat to the regime, i.e. they were 'the best <...> the brightest and the most active part of the society' (Gailiené, 2008, p. 206). The painful experience of the repression might only strengthen their beliefs, their desire to fight against the injustice, and their hopes and optimism that even the worst could be survived. Later, these values could have been passed on in their families from generation to generation. Second, the Soviet regime tried to reduce the role of a family and to take away its key functions such as ensuring personal development and socialisation, protection of tradition and values, and by transferring them to the state and ideology-infused education system (Gailiené, 2008). It is possible that the majority of victims tried to

protect the identity of their families and preserve the close relationship and values which they passed on to their children and grandchildren later. On the other hand, families that did not experience repression and adapted to the regime had to be loyal to the existing system or to pretend to be supportive of the enforced ideology, which meant that the family role in the development of their offspring was not as prominent. The importance of family role is also demonstrated by such 'formal' data as the significantly lower divorce rate found among the survivors of political repression in comparison to the reference group that was not exposed to political violence (Kazlauskas, 2006).

In addition to revealing the strength of victim families and their ability to protect their offspring against the negative effects of traumatic experience and ensure their positive development, this research also presented an opportunity to better understand the significant factors influencing this process. This research was one of the first in Lithuania to provide a comprehensive overview of the psychological effects of historical traumas on the general population, and to evaluate the protective factors of a family.

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THE EXPERIENCE OF ETHNIC MINORITIES

ETHNIC IDENTITY. *THE EXPERIENCE OF TWO ETHNIC MINORITY GROUPS*

Asta Zbarauskaitė and Elžbieta Gruževska

Like many other European countries, Lithuania is a multicultural state where people of different nationalities and their respective customs live. According to the 2011 Population Census conducted by Statistics Lithuania, people from up to 154 different nations have lived in Lithuania: Lithuanians account for 84.2% and Poles constitute the largest ethnic minority (6.6%).

As a state, Lithuania underwent great social and cultural changes when, in its efforts to break free from the Soviet regime and restore independence, it not only had to review and create a new system of governance and improve the country's economic state, but to also change the established values, norms and attitudes. All this process affected the sense of identity. Social transformations also implied that all ethnic groups had an opportunity to review, restore and strengthen their ethnic identity. However, these processes resulted in a new hierarchy of nationalities in the restored state where the dominant ethnic group started to impose its own conditions. Ajduković (2004) emphasises that even barely noticeable differences between groups may become extremely important when a state is going through a difficult period of change, and in particular when an ethnic group has gone through a traumatic experience.

CONCEPT OF ETHNIC IDENTITY

In modern research, ethnic identity is defined as a complex and multi-dimensional construct which encompasses permanent, long-term and fundamental self-perception. The sense of belonging and the attitude to belonging to a particular ethnic group is attributed to ethnic identity (Sobansky, Gutkin, Galloway, Saunders, Yetter, & Song, 2010). Other authors (Phinney & Ong, 2007) supplement the sense of belonging with a commitment to common values and a positive attitude towards them, as well as becoming familiar with a culture and its history. Therefore, ethnic identity differs from personal identity, which is related to an individual's sense of who they are as personalities (Erikson, cited according to Donovan, Huynh, Park, Kim, Lee, & Robertson, 2012), whereas the former encompasses an individual's sense of what relates them to the ethnic group they belong to (Phinney & Ong, 2007).

Research on ethnic identity has revealed that it is a dynamic and changeable rather than a static construct, and its signs may already be noticed

in childhood (Coremblum & Armstrong, 2012). According to Johansen (2011), the family is an important factor in the development of ethnic identity because it is precisely within the family that individuals get to know their ethnic and cultural environment, traditions, history, learn their native language and begin to understand where they come from. The author provides research results which reveal that an adolescent's perception of their ethnic identity was better in families where the parents had a clear sense of ethnic identity themselves.

Phinney (1990) distinguishes four components of ethnic identity which define the current position of the individual's ethnic identity: ethnic self-identification, i.e. what ethnic group individuals attribute themselves to, the sense of belonging to a particular group, positive or negative attitudes towards this ethnic group, and participation in cultural practice and activities. Therefore, these four components demonstrate that an individual's ethnic identity encompasses not only who they consider themselves to be, but also how they behave. Moreover, attitudes towards their membership in the ethnic group may be constantly reviewed and changed.

Interestingly, ethnicity and ethnic identity are much more important for adults who belong to ethnic minorities than those who constitute the ethnic majority (Umana-Taylor & Shin, 2007), and the strength and importance of their ethnicity depend on their perceived status within the social group (Phinney, 1996). It is deemed that this is due to the fact that representatives of ethnic minorities often face difficulties when seeking recognition and equality in society; moreover, they are exposed to a greater threat of discrimination, and such experience is often associated with crises in which individuals review their beliefs with regard to ethnicity and belonging to a particular group. Individuals belonging to the ethnic majority are faced with such crises less often (Umana-Taylor & Shin, 2007).

It is also important to note that a traumatic experience always affects an individual's identity and represents a challenge to it. Quite often, in the efforts to cope with the pain caused by a traumatic experience, people look for new stories and a new identity in order to understand what happened and how to live further in this world as well as getting to know themselves better (Wirtz, 2014).

ETHNIC IDENTITY AND SOCIAL TRANSFORMATIONS

The restoration of Lithuania's statehood was the most significant factor in that it relocated ethnic processes from a Soviet environment to a new space. It not only involved a change in language and names, but also a rearrangement of the national hierarchy and a change in the characteristics of the dominant nation.

Social transformations do not make an impact on just one individual and his/her life. They affect a large group of people and quite often rock the prevalent sense of identity, often stimulating searches for new solutions to the demands caused by changes. Demands caused by social transformations affect

people's psychological health. The research revealed that individuals who face a number of demands of social change exhibit more symptoms of depression, and their psychological wellbeing and health are adversely affected (Grümer & Pinquart, 2011; Pinquart, Silbereisen, & Grümer, 2012; Grümer, Silbereisen, & Heckhausen, 2013).

Demands of social change and sudden attitude swings which do not allow the possibility to analyse, reflect on and integrate the experience may lead to cultural trauma. According to Sztompka (2004), cultural trauma occurs when group members agree that they were affected by a horrible event or a complex of events which make a permanent impact on the group's consciousness and memory as well as change its identity. The experience of cultural trauma and coping with it are indeed complicated processes. This is because cultural trauma quite often results in an inability to mourn (Weisstub & Galili-Weistub, 2008). Besides this, the negation and repudiation of the trauma are often supported within the society. Thus, a comparison of different cultural perspectives, which helps both individuals and society understand what happened, is required to understand a cultural trauma (Hill, 2014). Therefore, it may be considered that social transformations and the restoration of Lithuania's independence have provided opportunities for taking a fresh look at historical events and thinking carefully about the experience of changing identity in order to integrate it into the common picture of ethnic identity.

Akhtar (2004) aimed at explaining how personal identity changes along with changes in the cultural environment by studying the ethnic identity of emigrants. In a new cultural environment, individuals are confused at first when they are faced with the differences between what was accepted in their culture and what is valued in the new cultural environment. Such mismatches in cultural environments lead to anxiety and when trying to cope with it, individuals tend to idealise their own usual ethnic culture, undervalue the new one, or vice versa. Like the social transformations that occur with emigration, individuals who lived in a certain cultural environment for a long time find themselves in another more or less alien cultural environment, and have to adapt to the new prevailing culture. Such experiences cause great anxiety and they can stimulate or completely devalue their previous experiences, often making them long for a return to them.

Upon the collapse of the Soviet Union, some individuals who had successfully adapted to life in this state and adopted its instilled culture and values, now found it difficult to adapt to the new environment and started to hate it, idealising the former regime or having ambivalent feelings towards it. During the social transformations that occurred, representatives of ethnic minorities faced the challenge of not only adapting to two, but sometimes three attitudes, several traditions or cultures: the one prevalent in the Soviet Union, the new Lithuanian one and the one related to their ethnicity. In a new culture, ethnic minorities, like emigrants, may also look for and identify what is characteristic of their own culture and what is alien (Akhtar, 2004). As a consequence, ethnic

groups, particularly those who have suffered the most, sometimes gather in communities where they feel safe (Ajduković, 2004) as a way of preserving their particular culture and beliefs.

Hence, an understanding of the experiences of ethnic minorities that takes into account social transformation is particularly relevant, but has not been studied much by psychologists. Therefore, it is interesting how, after more than twenty years following many key social transformations in Lithuania, ethnic minorities residing here (the Poles and the Jews in our study) perceive and assess their ethnic identity and how it has been affected by the social transformations.

METHODOLOGY

The aim of this research was to analyse the ethnic identity of two ethnic minorities in the context of social transformations based on the revelation of their subjective experience, therefore, the qualitative research method was chosen.

Research sample

Two groups of ethnic minorities were selected for this research: the Poles and the Jews. The Poles are the largest group of ethnic minorities (6.6%, *Demografijos metraštis* 2011), and the political events in recent years as well as the social tension between Lithuanians and Poles necessitate the analysis of the experiences and feelings of this ethnic minority with greater attention. The Jewish Community in Lithuania suffered greatly from Nazi and Soviet repressions when up to 90% of the Lithuanian Jews were killed (Truska, 1995). Recent data based on the study conducted by GfK Custom Research Baltic in 2012 also showed that 51% of Lithuanians would not like to live in a Polish neighbourhood, and 45% – in a Jewish one.

The research was conducted in the cities of Vilnius, Kaunas, Ukmergė and the Šalčininkai district. The respondents were selected by means of the 'snowball' principle. The cultural centres of the ethnic minorities in the cities were contacted first, and later the respondents were asked whether they could suggest other people.

The research involved 30 Poles and 30 Jews residing in Lithuania. The Polish group consisted of 23 women (77%) and 7 men (23%). Their average age was 46 (the age group ranged from 19 to 79 years old). The Jewish group consisted 16 women (53%) and 14 men (47%), 30 respondents in total. Their average age was 54 (the age group ranged from 20 to 88 years old).

Course of research

The research was conducted from January 2013 to March 2014 and consisted of two parts: the pilot and main research.

- The aim of the *pilot research* was to collect the main topics and ideas on how ethnic minorities survive social transformations without imposing our own thoughts and questions on the respondents in advance. In this stage of research, the Biographic-Narrative Interpretive Method

(BNIM) by Wengraf (2004) was used.

In this part of the research, four Poles (three women, one man) and three Jews (two men and one woman) living in Vilnius were interviewed. The age was the main criterion in the selection of the respondents (at least 40 years old), i.e. people who were of age at the time of the reinstatement of Lithuania's independence and consequently able to consciously reflect on their experiences.

The interview consisted of two main parts. In the first part, one question was asked:

'As I've already mentioned, I am conducting research on ethnic minorities' experience in terms of their life in Lithuania. So, could you tell me the story of your life in Lithuania, all events and experiences which have been important for you personally? Start from the things you want to start with and continue as long as you wish. I will listen and won't interrupt you. I will only note several remarks, and when you are done, I will ask several questions.

So, tell me the story of your life in Lithuania, all events and experiences which were important for you personally'.

The interviewer tried not to interfere and encouraged the respondents to speak on the topics chosen by them.

In the second part, the interviewer asked questions on the basis of the main topics and key words which popped up in the first part of the interview.

- *Main research.* A semi-structured interview was constructed on the basis of the relevant topics that arose during the first part of the research and it was used in the remaining sample of respondents. The interview covered the following main question topics:
 - Experience of subjective ethnic identity
 - Experience of discrimination
 - Personal traumatic events
 - Experience of social transformations in Lithuania.

Each topic consisted of several questions. Because we analyse the experience of ethnic identity and social transformations in this article, only these question topics will be discussed in greater detail.

The topic of subjective ethnic identity consisted of four main questions: *What nationality do you consider yourself to be? What effect, in your opinion, has your ethnicity had on your life in Lithuania? Are there any situations when you have been proud that you are of this ethnicity? Are there any situations when you have been ashamed of your ethnicity or hidden it?* Each main question had several sub-questions to encourage speaking. In this way, the respondents were encouraged to remember specific personal situations and reveal their experience and feelings.

The topic of social transformations consisted of three main questions:

1. How was your family's life affected by the loss of Lithuania's independence when Lithuania became a part of the Soviet Union? (If the respondents were younger and did not experience these events, they were asked to remember something from the stories told by their parents or grandparents).

2. How were your life and the life of your family affected by the restoration of Lithuania's independence in 1990?
3. What other political social events in Lithuania have had an impact on you and your family? (In this part, the respondents were also asked to speak about specific situations, their feelings and experiences, as well as tell to what extent they were influenced by their nationality).

Since we worked with the representatives of ethnic minorities, we were prepared to conduct interviews in the language that was more convenient for the respondents in both parts of the research (the interviews were conducted in Lithuanian or Polish, and an interview with one Jewish respondent was conducted in English).

The respondents were interviewed at home or at work after work. The respondents' answers were very different, therefore, the duration of interviews varied; the shortest interview lasted for 15 minutes, the longest – for nearly two hours.

All interviews were recorded by an audio recorder.

Analysis of research data

The data collected during the research was analysed using the thematic data analysis suggested by Boyatzis (1998).

At first, all the interviews were transcribed. Then, in line with Boyatzis's (1998) recommendations, four interviews were selected from each ethnic group. Four experts read the interviews and noted down the episodes which best revealed the experiences and feelings of the ethnic minorities. Then, the elements identified by the four experts were compared and they were connected into themes. To ensure the reliability of the themes, the themes of both ethnic groups were compared in this stage and connected into codes. The remaining interviews were reviewed in accordance with these codes (the codes were supplemented where necessary).

Atlas.ti software intended for the analysis of qualitative data was used for the analysis of the transcribed texts in this part.

Results and their analysis

To reveal the ethnic identity related experience of the two ethnic minorities, i.e. the Poles and Jews living in Lithuania, in the context of social transformations, several aspects of ethnic identity were selected: ethnic self-identification and the factors related to this process, their sense of belonging to the group and their position towards the ethnic group, as well as participation in social and cultural life related to ethnicity.

Ethnic self-identification

Nearly all the respondents of Polish origin clearly and with certainty considered themselves Poles, and one respondent who regarded herself to be of Polish nationality also emphasised that despite the fact that she was Polish, she

was born in Lithuania, therefore, she is '<...> a Pole of Lithuanian origin'. Although the majority of the representatives of the Polish ethnic minority regarded themselves to be of Polish nationality, their further stories also revealed their close links with Lithuania and Lithuanian culture.

In the group of the representatives of Jewish nationality, responses were more diverse. Many of them, with no doubt, regarded themselves to be of Jewish nationality.

'<...> When I had to choose the nationality, when I was issued a passport, I stated without any doubts that I was a Jew.'

The answers of the other respondents were more complicated, full of considerations and contemplations. Although they also considered themselves to be of Jewish nationality, they noted that their ethnic identity was inseparable from Lithuania. *'I'm a Jew, a Lithuanian Jew, a Litvak <...>'*. One respondent said that she identified herself with three nationalities: *'I have three identities. I'm Jewish, I'm Lithuanian and I'm European.'* However, there were respondents who found it difficult to respond to the question asked due to their ties with several ethnic groups *'<...> so far I can't identify myself and it's a very big problem.'* (a Jewish respondent).

The responses show that multiple ethnic identity is characteristic of ethnic minorities residing in Lithuania, the Jews in particular. They confirm theoretical assumptions on the complexity of this construct. Such multiplicity might as well be partially determined by the historical events that took place in recent decades. Due to sovietisation and later, the Lithuanians' aspiration to strengthen and renew their national identity, ethnic minorities were faced with the problem of choosing from several cultures (Korzeniewska, 2013). As a consequence, due to this issue of choice in the formation of ethnic identity, the groups of ethnic minorities had to form ethnic identity which encompassed both the culture of the ethnic minority (Polish or Jewish) and the aspects of the culture predominant in the place of their residence (Lithuanian) in order to adapt and secure good possibilities for themselves and their families in the changing predominant culture. However, it is obvious that such multiplicity is more characteristic of the Jewish respondents. People of this nationality have lived in different countries, including Lithuania, for a long time; they did not have their own state, and this might have encouraged them to search for their ethnic identity by adjusting to other cultures. However, such experience might as well be the consequence of cultural traumatisation which ruptures the experience of identity continuity, according to Wirtz (2014).

The respondents' diverse and broad answers also illustrate that an authentic search for ethnic identity is characteristic of them. The analysis of their responses makes it evident that some of them, both the Poles and the Jews, were looking for an answer to this question even before the research.

'The most difficult thing probably was to answer the question for myself, whether in search for this identity or not, who I really am. Lithuania is my native country, although I'm Polish. So, the question is who I really am, isn't it? So, I found

an answer for myself in the course of my life that I'm a Pole from Lithuania'...

Other respondents were impelled to become interested in their ethnic identity by other people's curiosity, which strengthened during social transformations, and by questions asked or sometimes even painful and devaluing remarks.

'But people around me asked the same questions all the time, I have a lot, I studied, I completed one course of studies in Poland, so those Poles were interested in how come that I'm Polish, live in Lithuania and they showed a great interest in me. I had to find answers to a lot of questions then because people were simply interested.'

'Well since then, since that time, I somehow started approaching this side of mine [ethnic identity], mhmmh. And one more thing which surprised me a lot as well, which made me, just, pushed me to that side. My kind of a friend <...> And once, while having a cup of coffee and a shot of liqueur in a wonderfully cosy environment, all of a sudden she told me: you know, tell me one thing. If from a historical perspective the Jews were everywhere and always killed. So, this means that there's a reason for that'. (a Jewish respondent).

Such critical and devaluing thoughts quite often make people search for answers, therefore, it is natural that the Jewish group stood out in particular because in searching for and strengthening their ethnic identity they tend to improve their knowledge about the history of their nation.

'Just the course there lasts for a year. But it's like the Jewish courses there: both the Hebrew language and different Jewish histories, and all these things, and I went very deep into this issue. <...>'

'<...> You try to find out as much as possible and I don't want to assign myself to one or another side. My aim is to know the history of parents, grandparents, great-grandparents, of all generations in general, know the history of Lithuania, know history in general. <...>' (a Jewish respondent).

We often learn about the Jews' historical experience from the respective literature, seminars, training or when listening to parents' and grandparents' stories. Interest in when and how Jews appeared in Lithuania before the experience of the Holocaust has been stirred since long ago. The aspiration to know about past events related to their ethnic group reveals that historical self-awareness is an important element of ethnic identity.

There were several respondents in the research who did not associate themselves with events in the past.

'You don't know – don't know, they're other people's lives. <...> But after all, in fact, I don't know anything about all these things personally, about grandparents, whether they were there, how they survived it, how long they were there, I don't know.' (a Jewish respondent).

On the one hand, the gaps in the knowledge about their relatives' past experience in the younger generation of the Jews may have opened up because during the war and mass massacre, most of their relatives were killed or emigrated, and as a result, their experience could not be conveyed to other people. Another explanation is based on the individual's psychology: the war

and post-war period was full of negative experiences which were 'pushed away' or 'deleted' from their memory by deliberately avoiding to talk about them. A third option is also possible, though, when in the totalitarian regime, people were forced to keep such memories secret (Korzeniewska, 2013), therefore, later on, it might have been more difficult for them to communicate their experience of ethnic identity.

'<...> And in terms of my Jewish identity, as in many other Soviet Jewish families, we didn't speak loudly about practically anything because we weren't allowed to.'

Thus, the data provided reveals a complicated search for identity by ethnic minorities, people of Jewish nationality in particular. It was hindered by a sense of insecurity characteristic of the Soviet occupation period, and after the restoration of Lithuania's independence, ethnic minorities were faced with the issue of ethnic identity again, which acquired new shades. The data already provided makes it evident that after social transformations, ethnic minorities residing in Lithuania also retain their ethnic identity which they relate closely to the country of residence.

Factors Related to Ethnic Identification

Although the place of residence is very significant for ethnic identity, nationality is primarily understood in both groups as an inherent and inherited feature confirmed by an entry in documents. Therefore, the major factors that reveal and confirm ethnic identity are **origin and documents**.

Origin and documents as a confirmation of nationality. In both ethnic groups, nationality is perceived as an inherent and inherited quality confirmed by an entry in documents.

'Because I primarily relate it to the fact that both of my parents are Polish and that's it. It would be the main and only argument.'

'<...> It's written in the documents that I'm of Polish nationality.'

'<...> My parents, ancestors and everyone who lived before me were Jews'.

'<...> It's only written in my father's certificate of birth that his father was a Jew. This is the only document I have which confirms that the blood of the Jewish nation runs in my veins'.

Document entries related to nationality are particularly important for the representatives of Jewish nationality. Such an attitude to documents is probably the result of historical events that occurred during the war and the Soviet regime when the Jews had to conceal their nationality, use Lithuanian or Russian nationalities and forged documents in order to survive.

'<...> documents were really forged for her [great-grandmother], for her and for her whole family, for her and her two sisters with whom she was together. Documents were forged and it was deleted that she was Jewish'.

It is highly probable that under such circumstances, ethnic identity was conveyed by word of mouth, i.e. in the family's stories and education. However, as family members passed away and documents were non-existent, verbal

information was waning. Therefore, now, in independent Lithuania, the entry in the document is important for people of Jewish origin because it represents legally confirmed information about their roots and shows their origin both for them themselves and others.

It is worth noting that the entry stating Jewish nationality was also a source of anxiety and a threat in the period when the Soviet Union flourished. Several respondents of Jewish origin stated that the 'fifth column', where they had to indicate their nationality, used to become a secret cause for discrimination.

Another important factor was **education in the family and the language**. The role of the family in the development of ethnic identity is important because this is where one learns to speak the language of a certain ethnic group. The language was also mentioned by the respondents of this research as a factor confirming ethnic identity. As discussed earlier, language is an important part of ethnic identity, and the ability to speak it creates the conditions for participation in the ethnic culture (Korzeniewska, 2013; Norvilas, 2012).

'And, in general, in the family, every day and in the town where I live, everywhere, I speak only Polish. Consequently, I'm only a Pole.'

'The Jewish culture was practically non-existent, although Yiddish was spoken at our home and the first language I started to speak was Jewish, namely Yiddish'. <...>

As previously mentioned, the values passed from generation to generation in the family and the language are probably the most important prerequisites and features of ethnic identity for the representatives of both ethnic minorities. Therefore, it may be considered that the experience of cultural traumas, which broke ties with both the family, when the loved ones perished in concentration camps or went missing, and the Yiddish language, which was no longer spoken because it was too dangerous, may have evoked strong feelings of emptiness and longing for the people of Jewish nationality.

'You know, I'm in the situation where I don't know any Jewish traditions. Because I didn't grow up as a Jew. And I don't know all the Jewish holidays well. I've read a lot, I'm trying, but, you know, I feel very sorry about that. It's a pity that my parents didn't make me speak Jewish.'

Thus, language is very important for retaining ethnic identity and a sense of value. Therefore, it is no accident that decisions taken in independent Lithuania that sometimes look only political or economic, such as closing the schools of ethnic minorities in order to save funds or only the use of the Lithuanian alphabet in documents, painfully affects people's sense of ethnic identity and results in outrage.

Religion. Yet another factor that is closely related to ethnic identity by both ethnic groups and that was heavily affected by the Soviet policy in Lithuania was religion. Faith is very important for both ethnic groups concerned. It is also evidenced by the fact that the respondents use the title of their faith as a synonym for their nationality. For instance, in the Polish group, the word 'Catholic' was used as a synonym for the word 'Pole'.

'A Pole – a Christian, mhmhmm, an Orthodox means Russian, well, yes, not speaking nicely, Russian or Belarusian'.

The Jews note that it was religion and faith that helped them retain their nationality and survive the catastrophic events that occurred in the past decades.

'<...> I'm proud that there are people who follow each and every point in the Book [Torah] and very thoroughly, and due to this, all of us who live in this world remained Jews'.

Several more **specific external factors** which, according to the respondents of Jewish nationality, identify their nationality are specific appearance (e.g. facial features), certain symbols (e.g. a worn pendant – the Star of David) or even an unconventional outlook:

'<...> I consider myself quite an intelligent person. For some reason. I consider myself an intellectual person to some extent who is curious for knowledge, so to speak. I say that it is related to my nationality'. (a Jewish respondent).

Thus, ethnic minorities' stories reveal a multi-dimensional identity which, on the one hand, is greatly influenced by the family, language, documents and traditions, and on the other hand, by the place of residence and the prevailing culture there, which is also important. The experience of the threat of a cultural trauma may hinder the search for ethnic identity when ties with their culture and language are broken; consequently, this may evoke feelings of loss and longing. Such feelings may have been even more evident during social transformations when, with the change of the state's political system, representatives of ethnic minorities raised ambiguous, often traumatic experience related stories and topics in an effort to find answers to questions related to their ethnic identity.

Sense of belonging to a group and position with regard to a person's ethnic group

As previously mentioned by Phinney (1990), ethnic identity is not only about assigning oneself to one ethnic group or another, it is also about feelings and attitudes.

The majority of representatives of both ethnic groups are proud of their ethnicity.

The researcher: *'Are there any situations when you're proud that you are of this nationality?'* The respondent: *'Well, in fact, I'm always proud, I'm always glad. I don't know, it's somehow very pleasant for me. Because, for example, mhmhmm, when you go to the Old Town and meet a lot of people speaking Polish there, it's always a great pleasure for me that I'm one of them'.*

'<...> I proudly consider myself a Jew'.

Such pride of ethnic minorities is also often accompanied by an emphasis of their nation's specialness in the respondents' stories:

'<...> Thanks to Poland, Lithuania christianised and paved the way from Paganism to Europe'.

'<...> The Jews are a chosen nation and we are united with the Lord and it's an honour to belong to the Jewish nation'.

According to Akhtar (2004), when individuals are faced with another

culture and wish to retain their ethnic identity, they tend to point out special qualities of their nation and sometimes even idealise them. This adds value or can even leave them with a sense of superiority, allowing them to maintain a positive image of their ethnic identity. In the stage where ethnic identity is idealised, recurrence of the previously identified factors that are important for ethnic awareness is observed: historical events, religious and cultural aspects.

While being proud and aware of their nation's distinctive features, the same respondents tended to demonstrate and restate with courage, sometimes even emphasise, their ethnic identity.

'I always declare that I'm Polish and don't hide it and I feel good about being a Pole in Lithuania.'

'I've never concealed it. I've always emphasised it'. (a Jewish respondent).

It is important to note that the issue of concealing ethnic identity only emerged in the group of respondents of Jewish nationality. It was related to the fear of discrimination which they still feel, sometimes despite the absence of a real threat. Having observed such reactions, an assumption may be made about long-term effects of the traumatic experience caused by the Holocaust and the Soviet regime later.

'<...> I returned from Israel, wore a Magen David, it's a six-pointed Jewish Star of David. I didn't want to show it at all in certain places because it was dangerous to some extent. <...>' (a Jewish respondent).

The experience of the Holocaust, the sovietisation policy and the tension felt between ethnic minorities in Lithuania even nowadays, as well as discrimination sometimes experienced on the basis of ethnicity, evoked and still evoke negative feelings with regard to demonstration or revelation of ethnicity. However, it is worth noting that the particular experience of feeling fear became particularly evident when speaking about the time of war and the Soviet regime.

'Here [during the war] it was terrible to know, for sure, because you weren't a person any more, nobody protected you any longer, you might have been killed and nothing, like, I don't know, like removing a weed <...> anti-Semitic moods were very strong. <...>' (a Jewish respondent).

'<...> Then [in the Soviet era] I was afraid very much even to confess that I'm a Jew'.

The data provided demonstrates that nowadays, ethnic minorities in Lithuania are proud of their ethnicity and the majority of them state it with courage. In the group of respondents of Jewish ethnicity, apart from pride, the topic of fear to demonstrate their identity emerges, though. This situation may have been preconditioned by the experience of the Holocaust and sovietisation when the Jewish nation was at risk of eradication, and the national value was totally marginalised and forgotten. Thus, the freedom to speak openly about events in the past after the restoration of independence has allowed representatives of ethnic minorities to make their sufferings meaningful and remind others of the forgotten truth. However, the losses suffered in the past and the pain may evoke feelings of fear and potential danger when revealing one's ethnic identity.

Participation in social and cultural life

The data provided earlier already shows that the multiplicity which is typical of the ethnic identity of both the Jews and the Poles is also reflected in their behaviour. In this case, it is related to the respondents' inclination to distinguish between ethnic identity and citizenship.

'I say that I'm a citizen of Lithuania, but I'm a Pole.'

Due to this distinction, ethnic minorities have had to adapt to several cultures. On the one hand, ethnic minorities seek to foster their parents' legacy, and, on the other hand, they try to adapt to Lithuanian culture in order to find living conditions in Lithuania they are satisfied with.

To maintain their inherited ethnic identity, ethnic minorities try to participate in cultural events related to their nationality, follow their customs and practise their faith. They also aim at passing these things to their children and other generations through education at school and the organisation of educational events. It seems that when independence was restored in Lithuania, conditions to foster ethnic identity openly, establish ethnic communities, take care of their state and rights were created in the reborn state.

'<...> Well, certainly, at that time [after the restoration of independence], Polish parties were restored, etc., the LLS [Association of Poles in Lithuania] was restored and everything took place so suddenly. The main advantages are that it was possible, mhmhmm, to say, loudly isn't the right word, legally that I'm a Pole and have certain rights, etc. <...>'

Particular importance is attached to close relations with the community in the themes of the interviews with the Jewish respondents.

'Certainly, I came to this community only when my children were born because I also wanted them to know something about it. I lost it all, there were no traditions in my family. So, I wanted my children to have them because I didn't.' (a Jewish respondent).

Their ties with the community help to compensate, at least partially, for the experience of loss during the Holocaust. According to Ajduković (2004), the most aggrieved groups are particularly inclined to form communities where they feel safe and dare to raise questions which are uncomfortable for representatives of the majority. However, it entails a considerable risk if such communities remain closed and evoke feelings of hostility in others, i.e. people who do not belong to the community. The feeling of such tension is reflected in the surveys of the Jewish respondents.

'<...> when we became independent, certainly, the problem of relations between the Jews and Lithuanians exists and it isn't easy to deal with it.' (a Jewish respondent).

A mutual dialogue is particularly important in addressing these mutual tensions. Therefore, the freedom of speech that has been secured along with independence is of particular value in this process. It was the freedom of speech that allowed people to share their experiences which were kept unuttered and concealed for many long years.

'And later my parents also told me the story of those times and it was already after the restoration of independence.' (a Polish respondent).

The stories of the Jewish respondents also revealed the importance of the commemoration of traumatic events. Such commemorations create conditions for mourning the losses they experienced and it is particularly important when trying to cope with cultural traumas (Weisstub & Galili-Weistub, 2008):

'And I regret a lot for not going to Paneriai yesterday where a commemorative event was held because I usually go there'. (a Jewish respondent).

Such results support the aforementioned scientific research (Lazar, Litvak-Hirsch, & Chaitin, 2008; Ajduković, 2007; Cohen, 2004) where it was noticed that cultural traumas, such as the Holocaust, have been deeply ingrained in the Jews' memory and affect the younger generation, and as a consequence, the commemoration of such a painful experience is an important part of ethnic identity.

Along with independence, the possibility to travel freely and maintain closer links with the country of origin was also gained. It is quite often emphasised that it was impossible in the Soviet Union, and it may be said that relatives who went away were lost forever.

'The possibility to travel, the possibility to communicate there. I've been to Israel twice. I couldn't even dream of that earlier'. (a Jewish respondent).

Although it seems that ties with their ethnic country should evoke positive emotions and reinforce ethnic identity, in this case, respondents from both ethnic groups also expressed ambiguous feelings and revealed the dynamics of the construct of ethnic identity, as well as its multiplicity.

'<...> I can say just one thing. When you go to that country where you sort of belong because of your nationality, everything turns upside down and it turns out that you are already Russian there. So, if I left this country being a Jew, I arrived there being Russian'. (a Jewish respondent).

'<...> We clearly can't identify ourselves with Poland because Polish is only our native language, but in reality, we've lived here all the time'. (a Polish respondent).

Thus, in their efforts to adapt to the new environment and new requirements, representatives of ethnic minorities attempt to foster their civic behaviour as well because Lithuania is dear to them as a native country; they share a common history with it. It was noticed during the research that respondents belonging to ethnic minorities care about Lithuania's welfare and future, consequently, they are interested in political events, participate in elections and they even try to combine the two cultures, for instance, they sometimes celebrate holidays that are important for both nations. They pay a lot of attention to the Lithuanian language, and seek to learn it. Learning the language often becomes an important criterion when choosing a school for children. However, in this case, two of the ethnic minorities' aims clash: whether to choose an ethnic minority school to foster ethnic identity or to attend a Lithuanian school.

'My children were born at that time and again I had to decide what school, what language to choose. What to pass over to my children. At work, while studying, everywhere, it's sort of an integral part, isn't it? But I have to adapt it to current conditions'. (a Polish respondent).

It may be observed that representatives of ethnic minorities are faced

with questions of ethnicity and citizenship when trying to reconcile two different cultures. In such an ambiguous situation, the respondents often attempt to unite and establish ties as well as cherish and adopt both cultures with respect.

'You always have to adapt, we live in Lithuania, not Poland. So, we have to adapt. But adapting does not mean refusing. They are two different things for me'. (a Polish respondent).

We are often proud of the people who actively contributed to the restoration of Lithuania's independence. However, the reconciliation of different cultures leads to ambivalent feelings with regard to celebration of holidays, the choice of a school for children and fostering of the language. Despite the fact that fostering of the national culture and language is important for the representatives of both ethnic minorities, it acquires a special meaning for Jewish ethnic minorities when they attempt to bridge the gap, which opened up due to their experience of a cultural trauma, by active participation in the community.

CONCLUSIONS

In the stories told by the respondents, it is obvious that the issues of ethnic identity remain relevant for both ethnic minorities, who have lived in Lithuania for ages despite complicated social changes. In the course of identification of ethnic identity, the multiplicity of this construct was revealed. And particularly in the case of the Jewish ethnic minority, it may, in fact, have been preconditioned by historical events related to the experience of a cultural trauma. Respondents representing both ethnic minorities stated that the family and language are probably the most important factors affecting ethnicity. Therefore, it is not accidental that representatives of ethnic minorities are especially sensitive to closings of their schools, and changes to their surnames. They are not merely political or economic issues, but they are phenomena related to ethnic identity.

One might think that the cultural traumas suffered by Jewish ethnic minorities during the Holocaust when a lot of their family members were killed, and when their language was concealed during the Soviet regime, evoke feelings of loss and longing which, in the context of social transformations, have encouraged them to renew their search and raise questions about their ethnic identity and painful stories. The respondents of Jewish origin said that they sometimes fear revealing their identity and pointed out that commemoration of the events related to the cultural traumas and active participation in the community are of particular importance to them.

The social transformations in Lithuania and people's questions encouraged the representatives of ethnic minorities to rethink the relation between their nationality and citizenship, as well as their ethnic identity, because their experiences are different from those of the Poles residing in Poland or the Jews from Israel. Ethnic minorities are sometimes anxious about reconciling the two cultures and the pressure to choose one of them results in outrage.

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PERCEPTION AND EXPERIENCE OF DISCRIMINATION ON THE BASIS OF NATIONALITY

Asta Zbarauskaitė and Gabija Čeledinaitė

Over the last several decades, Lithuania and its population underwent radical social transformations, i.e. everything changed, from the political and social system to the possibility to freely choose what religion to practice. The situation of ethnic minorities changed as well: it had been claimed for a long time that the Soviet Union was the only state with one predominant language, i.e. Russian, which made everyone equal though not necessarily happy. Therefore, it is obvious that the changes related to the restoration of Lithuania's independence greatly affected ethnic minorities and their rights in the independent state. The experience of the discrimination suffered by ethnic minorities in the context of the country's social transformations is a very sensitive, though barely studied issue in Lithuania. The research conducted by means of the global grant "Psychological Effects and Coping of Extreme Trauma and Social Transformations" at Vilnius University focussed on the subjective perception of discrimination directed towards the representatives of ethnic minorities in Lithuania and its change in the context of social transformations.

In his analysis of ethnic minorities in the context of a traumatic experience, Ajduković (2004) pointed out that even barely noticeable differences between groups may become very important during a period of change that is difficult for the state. When a multi-national country is faced with instability, the representatives of the majority do not even notice that ethnic minorities may start fearing discrimination and the dominance of the majority (Whitley & Kite, 2010). The authors also point out that due to discrimination in the past, they tend to interpret the behaviour of the people around them more subjectively and expect harm in the future (Bombay, Matheson, & Anisman, 2014), therefore, ethnic minorities quite often unite into rather closed groups (Ajduković, 2004).

After the restoration of independence in Lithuania, the boundaries between the majority and minority changed: all of a sudden, the Lithuanians who used to be one of the many Soviet nations became the majority in their country by law. Following social transformations and with the emergence of the possibility to compare themselves to other cultures, the differences and painful experiences suffered became evident in a different way. As well as after the abolishment of censorship, the possibility to speak about former difficulties and offences, and share these experiences openly could not help affecting ethnic minorities and the attitude towards them.

The cultural context has a very strong effect on people's lives, choices and behaviour in general. It has an impact on our prejudices because members of the same cultural environment have similar beliefs about behaviours, values and

opinions. Interestingly, people live under the impact of their cultural context, yet often do not realise that (Stangor, Jonas, Stroebe, & Hewstone, 1996). In the case of social transformations, the whole environment changes, i.e. new norms and values come into play, the language, traditions, customs and symbols are viewed from a different perspective. These changes alter an individual's perception of who is an 'ally' and who is a 'stranger' as well (Zbarauskaitė, Grigutyte, & Gailienė, 2015). The representatives of the majority may even not notice the existence of discrimination and prejudice. Feagin et al. (1994) point out that it is sometimes hard to realise that there are people living nearby for whom these experiences are painful and real.

CONCEPT OF DISCRIMINATION

Discrimination, as the positive or negative distinction of a group of people because of a feature which is common to them, has existed for ages. Basically, it is the different treatment of people only (or *among other things*) because they belong to another social group. It is a multi-dimensional phenomenon which is often explained using the theory of evolution (Kurzban, Tooby, & Cosmides, 2001).

There are two concepts which should be distinguished before proceeding to further considerations. They are prejudice and discrimination. Prejudice is an attitude, a position that reveals what individuals think and how they perceive a member of another group. Discrimination is behaviour, i.e. how an individual treats the representatives of another group. This term is usually used to define unfair or humiliating behaviour, however, according to Whitley and Kite (2010), it may as well be an unfounded positive distinction. Long-term studies are aimed at revealing that prejudice is an important factor for the occurrence of both: avoidance of ethnic minorities and aggressive behaviour against other social groups. However, there are authors (Whitley & Kite, 2010) who state that the relation between prejudice and discrimination is rather ambiguous.

SUBJECTIVE PERCEPTION OF DISCRIMINATION

Individuals often perceive themselves on the basis of the social group they attribute themselves to by gender, race, religion and many other social categories. Despite the form in which negative discrimination manifests itself, its experience is still painful because it is perceived as a threat to one of the fundamental aspects of self, i.e. the individual's identity (Schmitt & Branscombe, 2002).

Besides this, discrimination has an influence on further life, i.e. the perception of current interactions with others may depend on former experience. A recent study by Bombay et al. (2014) proved that individuals who

experienced discrimination tended to describe hostile intergroup encounters as discrimination. It is thought that such experiences may also have an effect on the perception of discrimination in general. A vicious circle can form where former negative experiences lead to a greater sensitivity to the signs of discrimination and a higher level of discrimination which is experienced later. This partially explains the unity of ethnic minority groups when any encounter with 'strangers' is often perceived as hostile. It is important to remember that perceived discrimination, no matter whether it is real or not, is a powerful stressor and has an impact on an individual's wellbeing.

In the analysis of discrimination experienced by the Jewish ethnic minority, an important additional factor is included in the equation, i.e. the experience of the Holocaust as a historical or cultural trauma and the greatest possible discrimination on the basis of ethnicity. The victims of the genocide against the Jews are not only the older generation who witnessed its horrors themselves. Studies reveal that the parents' trauma also has an impact on the second generation. A trauma related to a family's and country's history manifests itself at the level of the family and cultural subconscious and affects individuals' lives, choices and emotional states (Gudaitė, 2004). Kellermann (2001) summarised 35 comparative studies examining the psychological state of the descendants of individuals who survived the Holocaust. The following conclusion was made. A specific 'psychological profile' is observed in later generations, which is expressed by a predisposition to PTSD and different attachment disorders, as well as by either high stress resistance or the inability to cope with it.

It is painful to accept hostile views or discrimination personally; it is easier when wrong is done to a group rather than one person, particularly when others suffer more. This idea was presented by Crosby (1984) who pointed out a discrepancy between personal and group discrimination. This is the way he defines the individuals' belief that a group to which they assign themselves is discriminated against more than themselves personally. Such a discrepancy may be explained by the fact that information about the group is accepted and integrated easier than information about oneself or that examples from the group's experience are better remembered than personal experience. Along with this, group and personal discrimination may be compared on the basis of different cognitive evaluation criteria (Whitley & Kite, 2010), therefore, these evaluations usually do not coincide.

No matter how the perceived discrimination is explained or who is the discriminator, in any case this experience is related to the shame of being stigmatised (Whitley & Kite, 2010). Therefore, the majority find it difficult simply to speak about the experience of hostile views or discrimination. However, hiding the experience does not reduce stigma-related shame (Pachankis, 2007), it only causes greater stress because in this case, the need to constantly control one's behaviour is felt in order not to give oneself away.

DISCRIMINATION OF ETHNIC MINORITIES

In the European Union, discrimination is strongly fought against, i.e. much attention is paid to laws protecting human rights. Bullying at schools is seen as a matter of concern, groups of activists raise the issue of gender equality, and efforts are made to ensure the inherent human freedom of choice. The results of campaigns are obvious: increasingly more people support and promote the ideas of equality and tolerance, however, discrimination remains tenacious. Exclusion on the basis of ethnicity is felt strongly.

According to the EU law (Directive 2000/43 of 29 June 2000 **implementing the principle of equal treatment between persons irrespective of racial or ethnic origin**), unmediated and mediated discrimination are distinguished. Unmediated discrimination occurs where one person is treated in a different way on the grounds of a racial or ethnic origin. Mediated discrimination occurs where an apparently neutral situation or behaviour would put persons at a particular disadvantage based on their racial or ethnic origin. Separate definitions are also provided for racial discrimination arising from racism, the system according to which the value is established by means of a social interpretation of appearance, the way the other person looks, i.e. the 'race' (Jones, 2003). 'Discrimination on the basis of history' is sometimes mentioned. This is what Nijakowski (2009) called discrimination related to historical events in the past or customs which last for a long time. To illustrate the term, he described the phenomenon 'the grandfather in the Wehrmacht', i.e. discrimination of people whose relatives served in the German army in Poland (and Germany), which is still tenacious. In this case, discrimination is based on the deeds of past generations rather than external features as is often the case with the discrimination of people with Jewish ethnicity.

It has been established that the level of discrimination depends on individuals' identification with their ethnic group: if the identification is strong, their exclusivity is demonstrated, they are faced with greater aggression from the representatives of the majority than those who emphasise their similarity to the majority more (Wirtz & Doosje, 2013). When Lithuania restored its independence, a possibility opened up for ethnic minorities as well to declare their independence: the Lithuanian Jews (Litvak) Community and the Association of Poles in Lithuania were founded. In this way, minorities managed to preserve their traditions, fight for their rights and emphasise their exclusivity.

A dilemma is faced: the demonstration of one's nationality or ethnicity and identity leads to discrimination. To avoid it, nationality or ethnicity can be concealed along with a suppression of the need to make the experiences of one's nation meaningful. Mourning over a painful experience is often not allowed also, and without the ability to mourn in a safe environment, it is hard to let go of past feelings and forget them (Herman, 1992). According to researchers who studied Russian people's experience, a trend to normalise things that

cannot be understood, accepted and reprocessed (for instance, such inhumane actions as exile) is observed. All this leads to defensive denial, i.e. there is no desire to go deeper because something unacceptable may come up. This is the way a 'genetic memory' is formed in the collective unconscious (Kalinenko & Slutskaya, 2014), which in the case of Jews says that if others find out that you are a Jew, you can be punished.

Discrimination often takes the form of language and offences. Discrimination may be noticed in the language structure as well. Green (2007) studied the English language and the names of different ethnic groups in it, the Jews in particular. A conclusion was drawn that 'religion is back', i.e. again religious beliefs increasingly more often become the basis of discord, and religious wars take the form of offences to the representatives of other confessions.

The discrimination of ethnic minorities is slightly different in Lithuania. The lack of research in the area may be explained by the different situation and history of ethnic minorities in different countries. In the US and Western Europe, the greatest problem is discrimination against immigrants, whereas in Lithuania, like in all of Central and Eastern Europe (Nijakowski, 2009), quite a few representatives of other nationalities or ethnic groups, who did not move anywhere, suddenly became 'foreigners' not speaking the official language and not knowing local customs due to historical circumstances and the change in the territorial borders. The fact that they did not choose the life of immigrants only impeded their adaptation. Aarelaid-Tart (2006) examined the experience of the Estonian population during the period of Soviet occupation and after the restoration of independence. The author states that a complicated and different understanding of the past is revealed in different social and ethnic groups. The different interpretation of people's history may quite often be related to the aspiration to retain a positive image of themselves or their family members during the complicated period of occupation and during the period of social transformations later.

EXPERIENCE AND CONSEQUENCES OF DISCRIMINATION

A frequent reaction of an ethnic minority to discrimination is stronger identification with the group and alienation from the majority. Ramos et al. (2013) established that the greater the experienced discrimination was, the more those who aimed at separating themselves from the majority identified with their group. Becoming closer with one's 'own people' helps to protect a person from the adverse psychological consequences of discrimination (Schaafsma, 2011), but at the same time, as mentioned earlier, it causes stronger hostility from representatives of the majority.

Different forms of discrimination may have different effects on people's health. The effect may be external, for instance, a physical injury, refusal to provide medical assistance, or internal (Wagner, Tennen, Finan, Ghuman, &

Burgs, 2012), when the experience of discrimination on the basis of ethnicity or race leads to additional stressful situations and prevents one from coping with the tension. Edwards (2008) proved that the greater discrimination experienced by black women is closely related to pain in their lower back. A link was also established between experienced discrimination and alcohol abuse (Lo & Cheng, 2012), as well as the risk of coronary artery disease, i.e. coronary artery calcification (Lewis, Everson-Rose, Powell, Matthews, Brown, Karavolos, & Wesley, 2006) and inflammation (Lewis, Aiello, Leurgans, Kelly, & Barnes, 2010). The most recent research data demonstrates that the consequences of discrimination can be extremely painful.

Experiences on the battlefield were also studied in this respect. It was established that the experience of the horrors of war does not necessarily hinder the integration of negative experience, however, when hostility from another ethnic group, discrimination and insecurity are felt at the same time, they often result in an inability to reconcile with their experiences (Ajduković, 2007).

The overview of the literature makes it clear that such social aspects as the majority/minority ratio, the official language and historical experience determine the level of discrimination. The subjective perception and experience of discrimination may depend on former traumas and the relations with one's own group and environment. It is also important to bear in mind that the social transformations which were specific to Lithuania had a huge impact on the country's life, as well as on the situation of ethnic minorities. To better understand how ethnic minorities feel in the independent state or face discrimination, how they perceive it and what problems are caused by it, qualitative research was conducted which allowed an examination of these issues in greater detail.

Research

One of the objectives of the research conducted by means of the global grant "Psychological Effects and Coping of Extreme Trauma and Social Transformations" at Vilnius University was to better understand the situation of two ethnic minorities residing in Lithuania. The first group consisted of representatives of the largest ethnic minority in Lithuania, i.e. Poles. Their interests sometimes clash with those of Lithuanians and they are widely discussed in public, and this may consequently increase hostility between the two ethnicities. The other group of respondents consisted of representatives of Jewish ethnicity. This is the ethnicity which suffered most from discrimination many years ago. Murdering on the basis of ethnicity, i.e. a factor which cannot be chosen, is the strongest possible form of discrimination. Their current perception and experience of discrimination are of particular interest because during the Nazi Holocaust, Jews in Lithuania were killed by Lithuanians as well, i.e. the ethnicity still living in their neighbourhood.

Methodology

To reveal the respondents' experience of discrimination as precisely as possible, a semi-structured interview was selected. In the initial stage, three biographic interviews with representatives of Jewish ethnicity and four interviews with representatives of Polish ethnicity were conducted. Based on the information obtained in the initial stage and the major topics arising, a semi-structured interview was constructed and used later. It consisted of three parts: questions about the subjective experience of ethnic identity, the experience of discrimination and social transformations. According to this scheme, 27 Jews and 26 Poles aged between 19 and 88 were interviewed.

The respondents were asked the following questions about discrimination during the interview:

1. Have you ever experienced discrimination? (If they talked about different discrimination, questions were asked about discrimination on the basis of ethnicity). Could you tell me how all this happened?

2. What effect did it have on you? How did you feel? How did you cope with these experiences? What made the situation more difficult and what helped?

3. Have your family members experienced discrimination on the basis of ethnicity?

If the respondent talked about discrimination during the times of the Soviet Union, additional questions were asked about the situation in independent Lithuania and vice versa.

Where possible, the respondents were asked to complete questionnaires about psychological effects and coping with extreme trauma and social transformations after interviews. The questionnaires were completed by 33 respondents of Polish origin and 19 representatives of Jewish origin. Their data was compared with other research groups.

The research methodology is described in greater detail in the chapter *Ethnic Identity. The Experience of Two Ethnic Minority Groups*.

Results and analysis

Thus, this research aimed at revealing the perception and experience of discrimination of two groups of ethnic minorities, i.e. Poles and Jews, in the context of social transformations.

As far as the results of the research are concerned, the extent of discrimination should be pointed out at first. All the respondents were asked the following question: 'Have you ever experienced discrimination on the basis of ethnicity?' It might seem that the only answer to this question can be either 'Yes, I have' or 'No, I haven't', however, a lot of shades of meaning emerged in the respondents' answers.

Those who experienced discrimination named it differently. Three groups of experiences were distinguished:

- (I) Personally experienced discrimination: *'Yes, I have. Yes, I have. I was told bluntly that if they had known earlier that I was a Pole, I wouldn't be working in the enterprise where I work now. Just because I'm a Pole'* (a male Polish respondent).
- (II) Discrimination that is not assigned personally to oneself: *'...it happens very often that they, for instance, know that I'm a Jew and tell me 'I don't like Jews. But you are different, well, you are different' <...> everyone has friends who say 'damn, Jews, well, they are a terrible nation, a nightmare. I don't know what should be done to them immediately, but you are a good fellow, you are a good fellow.'* (a male Jewish respondent).
- (III) Discrimination experienced for not being Lithuanian rather than being of a specific nationality: *'But it isn't related to my nationality, it's related to the fact that I'm not Lithuanian.'* (a male Jewish respondent).

Not everyone is affected by discrimination, i.e. there are representatives of ethnic minorities who do not experience it. Negative responses to the question of whether the respondents experienced discrimination were divided into two parts: the respondents who stated that they did not experience discrimination and did not speak about it later, and the respondents who despite stating that they did not experience discrimination talked about it later. There were much more of the latter in the Jewish sample.

'No, I haven't. Because I'm a Jew, somehow I didn't feel <...> Oh, I remembered. Yes, when you dig deeper in your memory. I remembered. But again, it wasn't related directly to me, rather my brother, probably. Well, to me as well, there was a case when it was related to me. Again, I was a teenager, I don't know whether it was discrimination, maybe, it was just a situation.' (a female Jewish respondent).

People who do not experience discrimination relate its absence with a good command of the language (*'It's most likely because I have no accent when speaking Lithuanian'*; – a female Polish respondent), equality before the law (*'all people have equal rights in Lithuania and the fact that I'm a Pole doesn't oblige anyone, another person to dismiss me'*; – a female Polish respondent) or, which was more evident in the Jewish group, just the ability to avoid situations where discrimination could manifest (*'I don't communicate with strangers with whom I should fear to say that I'm a Jew or something similar. We still create sort of a safe communication circle around us'*; – a female Jewish respondent). Even those representatives of ethnic minorities who do not experience discrimination consider why it happens. It means that this topic is relevant. The idea emerges that it is not easy to live in a state where, although discrimination is not personally experienced, hostility towards the ethnic minority concerned is felt.

PERCEPTION OF DISCRIMINATION

In the Jewish minorities' group, a frequent response to the first question was a quick answer 'No, I don't experience discrimination' followed by moments of experienced discrimination later in the interview. When answering to the first question, some respondents of Jewish origin stood out because the theme of the Holocaust came up along with discrimination in their answers. Thus, a statement which is hard to fit into the scope of this question emerged along with the answers 'Yes' and 'No': the Holocaust was not discrimination. It was more than just discrimination:

'Well, my family experienced the Holocaust, there are no doubts about it. This is when... I practically lost the whole family from my father's side. Yes,... without any doubts [pause of 4 seconds]. For me, all these murders are not discrimination, they are particular Anti-Semitism, I mean domestic and political.' (a male Jewish respondent).

Although, as discussed earlier, murder of people on the basis of ethnicity is recognised as the severest possible form of discrimination, an assumption may be made that these events are too painful for people to compare them with more common manifestations of discrimination.

In the analysis of the perception of discrimination, different trends in the Jewish and Polish groups were observed, i.e. the former more often deemed discrimination to be a threat to health or life (it corresponds to the experiences during the Holocaust), whereas Poles more often see it as a threat to their social and material welfare, i.e. they are worried about lower positions at work, changing of street names, closing of ethnic minority schools and changes in the educational system (*'what is actually happening in education. Because they again have made the examination of the Lithuanian language uniform for all recently <...> Well, I don't understand this, it's just a deliberate harm'* – a female Polish respondent). The difference can be explained by the fact that the experience of the Holocaust as an experience of an extreme trauma overshadows other manifestations of discrimination; when one compares them, everything else no longer seems so terrible. When one has had the experience of physical abuse (more severe, more hurtful), verbal discrimination no longer seems so dangerous:

A: Have you ever had any difficulties related to your?

B: I wouldn't say so. There were a lot of difficulties during the Holocaust, then, yes, certainly, I suffered a lot then. A lot. (a male Jewish respondent)

The previously mentioned theme appears in the above quote of an elderly man: when one suffered a lot during the Holocaust, the experience today is not analysed in great detail, it can fade away in comparison to the things that have been deeply engraved in the respondent's memory.

Only a small share of interviews revealed that discrimination is perceived as a positive exclusion. The majority consider it a threat, hatred or difficulties in general, i.e. only a negative exclusion (see Table 1).

Table 1. Perception of discrimination by respondents of Polish and Jewish ethnicity based on the themes identified during the interviews.

Quotes of Polish respondents		Quotes of Jewish respondents
(0 answers) *	1. Threat to life or health	(5 answers) <i>I didn't have any big problems, nobody beat me because I'm a Jew, so maybe... (a female Jewish respondent)</i>
(5 answers)	2. Threat to social and material welfare	(2 answers) <i>...I understood that the surname itself may be an obstacle on my path somewhere. Not my knowledge, not my competences but my surname <...> there will be the surname, they neither will see me, nor know, only because of the surname somebody may say 'no, we don't need her' (a female Polish respondent)</i> <i>Well, there was the case when I wasn't given the diploma with honours. <...> I, certainly, was among the best students there. (a female Jewish respondent)</i>
(4 answers)	3. Difficulties	(1 answer) <i>There were different difficulties <...> It really was a difficult time for me, but I was told that I take the place of a Lithuanian and if you manage to get out of trouble, you'll get out, if not, not. (a female Polish respondent)</i> <i>Of course, there are difficulties. And there were a great deal of difficulties in secondary school, already in the 11th form, <...> because I had classmates who, I can't say that they didn't like Jews, they tended to like Hitler and the Neo-Nazi movement slightly. (a female Jewish respondent)</i>
(0 answers)	4. Xenophobia	(5 answers) <i>..When you look at this reaction, it's not nationality that matters but the fact that a person is different. I mean, we should probably speak about xenophobia in general rather than a prejudice towards a certain specific nation. (a female Jewish respondent)</i>
(0 answers)	5. Hatred	(6 answers) <i>... You know that life isn't so good for Jews not only in Lithuania, but also other countries <...>, so to speak, on the one hand, because of certain hatred towards Jews. (a male Jewish respondent)</i>
(0 answers)	6. Negative exclusion	(6 answers) <i>It was painful then. I felt different, but in a negative way. (a female Jewish respondent)</i>
(0 answers)	7. Positive exclusion	(2 answers) <i>Well, there wasn't. I was only told that my father was a Jew, he was very intelligent. (a female Jewish respondent)</i>

*The frequency of answers in the interviews of all ethnic minorities is indicated in the brackets.

It is easier to describe discrimination by examples of specific events and situations rather than by a general concept. Two categories were distinguished in this theme, i.e. actual and implied events. The representatives of ethnic minorities consider the above-mentioned social and political decisions, such as closing of their schools, difficulties related to their citizenship, different bans on their language, for example, changing of street names, rules for writing surnames, as discrimination. Giving nicknames was also assigned to actual discriminating events in both groups (*'it, certainly, hurt that I wasn't called one way or another, instead I was always called by my ethnicity. And... there are loads of compliments they say,'* – a male Jewish respondent).

As mentioned before, discrimination may appear in the structure of the language itself (Green, 2007). Its signs may be detected in the Lithuanian language as well. Even the common name of the ethnicity, a 'Pole' or a 'Jew', may quite often be used as an offence, humiliation (*'a colleague of mine <...> said that she sold her car to a Jew and apologised immediately to me: 'I'm sorry, maybe, I insulted you,' because she mentioned Jews. I didn't even understand, it means that it was kind of humiliating towards a Jew, and it really is,'* – a female Jewish respondent). This is particularly evident in the comments online.

In the group of Jewish respondents, the Neo-Nazi parade is, with no doubt, viewed as a discriminating event:

'There is this ambiguous annual parade of skinheads and nationalists in... when people march and shout 'Jews must be killed, juden raus' or 'Jews out'. We can't accept it with enthusiasm. Just can't.' (a female Jewish respondent).

This is where the perception of discrimination as a threat to health that quite a few Jews have is revealed. In general, Neo-Nazis or 'skinheads', as many Jews call them, evoke fear, threaten by physical force, and their movement reminds Jews that Anti-Semitism has not disappeared anywhere. A new wave of Anti-Semitism is felt in Europe (*'In Hungary, an Anti-Semitic party, a nationalist party, is on the rise, those who will join it want to compile [lists], in Finland as well,'* – a female Jewish respondent). There was not a single mention of this parade by the Polish respondents. As it has already been proven (Bombay et al., 2014), discrimination that was experienced once in the past results in greater sensitivity to negative stimuli and greater inclination to interpret them as discrimination. Maybe it is the reason why Jews also speak more often about anticipated and imminent discrimination (which does not exist yet), and they name the threat as physical on the basis of their painful experience. Besides, Jews also feel being discriminated against more because of the physical aspect of their appearance (*'What distinguishes a person at first sight, I think, a different appearance. And I look so untypical,'* – a female Jewish respondent).

SOCIAL TRANSFORMATIONS AND DISCRIMINATION

The Polish respondents, who do not have such distinctive features, more often stated that they are discriminated due to the difference in languages (*'My mother, she suffered a lot because of Lithuanian... because she can't speak Lithuanian. She used to say that'*, – a female Polish representative). And, according to them, it started after the restoration of Lithuania's independence. Russian-speaking Jews also stated that they were discriminated against due to the same reason. This aspect of discrimination emerged only after the restoration of Lithuania's independence because before that, all people who spoke Russian were equal. When another official language was legitimised, Lithuanians acquired a great advantage.

'A gap opened up between people. Division by ethnicity was immediately felt. <...> my grandparents who spoke Polish all their life, who spoke to everyone in one language, all of a sudden felt, mhmhmh, how should I put it? A shock that after the restoration of independence the same people who spoke Polish started to speak Lithuanian to them.' (a female Polish respondent).

According to the respondents, in modern-day Lithuania, they are faced with pressure to learn the language. They feel both external pressure (*'since there are a lot of reproaches that ethnic minorities speak Lithuanian poorly'*, – a female Polish respondent) and internal pressure (*'I try to speak beautiful standard Lithuanian. It's a demanding requirement for myself'*, – a Polish respondent). The interviews revealed the feeling that the inability to speak Lithuanian is a strong basis for discrimination, and the desire to avoid it is expressed by the objective to learn it perfectly, are distinguished in this way. Resentment that Lithuanians themselves distort their language more than other foreigners is often evident as well.

As some respondents recognised, they experienced less discrimination during the Soviet times than in independent Lithuania (*'In fact, problems appeared after the restoration of independence, when arguments started among children 'you are of this nationality, and you are of this ethnicity'*, – a female Polish respondent). In general, it is hard to tell whether discrimination was weaker earlier. The comparison of these two periods revealed that in the Soviet times the language was less often seen as a disadvantage, it was declared publicly that all nations were equal. However, quite a few respondents, Jews in particular, mentioned the 'fifth column', i.e. the requirement to write their ethnicity in the passport, as well as the restrictions they were faced with because of that. It was usually discrimination at the official level:

'There was this case and discrimination of Jews was clearly felt at that time but at the official level and I never felt it from my friends. Official Anti-Semitism was felt very clearly. But not in people's relations, no.' (a female Jewish respondent).

In Soviet Lithuania, discrimination was not overt. It was concealed, disguised by other explanations, although representatives of ethnic minorities felt that it was related to their nationality or ethnicity. Such a situation stimulated suspicions and search for explanations. Even now discrimination often is not directly personal, anonymous, but rather open. Anonymous comments online

are among the most ingrained forms of discrimination (*'Because it's all about negative opinions, it doesn't come from people. It originates from the comments in Delfi, it's like <...> underground sources of information, they're poisonous'*; – a female Jewish respondent). The research revealed questions raised by the representatives of ethnic minorities: could they be related to some ordered attempts to incite discord between the nations? (*'I'm just interested. Are they real people there <...> maybe, there, maybe someone orders negative comments, I don't know'*; – a male Jewish respondent). Their experience with discrimination makes them look for the explanation that stands behind it.

Interestingly, in several interviews, the theme that Lithuania was not seen as a part of the Soviet Union emerged (*'We lived through this period. In Lithuania, it was milder anyway than, maybe, in the Soviet Union'*; – a female Jewish respondent). The statements reveal pride in Lithuania both during the Soviet times (*'When it was a part of the Soviet Union, I always considered Lithuania the best of 15 Soviet republics'*; – a female Jewish respondent) and now. They care about Lithuania's future (*'I want my children to live here and to live in Lithuania which is prosperous, so I don't run away'*; – a female Jewish respondent). However, a problem arises when pressure is felt to choose one or the other side, and the representatives of ethnic minorities do not feel like they truly belong in Lithuania, or in the country of their nationality (*'When you go to that country where you sort of belong because of your nationality, everything turns upside down and it turns out that you are already Russian there. So, if I left this country being a Jew, I arrived there being Russian'*; – a female Jewish respondent). A compromise is sought for, i.e. to adapt in Lithuania and not to forget one's own culture at the same time (*'So, you have to adapt all the time, we live in Lithuania, not Poland <...> we take our children to different places and theatres which also come on tours from Poland, etc., but at the same time it's clear that they have to adapt, know, communicate because they are the citizens of Lithuania'*; – a female Polish respondent).

According to the respondents, they not only feel a difference between different political systems in Lithuania, but the theme of the generation gap also emerged quite often in the interviews. The younger generation which grew up in independent Lithuania (respondents aged between 20 and 36) noted that their attitude towards discrimination is different from their parents' who more often associate difficulties with discrimination on the basis of ethnicity. This data corresponds to Bombay's (2014) theory of impact of past discriminatory experiences: people who have experienced hostile behaviour later perceive neutral situations as more discriminatory. The same applies here, and although there is data that the experience of a cultural trauma is passed from generation to generation (Gudaitė, 2004), older people for whom the experience of the Holocaust was their and their families' reality more often relate their current troubles with discrimination on the basis of ethnicity:

'No, I haven't experienced it personally. But <...> my father sometimes had these thoughts that this happened because I'm a Jew. What I thought was 'no, certainly, not because of that.' (a female Jewish respondent).

REACTION TO PERCEIVED DISCRIMINATION

Although the interviews revealed that some talks about discrimination take place in families, the respondents of Jewish origin stood out among the other groups because they talked less often about feelings, emotions or family members' shocking experiences in their families than the other groups of respondents indicated in the questionnaire. This may be related to the fact that during World War II and in the Soviet Union they and their families were taught not to speak about any difficulties related to their ethnicity and historical experience, in general, in order to avoid punishment (*'my father told that I have to study hard and not to talk at school about what he told me about it [history of the Jews]'*; – a female Jewish respondent). Since this self-defence strategy is deeply ingrained, painful experiences may be shared in families less often.

On the other hand, it is very important for representatives of ethnic minorities to speak about their historical experience and feelings. The possibility, which opened up after Lithuania restored its independence, to recognise the nation's experience publicly is considered to be one of the greatest advantages for ethnic minorities: they no longer have to hide, fear for their past, the historical injustice has been acknowledged.

T: At that time, it was at least publicly said that Jews were murdered – earlier it wasn't said like that.

G: Is it important to you that it was said like that?

T: It's very important for me. (a female Jewish respondent).

Grievances remaining after the war resulted in difficulties for the representatives of ethnic minorities which did not necessarily manifest as open discrimination:

'It was probably difficult for us to communicate with Lithuanians – we were separated by the war. We were very separated by the war, very. Very. Although we didn't exactly know what happened, we instinctively avoided, avoided. <...> a lot of people didn't want their children to stay in Lithuania.' (a female Jewish respondent).

On the one hand, the injustice of the war built a wall between neighbouring nations, however, the majority understood that the nation is not to be blamed, individual people are guilty (*'not everyone behaved in the same way. The criminal has a concrete name and surname'*; – a female Jewish respondent). The same applies to discrimination nowadays. The research revealed the trend to not to generalise discrimination and hostility by assigning them to the entire Lithuanian nation. On the contrary, there is a feeling that they want to mix with the people of this country and those who discriminate are not seen as creating any value. Discrimination is associated with darkness and ignorance (*'Well, it's not discrimination, they are just, how should I put it, statements of not very clever people'*; – a female Jewish respondent), wrong attitudes and belief in stereotypes (*'there are a lot of stereotypes about Jews. As a result, different misunderstandings take place, rumours spread. It's very difficult for us because of that'*; – a female Jewish

respondent), family values which support discrimination (*among ordinary people, not Neo-Nazis, there's an attitude, I don't know, the attitude towards the Jews which is inborn or inherited from parents. I can't understand why*, – a female Jewish respondent) or even mental problems (*I, for example, think that these people are not completely sane and it helps me*, – a male Jewish respondent). Explanations for the irrationality of discrimination and hatred which is hard to perceive are looked for because Lithuania is the home of everyone living here, irrespective of their ethnicity.

I don't know, this nostalgia and love for Lithuania, I don't know, I think that they are two very close nations which lived together for so many years'... (a female Jewish respondent).

CONCLUSIONS

1. The representatives of ethnic minorities speak about discrimination they've experienced on the basis of ethnicity in three ways: (I) as experienced personally, (II) as not assigned personally to oneself and (III) as experienced due to being a foreigner rather than due to being specific nationality or ethnicity.
2. Those who do not experience discrimination on the basis of ethnicity relate it with a good command of the language, equality before the law, and the ability to avoid situations where discrimination could manifest itself. The relevance of the theme is revealed by the fact that even respondents who do not experience discrimination consider what the reasons for it are.
3. The respondents of Jewish origin more often saw discrimination as a threat to their health or life (may be related to the experience of physical discrimination during the Holocaust), and the respondents of the Polish origin – as a threat to their social and material welfare.
4. The Jews, who experienced more discrimination on the basis of their ethnicity historically, more often recognise that they experience it even now, distinguish more manifestations of discrimination, i.e. take more environmental stimuli as discriminatory. On the other hand, it was revealed that compared to the experience of the Holocaust, current discrimination is often considered a minor problem.
5. The language was less often seen as a disadvantage during the Soviet times than in independent Lithuania, when it was declared that all nations were equal. However, at that time, ethnic minorities were faced with concealed, disguised discrimination, usually at the official level.
6. Discrimination is not generalised and assigned to all people, i.e. those who discriminate are often seen by the representatives of ethnic minorities as not creating any value, and discrimination is related to ignorance, wrong attitudes and even mental problems.

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SPECIFIC TRAUMA EXPERIENCE

LIVING AFTER THE CLEAN-UP WORKS IN CHERNOBYL – BOTH A PSYCHOLOGICAL AND A CULTURAL TRAUMA

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After one of the four Chernobyl Nuclear Power Plant reactors exploded on 26 April 1986, a large quantity of radioactive material was released into the environment, eventually spreading across all of Europe. To date, this accident is considered the largest atomic catastrophe in the world, and not just because of the damage directly caused by radiation. Indeed, multiple authors (Bromet, 2012; Hoffman, 1986; Petryna, 2011; Shlyakhter & Wilson, 1992; Marples, 1996) have specifically emphasised the catastrophe's political context. How the accident was handled at that time within the Soviet Union was partly a result of Soviet ideology, an integral part of which was the idea of communism constantly progressing (Casier, 1999). Progress and a vision of a bright future were put forth while ignoring or attempting to obscure facts and residents' experiences that contradicted this (Putinaitė, 2007). In the case of the Chernobyl accident, that meant concealing factual information (Marples, 1996). Official announcements about the accident were late, denied any danger to residents and contrasted with rumours that were spreading (Girard & Dubreuil, 1996; Speckhard, 2002). People lacked reliable information about not only the accident but also the short- and long-term effects of the released radiation (Hoffmann, 1986). Nor were they able to use necessary safety means (Speckhard, 2002). Such a situation was conducive to false beliefs gradually taking root about the accident's reasons, the number of victims and the short- and long-term effects of the radiation (Rahu, 2003; Havenaar, 2002). Eventually, society even began to associate Chernobyl with visions of war or the end of the world (Girard & Dubreuil, 1996; Eranen, 1997).

Yet toxic catastrophes are marked by extraordinary doubt regardless of their circumstances. It is precisely the inability to perceive radiation with the senses that causes those exposed to it to be reliant on externally provided information. Keeping in mind, as well, that people are prone to believe in a greater latent danger than has been publicised (Weisæth & Tonnessen, 1995; Tonnessen, Mardberg, & Weisæth, 2002), victims may thus never gain clear knowledge of when they were affected by a toxic material or whether they were affected at all, what the material's effect is, and how much later it may manifest (Havenaar & Brink, 1997). Because of this uncertainty, persistence and future direction of the threat, the effect of toxic catastrophes is referred to as a silent trauma (Weisæth, Knudsen, & Tonnessen, 2002). That means that exposure to radioactive danger, i.e., the knowledge that you are or have been in a zone of increased radiation, is a particularly strong source of stress, one that is even capable of causing

psychological trauma (Green, Lindy, & Grace, 1994; Havenaar & Brink, 1997; Weisæth, Knudsen, & Tonnessen, 2002). Thus, with regard to the circumstances of the Chernobyl disaster, we can draw a conclusion that the policy of secrecy that accompanied the accident only served to further increase the anxiety that was caused by uncertainty, which is typical of such catastrophes (Shlyakhter & Wilson, 1992).

One of the groups of victims of the Chernobyl catastrophe is people who participated in work to reduce the after-effects of the accident. From 1986 to 1990, there were approximately 600,000 such workers (UNSCEAR, 2000), generally referred to as 'clean-up workers'. Yet it must be noted that the usage of this term, which originated in the Soviet Union, essentially indicates that clean-up workers eliminated the accident's after-effects, while in reality they merely reduced the damage that was done (Belyakov, Steinhæusler, & Trott, 2000). While keeping in mind this potentially misleading connotation, we will continue to use the term 'clean-up workers', because it is widely used and also found in acts of law of the Republic of Lithuania. Indeed, under the country's law, the clean-up workers are recognised as victims of the Soviet occupation. According to data from the Ministry of Health of the Republic of Lithuania (2007), almost 6,000 such individuals are registered in Lithuania. Lithuanians were taken to Chernobyl right up until the restoration of independence; most of them were in the USSR army's reserve at the time and performed various types of construction and cleaning work (Kesminiene et al., 2002). The effect on the clean-up workers of having been in the zone that was polluted by radiation is not completely clear to this day. According to official data, each of them received an average dose of 100 mSv (millisieverts) of radiation at Chernobyl, with some receiving more than 250 mSv (Cardis & Hatch, 2011). In comparison, according to Lithuanian hygiene norms, additional annual exposure cannot exceed 1 mSv, but, on the other hand, it is deemed that if exposure does not reach 1000 mSv, no bodily reaction takes place (Wahlstrom, Nedveckaitė, & Skaržinskienė, 2001). Nevertheless, most clean-up workers did not have an opportunity to discover exactly how much radiation they received. It is thought that only 2–3% of them had personal dosimeters (Belyakov et al., 2000). Furthermore, the organisation of work at Chernobyl featured various systematic shortcomings, there was a lack of safety means and workers did not abide by basic safety requirements (Speckhard, 2002; Kopčinskas & Štainbergas, 2012). These factors may have resulted in certain individuals being exposed to significantly higher doses of radiation than was announced publicly. Ultimately, determining the radiation's effect on the clean-up workers is also hampered by the fact that it depends on individual factors such as a person's health, while the long-term effects of small doses of exposure (up to 200 mSv) have not been fully researched (Wahlstrom et al., 2001). There is a widespread belief in society that they are catastrophic (Cwikel, Havenaar, & Bromet, 2002).

Keeping in mind this uncertainty related to the dosages received, it must be said that long-term studies of the health of Chernobyl victims have not as yet dispelled these uncertainties. There is still fierce debate about whether the effects

of the radiation that was spread after the Chernobyl accident are exaggerated or – on the contrary – have not been appreciated sufficiently. Nevertheless, the only universally recognised medical effect caused by the Chernobyl accident and indisputably related to the radiation dose received is an increased risk of developing thyroid cancer among children and teenagers exposed to radiation (Kinley, 2005; Cardis & Hatch, 2011). Although studies were conducted attempting to confirm a link between small radiation doses and increased cases of leukaemia, various other forms of cancer, cataract, cardiovascular disease and dementia among adults, considering the limitations of the studies, a conclusion cannot be drawn that such morbidity is related to radiation specifically and not, for example, to more frequent routine health examinations of victims of radiation (Kindley, 2005; Cardis & Hatch, 2011; Bromet, 2012).

Another reason for more frequently seeking the help of medical specialists and being diagnosed with diseases among those who encountered the Chernobyl accident could be anxiety felt by them regarding their health (Havenaar et al., 1997). According to Havenaar, de Wilde, van den Bout, Drottz-Sjoberg, and van den Brink (2003), various cognitive variables such as hazard perception, risk perception and sense of control can lead to subjective health problems. Thus, the international scientific community places particular emphasis precisely on the psychological effects of the Chernobyl disaster (Cwikel et al., 2002; UNSCEAR, 2000). For example, a lower sense of psychological well-being and a worse assessment of health-related quality of life were established in the exposed population (Havenaar et al., 1997), and instances of anxiety, posttraumatic stress disorder (PTSD), depression and medically unexplained symptoms were more common (Kinsley, 2005). In a study of the Estonian clean-up workers (Rahu, Rahu, Tekkel, & Bromet, 2006), an increased risk of suicide was found 17 years after the accident. Studies have also established signs of long-term trauma such as unabated anxiety over health effects (Adams, Guey, Gluzman, & Bromet, 2011) and an effect on the psyche that gets even stronger over the years. For instance, according to data from a study by Rummyantseva and Stepanov (2008), the clean-up workers' stress reactions were prone to develop into full PTSD only 2–3 years after returning from Chernobyl. Such results can be related to the aforementioned particularities of the radiation threat – i.e., the belief that its effects can manifest after a period of latency.

The reaction to the accident in the communist Soviet Union has already been discussed at length. The Soviet Union collapsed just five years after the accident, while Lithuania had restored its independence even earlier. First and foremost, this created an opportunity for various information about the Chernobyl disaster to be freely disseminated. It is difficult to say how much of that information was accurate and how much was distorted by the sensationalist press. Because when society loses faith in a source of information, everything that is later related to it raises suspicions (Peters, 1996, Byrd et al., 2001, citing Cwikel et al., 2002). Thus, the question of how possible it is to restore society's faith in official information after the flow of Soviet disinformation about the

Chernobyl accident and its after-effects remains an open one. Also, the fall of the Soviet Union in general and the first steps of independent Lithuania in particular led to major socioeconomic changes, which meant modifications to the social benefits system that were especially relevant to clean-up workers (Bromet, 2012; Petryna, 2011; Ioffe, 2007). Keeping in mind the cult of heroism and sacrifice for a common goal that was characteristic of the Soviet Union (Aleksijevič, 1999; Putinaite, 2007), we can also consider that, as the dominant discourse changed, the clean-up workers lost their status as heroes. The Lithuanian clean-up workers were suddenly considered the rescuers of a foreign country's citizens, usually doing so not of their own free will and thus called 'victims'. In one study of the clean-up workers (Rumyantseva & Stepanov, 2008), this conflation of the roles of hero and victim are reflected in an interesting manner; most of the clean-up workers who participated in the study expressed pride in this chapter of their lives yet also felt as though they had lost part of their future, convinced that a premature death awaited them. Ultimately, the stigmatising Soviet legacy may also have affected the willingness of the Chernobyl accident's victims to seek the assistance of mental health professionals. In the Soviet Union, psychiatry was used for political ends (van Voren, 2010), and there was a tendency to diagnose irrational phobias such as 'radiophobia' – constant unfounded apprehension about radiation's effect on health – rather than recognising the psychological stress experienced by victims (Girard & Dubreuil, 1996; Bromet, 2012).

Thus, we see that the unabated uncertainty and anxiety about one's health that are caused by the danger of radiation are uniquely closely intertwined with the sociocultural context accompanying it – both the particulars of the Soviet Union and the years of change that followed. It must be noted that these links have not hitherto been studied, nor has the experience of clean-up workers living in Lithuania. Thus, the study described here attempts to fill these gaps and reveal the varied, subjective experience of clean-up workers and its perceived effects as well as compare the clean-up workers' psychological sense of well-being today with data from a representative Lithuanian population sample.

METHODOLOGY

Participants. The study participants were Lithuanian men who had performed post-accident clean-up work at the Chernobyl Nuclear Power Plant. The study participants' contact details were provided by chapter leaders of the Chernobyl Movement of Lithuania and by the Genocide and Resistance Research Centre of Lithuania. Invitations to participate in the study were issued on the basis of purposive sampling in seeking to gather a sample of clean-up workers with as varied a Chernobyl experience as possible. The study comprised 32 clean-up workers between the ages of 47 and 77 (the mean age was 59 years old) who lived in various Lithuanian cities, towns and villages. Half of the study participants headed to the clean-up site in 1986 (12% went 1 month after the catastrophe

and 41% went after 6 months), while the other half went in 1987 or later. Most of them participated in the clean-up work for 2–3 months (59%), but some of them worked there for up to six months or even longer (41%). Half of the participants held leadership positions at Chernobyl (most of them were officers), while the other half were implementers (various civilian occupations or conscripts).

Research methods. This study combined qualitative and quantitative research methods. Qualitative research methods were used in order to reveal the clean-up workers' experience. Qualitative data were collected with the help of a semi-structured interview. Initially, an exploratory study was conducted (5 study participants), after which the number of open questions was reduced in order to optimise interview time. After the exploratory study, the open questions were trimmed down to the following:

1. What do you remember most about being at Chernobyl?
2. How does the Chernobyl experience affect you today?
3. How did the restoration of Lithuanian independence affect your life or your family's lives?
4. How could the restoration of Lithuanian independence be related to the consequences of Chernobyl that you experienced?

The aforementioned main questions were given to all of the study participants. They were also given additional questions that were meant to direct the study participants' discourse somewhat more towards reflecting emotional experience and the particulars of their coping strategies as well as towards self-analysis. The interviews were recorded digitally and transcribed as textual documents. The interviews were performed by four researchers with an educational background in psychology (Aurelija Auškalnytė, Birutė Miknytė, Dovilė Grigienė and Vaiva Štaraitė). Regular discussions about the interview process helped calibrate the researchers' interviewing styles and ensure high-quality interviews.

Quantitative research methods were used to evaluate the study participants' subjectively rated sense of well-being (WHO-5, 1998; the quantitative questionnaire asked participants to complete the statement, 'my health is...'), events experienced in life (LEC, Gray, Litz, Hsu, & Lombardo, 2004) and the manifestation of posttraumatic symptoms (TSQ, Brewin, 2002) (for more detailed information about these tools, see the *Study Methodology* section) and to identify their views about Lithuania. In order to answer the question of whether the clean-up workers' sense of well-being differed from that of other Lithuanian men, the clean-up workers' data were compared to a representative sample of Lithuanian men. In order to answer the question of whether the clean-up workers' present-day sense of well-being is what it is specifically because of the Chernobyl experience, the clean-up workers' data were compared to a comparative sample that was specially selected for this purpose. The comparative sample consisted of Lithuanian men who did not differ from the clean-up workers in age, education, family status and number of potentially traumatic events experienced in their lives. The ages of Chernobyl clean-up workers was divided into three age categories, while experienced

potentially traumatic events were also divided into three groups, with breaks at the 33.33 and 66.66 percentiles. The comparative sample comprised men who matched the Chernobyl clean-up workers' age and potentially traumatic event categories as well as education and family status. The comparative sample's proportions for these variables do not statistically significantly differ from the Chernobyl clean-up workers' proportions, i.e., the Pearson Chi-Square of all comparisons is $p > 0.05$.

The course of the study. The study was conducted by meeting with the clean-up workers. At the beginning of the interview, the goal of the study was briefly presented to study participants, and they were encouraged to share their personal experiences and emotions. The interviews lasted about an hour, on average. Later, study participants would complete a quantitative data questionnaire.

Analysis of qualitative and quantitative data. The interviews were analysed using the thematic analysis method (Boyatzis, 1998). The analysis was conducted by a group of five coders. The process was based on the principle of consensus. Codes were derived from primary research material rather than from theory. During this process, many discussions took place, codes were revised and supplemented by going back to the primary material, and consistent code meanings and understandings of their usage conditions were sought within the group. The ATLAS.ti program was used for data coding and analysis. The validity and reliability of the code creation process were ensured by not straying from the primary research material, analysing the data in a group and seeking consistent evaluations among group members (Boyatzis, 1998).

The SPSS 15.0 data package was used to process the collected quantitative data. The Kolmogorov–Smirnov criterion was applied to test the normality of distributions. In order to determine differences in the sense of well-being, life experiences, traumatic symptoms and views toward life in Lithuania between the clean-up workers and the comparative sample of Lithuanian men, we applied the Student's criterion (for normal distributions) and the non-parametric Mann–Whitney criterion (for non-normal distributions).

RESULTS

Experience of coercion and injustice while being in Chernobyl

The theme of coerced transportation – and the Chernobyl experience as a coerced one generally – surfaced in clean-up workers' interview answers. It must be emphasised that it was not characteristic of all study participants. Those clean-up workers who went to Chernobyl of their own free will or under a labour contract did not mention experiencing coercion, nor did some radiation safety experts. Other study participants, while mentioning during the interviews that they went to Chernobyl against their will, did not accentuate coercion or viewed it ambivalently: 'They forced us to go there – they did that, but <...> somebody had to ... do those things'. Nonetheless, the vast majority of study participants

emphasised experiencing coercion: 'The crucial moment was when they took us from here, from Lithuania – the crucial moment nevertheless was coercion', and 'We were all stuck because of coercion <...> in that nonsense, in that cauldron, against our will'. When discussing coercion, the clean-up workers emphasised obeying commands in order to avoid punishment: 'You had to go. If you had refused, they would have taken you to a tribunal'. Prison was usually stated as the perceived threat, although even repression against family members was mentioned. Being at Chernobyl itself was also compared to prison, exile and even the specific experiences of relatives who had suffered due to Soviet repression: 'When I, myself, was at that Chernobyl, and many people want to ask me something, I don't want to get into it, remember or relate it <...> and I compare that to when my mother [a political prisoner], after those events, did not want to remember and did not want to discuss them'. The journey to Chernobyl itself was also reminiscent of deportation – the clean-up workers were taken suddenly and without preparation, some of them did not know where they were being sent, they endured physical discomfort during the trip, and they were transported in cattle cars or only at night. Such a trip was perceived as especially unpleasant: 'The bus was like ... as if it were transporting dead people – I had that kind of feeling. It was quiet, everybody with their own thoughts of some kind'. Besides this, the study participants also perceived being taken to Chernobyl as forceful separation from their families: 'In my family, I had very strong ties to my wife and kids. Losing them – I could not come to grips with that at all and changed a lot'. One study participant even mentioned divorce as a consequence of his forced separation from his family.

When talking about being at Chernobyl, the study participants discussed various instances of disregard for them. First of all, they felt a sense of unfairness over the lack of necessary safety means and information (about the accident, radiation levels and their effects, the distance from their lodging to the reactor, etc.): 'It was a Sahara ... empty ... sand, sand, sand, nothing else, just sand – no information'. Second, the clean-up workers were angered by unclear criteria for being released from Chernobyl and unscrupulous and nonchalant procedures for recording radiation dose exposure: 'They tell you how much you received. They tell you as much as they want. They can tell you without even looking'. Third, some clean-up workers thought of their time at Chernobyl as being present in a radioactive zone without performing any work or as carrying out pointless tasks that did not reduce the amount of radiation: 'We dug kindergartens. <...> We would drive out, then use the same trucks to bring back sand and pour it. That wasn't for show? Then they would measure that we had driven out with a smaller quantity of radioactive waste than what we drove in with', and 'Why do we have to be here? Why are we here? Because either way, you're not doing anything ... what ... you plant three trees in a day ... over a hundred people!' Finally, injustice was also endured when seeing individuals with higher positions receive better preparation for radioactive dangers and witnessing the payment of bribes as well as suspecting that the clean-up workers were being deliberately deceived

– driven in circles so that they would not realise that they were living near the reactor as well as being fed contaminated food. The study participants linked a variety of manifestations of injustice at Chernobyl specifically to the Soviet Union: ‘They want to use you, and that’s all – that so-called Soviet system’. The fear of disobeying orders was exacerbated by knowledge or apprehension about the presence of KGB representatives: ‘Maybe there were some ... KGB walking around. Somehow, everyone was afraid of saying anything’.

The clean-up workers’ experiences and coping with them: the sociocultural context

Uncertainty-induced anxiety and coping with it. ‘This complete unknown ... get by however you can’. The clean-up workers’ narratives both about being at Chernobyl and about today’s experience revealed the theme of uncertainty-induced anxiety. While at Chernobyl, this anxiety was linked to uncertainty about the radioactive threat as well as a lack of information about radiation levels, exposure, effects on health and the potential effect of the radiation in the future. The lingering uncertainty increased the perception of danger, encouraged suspicion and mistrust of the authorities, and caused constant anxiety: ‘The greatest negative effect was that you have this thought in your mind that ... that it’s dangerous here. ... You wake up with that thought, you go to bed with that thought, and you can’t do anything about it – and that’s the worst part’. While still at Chernobyl, the clean-up workers believed that even a minimal increase in radiation levels could cause cancer or inheritable disorders in future generations. Upon returning to Lithuania, the anxiety grew even stronger, because the study participants said they did not receive clear answers from specialists as to what consequences awaited them, how to care for their health going forward and when was the optimal time to have children: ‘You fear what you don’t know. You don’t know when that will come to light, how it will come to light, for you, for your kids, and so forth. This really weighs on you’. Today, the vast majority of clean-up workers feel irreversibly infected: ‘The body knows. It knows that it has been to Chernobyl. It senses that’. They are also prone to link any and all health problems to the radiation they received: ‘If it begins to hurt, you think that Chernobyl has come ... because, really, if somebody dies, they’re quick to say that it was Chernobyl’. Thus, they constantly endure unfading uncertainty-induced anxiety regarding their health in the future: ‘We’ve already reached a state of depression, because we no longer know what our deal is – because at any minute we can get sick and ... and psychologically you’re always living with stress and thinking what’s going to happen later’.

The social context for the clean-up workers to deal with uncertainty-induced anxiety was not favourable either in the Soviet Union or in independent Lithuania. The Soviet policy of secrecy heightened this anxiety and suppressed constructive ways of dealing with it. Collecting information about the situation at Chernobyl and using information received earlier about radiation was possible only for some individuals who held high positions. Others, who could not reduce the amount of

uncertainty, were left to deal with anxiety relying only on themselves: 'Well, you had to control yourself somehow, hold on tight, brutally'. Still others disregarded the danger: 'So I could not have cared less while at that Chernobyl. For two days I may have given it a second thought, but later I played dumb and ... and ... and ... it wasn't bad for me at all. <...> Well, you play dumb, so you don't know where you are'. After the political system changed, the clean-up workers' chances of coping with their uncertainty-induced anxiety were again based mostly on the person's own resources alone – for example, on such qualities as a basic feeling of security, optimism and hope: 'The strange thing was that the forest all around was brown, but that pine tree was green. <...> I said, why did all the others dry up while this one stayed green?' The clean-up workers' ability to maintain meaningful relationships and get involved in various activities also arose, for instance: 'It's a good thing that I'm so enterprising. They say that I forget that I'm sick'.

Powerlessness and coping with it. 'There's nowhere to run – nowhere, nowhere.' In the clean-up workers' recollections from Chernobyl, the theme of powerlessness revealed itself as the inability to protect oneself from radiation due to its penetrating nature, the dearth of adequate safety means and the inability to put up resistance against the Soviet regime. The clean-up workers felt doomed by that regime: 'but such is the fate of those men, I mean, that they can lock you up and that's it – you won't get out. There's no way you'll get out'. They were powerless to change the situation: 'like a little lamb driven there and ... you do your job, and that's all'. And they were powerless to defend themselves: 'Nobody defended me, and I could not, as they say, actively defend myself'. Although the study participants noted that the situation at Chernobyl angered them, they were completely unable to express anger at that time. Today, the experience of powerlessness is endured as a feeling of irreparable harm: 'For us, ... nothing is going to change. Nobody is going to restore our health or anything. That's it'.

To evade powerlessness, some of the clean-up workers dove into omnipotence and grandiosity ('We are men; we can do anything'), others drowned the feeling of hopelessness in alcohol, and still others mentioned their colleagues' suicide attempts. Some other clean-up workers tried to come to terms with their limited power: 'The times were like that. And you were a small cog. And nothing – nothing – depended on you. You simply had to do what you had to do, and that was it'. Still others increased their sense of power by finding useful activities, such as taking care of struggling clean-up workers, local people, or abandoned animals and reclaiming personal responsibility for their lives and health: 'Protect yourself, and God will help'.

Enduring meaningless sacrifice and searching for meaning. 'Nobody is going to return there to live, ... and all of that work, that soil digging of ours was ... meaningless.' For some of the clean-up workers, the theme of meaningless sacrifice that arose was related to the feeling that they had performed clean-up work at Chernobyl of doubtful value, work that the regime had attempted to impart with meaning by bestowing the role of hero on them: 'The first month, I

saw that I had to fulfil some kind of duty. They pumped us full [of propaganda]. ... We see the situation, and it's almost like we're heroes. ... But later, the second month, I was no longer doing any work. ... And I could see that I had had enough. The point, the goal had disappeared for me'. Other clean-up workers have endured a lack of meaning precisely because their experience is not recognised today. While the clean-up workers were working at Chernobyl, the respect and recognition of those around them were important factors that helped impart their experience with meaning: 'That kindness of the locals helped a lot. We knew that we were doing good work and that that work was necessary and useful to people'. Once Lithuania became independent, they were recognised as victims of the Soviet occupation, while the privileges that had been granted or promised by the Soviets were reduced. At that time, the clean-up workers began to feel a lack of recognition as lifesavers: 'Nobody understands us. You don't understand this thing – to save the world'. Today, they express grievances and a lot of open anger directed towards the Lithuanian government and society for a perceived lack of support for them. The clean-up workers feel that their experience – both the long-term physical and psychological effects of encountering radiation and the experience of coercion – have not been sufficiently comprehended and recognised publicly. They feel left behind, forgotten and unappreciated: 'In 1992, not a single Chernobyl clean-up worker was elected to the Seimas. <...> That was the first answer to their desires for appreciation – they were not appreciated adequately, but it was very clear. Being a Chernobyl clean-up worker doesn't mean anything to anyone'. The sense of injustice is also a result of comparing their own situation with the better situation faced by clean-up workers in other countries, as well as of politicians shirking responsibility by claiming that 'Chernobyl was the Soviet Union's catastrophe, not Lithuania's'.

As previously mentioned, some clean-up workers used alcohol as a coping mechanism while at Chernobyl, suppressing the experience of senselessness that way. Others nevertheless attempted to impart meaning to their presence there by setting a personally meaningful goal (for example, educating others and caring for their safety) or found meaning by sacrificing for others: 'in truth, we are working and ultimately sacrificing our health, but <...> for the good of other people'. Some participants mentioned that they had become psychologically stronger through this experience, as it had raised their self-respect and had encouraged them to contemplate the meaning of life. Most clean-up workers mentioned that the ability to maintain friendly relations and being guided by humanity as the highest virtue were essential in helping endure this experience.

The clean-up workers' subjectively evaluated sense of well-being today

The results of the thematic analysis revealed that the coercion, injustice, lack of information, powerlessness and meaningless sacrifice related to the Chernobyl clean-up work that the clean-up workers endured have had a significant long-term effect. This effect has manifested itself, first and foremost, in that the clean-up workers link their health problems with the radiation they

received, feel irreparably infected and are anxious about illnesses that could potentially arise in the future. Furthermore, we determined (Auškalnytė, Skruibis, Povilaitienė, Grigienė, & Gailienė, 2014) that the anxiety felt by clean-up workers has manifested itself through such Posttraumatic Stress Disorder symptoms as increased irritability, being high-strung, and sleeplessness. From their narratives, posttraumatic invasive and avoidance symptoms were also recognised, as were negative convictions about the world, sensing constant threats and, in some cases, decreased affectiveness or interest in life, a sense of alienation and self-destructive behaviour. It should be noted that the study participants did not comprehend most of these symptoms as being psychological consequences of the traumatic Chernobyl experience.

Thus, in order to check whether the tendencies regarding the clean-up workers' subjective sense of well-being that have been revealed by the qualitative study results are significant and can be construed as consequences of the Chernobyl clean-up work, we also analysed quantitative data on the clean-up workers' present-day comprehension of their well-being. Seeking to answer the question of whether the clean-up workers' comprehension of their well-being differed from that of Lithuanian men, we compared the clean-up workers' data to data from a representative sample of Lithuanian men ($n = 259$) and a representative sample of middle-aged or elderly Lithuanian men ($n = 164$). In order to answer whether the peculiarities of the clean-up workers' sense of well-being can be explained as a result of the Chernobyl clean-up work experience, we formed a comparative sample ($n = 32$) that was similar to that of the clean-up workers in terms of age, education, family status, and quantity of experienced life events (LEC) but without Chernobyl clean-up work experience.

After comparing the clean-up workers' subjective sense of well-being according to the WHO scale (Figure 1) and health evaluation (Figure 2), we determined that the clean-up workers rate their well-being and their health more poorly than do other Lithuanian men. This difference remains during comparisons to older Lithuanian men and the comparative sample. Although the WHO scale's differences with the comparative sample are not statistically significant, the tendency remains the same.

Compared to men in the Lithuanian population, differences in the number of potentially traumatic events experienced in life were not encountered (Figure 2), and the total number of these events was deliberately equalized with that of the comparative sample. Nevertheless, significantly higher estimates of traumatic symptoms were characteristic of the clean-up workers, and they also sought help from mental health professionals more often compared to both men in the Lithuanian population and the comparative sample (Figure 2). Thus, although the number of potentially traumatic life events experienced by clean-up workers was similar to that of all of the aforementioned groups, traumatic symptoms have expressed themselves more. That allows a presumption to be posed that the Chernobyl clean-up work experience was a traumatic event that also affected the clean-up workers' present-day sense of well-being.

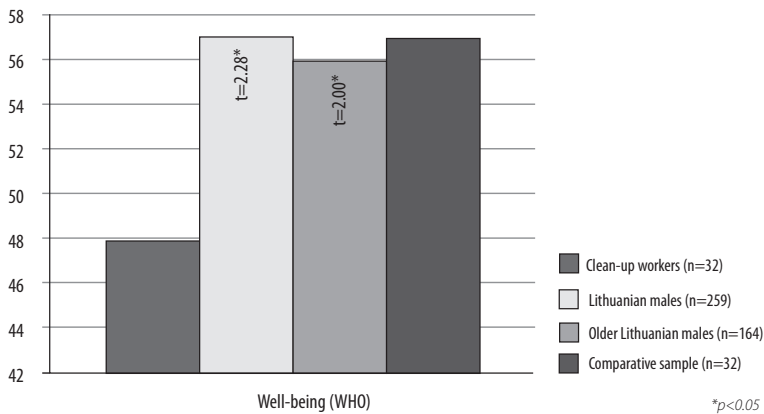


Figure 1. Differences between the comprehended well-being (WHO) of the clean-up workers, men in the Lithuanian population and the comparative sample (Student t criterion).

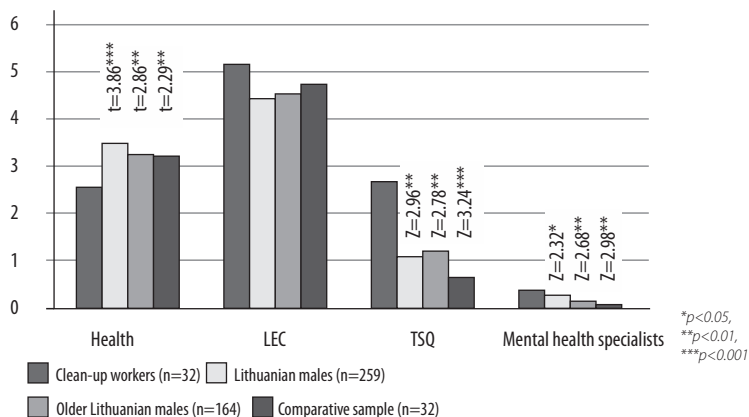


Figure 2. Differences in the evaluation of health, number of life events, traumatic symptoms and likelihood of seeking help from mental health professionals between clean-up workers, men in the Lithuanian population and the comparative sample (Student t and Mann–Whitney Z criteria).

Another question we posed was about how the clean-up workers' specific experience was reflected in their views on Lithuania. The study's results (Figure 3) revealed that, compared to other Lithuanian men, the clean-up workers' senses of it being good to live in Lithuania, of considering themselves patriots and of them being inclined to defend Lithuania are greater, but compared to the comparative sample, the only difference that revealed itself was a greater inclination to defend Lithuania. Compared to other Lithuanian men, the clean-up workers were also less inclined to rate life in Lithuania as better than life in the Soviet Union, but this difference disappears in a comparison with older Lithuanian men and the comparative sample. Thus, when controlling for age, this difference no longer exists.

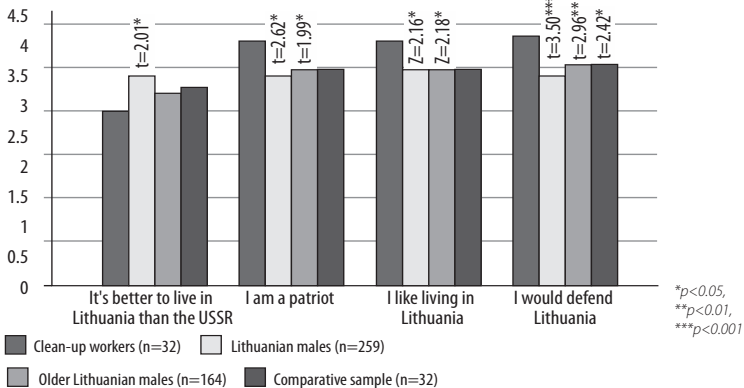


Figure 3. Differences in views on Lithuania between clean-up workers, men in the Lithuanian population and the comparative sample (Student t and Mann–Whitney Z criteria).

DISCUSSION

A thematic analysis of the results revealed that negative memories about the Chernobyl experience and the effect it has today dominated the narratives of the Chernobyl clean-up workers living in Lithuania. The clean-up workers most clearly remember situations and events related to experiences of coercion, injustice, prolonged uncertainty, powerlessness and meaningless sacrifice. This experience is also closely related to an unfavourable social environment and negative aspects of social changes. First, the clean-up workers experienced Soviet repression personally when performing coerced work under harmful conditions. Second, the restoration of Lithuanian independence resulted in not only positive changes in the lives of the clean-up workers but also certain negative ones. Finally, the society in which the clean-up workers lived was itself traumatised by the communist regime and also underwent social transformations. All of this allows us to reason about the cultural trauma experienced by the clean-up workers. Next, we will attempt to identify how this trauma arises in the clean-up workers' experience.

Uncertainty-induced anxiety and coping with it. Our study results show that the clean-up workers found themselves in a situation of extreme uncertainty at Chernobyl and experienced constant anxiety that was related to this. The uncertainty-induced anxiety could also have been increased by the fact that communication about small doses of radiation was not sufficient during the three decades after the accident. Although the effect of small radiation doses (up to 200 mSv) on health is questionable (Wahlstrom et al., 2001) and the predicted surge in oncological diseases did not occur (except for thyroid oncological diseases among children and teenagers) (Kinley, 2005), these research data have not been used to normalise the stress experienced by clean-up workers, even though it is known that sufficient knowledge is necessary for toxic crisis management and people's empowerment (Weisæth et al., 2002).

Our data show that most study participants endured the greatest threat

during the first stage of their time at Chernobyl. Later, they began feeling 'used to it', i.e., due to constant contact with the threat, they may have been able to repulse the fear and bring the situation back to normal, because they did not feel a threat that was perceptible to the senses, saw others living their everyday normal lives and were afraid of appearing weak before other men. Such 'adaptation' may have had short-term emotional benefits, but it was not useful when talking about safety, because the clean-up workers began to no longer take precautions, risking greater exposure to radiation.

Moreover, a coping strategy based on 'getting used to it' may have had long-term emotional consequences, because repulsing fear essentially 'froze' the anxiety – in the words of Cwikel et al. (2002), encapsulating it. Such encapsulated anxiety is not felt in the clean-up workers' daily lives, but any mention of Chernobyl awakens it, and it seemingly has a constant effect on their physical and emotional sense of well-being. The clean-up workers' constant apprehensions and bothersome thoughts about the state of their health can attest that their emotional experience has not been integrated into their autobiographical memory. The bothersome thoughts about them having lived in conditions of increased radiation and therefore being 'infected' by radiation and unavoidably becoming ill in the future are reminiscent of an alternating invasion–avoidance cycle (Horowitz, 2001). It appears that a situation of extreme uncertainty transformed into irrational knowledge that one is infected and that it is only a matter of time before this infection develops into a specific disease. This feeling can be interpreted as a long-term consequence of uncertainty-induced anxiety. In a society that had experienced cultural trauma, the social context was not favourable for the clean-up workers to deal with uncertainty-induced anxiety, and only certain personal characteristics of the clean-up workers (a basic sense of safety, optimism, hope, the ability to maintain meaningful relationships, the ability to get involved in various activities, etc.) helped them maintain internal balance and not break down. These characteristics are also an important resistance factor in other stressful situations, for example, it has been determined that optimistically-inclined people who expect positive outcomes in uncertain situations are prone to deal with stress-inducing events more successfully (Nes & Segerstrom, 2006).

Enduring and coping with powerlessness. The clean-up workers understood their situation as one that brought about a strong sense of powerlessness. Their fate depended on the Soviet regime, they felt unable to protect themselves from radiation and the clean-up work was coerced and carried out in an atmosphere fraught with fear. It appears that even the injustices and disregard for people that had seemed customary in Soviet life and the manifestations of senselessness due to the radiation's lingering threat were experienced more glaringly and painfully, thereby revealing their traumatic potential. Just as the radiation's threat sharpened the element of coercion, so too did the clean-up workers' knowledge that their contact with the radiation was coerced increase the comprehension of the threat posed by the radiation, because studies (for example, Denson, Spanovic, & Miller, 2009) have proven that events that are comprehended as negative and uncontrollable cause the greatest stress and have a harmful effect on physical health because of activated stress

hormones. It became clear that powerlessness was an essential theme of the clean-up workers' experiences.

The clean-up workers tried to deal with powerlessness in various ways. Some of them, driven by the Soviet propaganda's narrative about sacrificing for the USSR, dove into omnipotence and grandiosity. Others surrendered to the sense of hopelessness that was induced by powerlessness and attempted to distance themselves from it by abusing alcohol or, in extreme cases, by attempting suicide. It seems that the clean-up workers' experience of powerlessness was long-term and transformed over time into a sense of doom – as if health and life were irreversibly affected and ruined. Such a doomed attitude shows that the clean-up workers were prone to describe their identity as that of a victim whose fate was sealed. That could have worsened the clean-up workers' physical state and hindered treatment, especially of those study participants who had diseases related to radiation, such as asthma, diabetes, cardiovascular diseases, etc.

Of course, this sense of doom could also have been heightened by the fatalism that was characteristic of people who had experienced the Soviet regime, which has been described by the philosopher Putinaité (2007). Nevertheless, despite the unfavourable social context, which provoked and heightened the powerlessness that the clean-up workers endured, some of the clean-up workers' narratives reflected features that attested to resistance and were important to withstanding this experience, for example, the ability to come to terms with one's limited power, taking personal responsibility for one's well-being, and concern for others. These results are similar to the results of a study on Vietnam War veterans described by Herman (2006). A coping strategy oriented toward the problem, greater sociability and an internal locus of control were characteristic of resistant soldiers. The soldiers described by Herman understood war as a dangerous challenge rather than a place to prove one's heroism or a place where one will unavoidably become a casualty.

Meaningless sacrifice and searching for meaning. The study's results revealed that most clean-up workers have had difficulty imparting meaning to their experience, because some of them have doubts over the use of the work they performed or do not recognise its meaning due to a lack of societal recognition. In trauma psychology, it is known that a protective and confirmative social context is essential in coping with trauma (Herman, 2006). Formally, the Lithuanian clean-up workers were recognised – they were granted the status of victims of the Soviet occupation and the accompanying social concessions, but they continue to feel slighted that they have not received appropriate gratitude from society or the authorities, and they feel alienated and distant from those around them.

It may sound paradoxical, but the clean-up workers feel more aggression toward the Lithuanian government, which, it can be said, freed them from Soviet repression, than toward the Soviet regime, which induced the threat to their lives but also granted them the role of heroes. Such a transfer of anger from the true aggressor to those around them or becoming distant to those around them can be explained as a consequence of trauma (Herman, 2006). Passive aggression manifestations in clean-up workers' attitudes were found in the study by Rumyantseva and Stepanov (2008). Moreover, the attitude that the state has

to take care of the clean-up workers' health can be interpreted as a reflection of the powerlessness experienced at Chernobyl. This attitude could have been strengthened by the passivity toward health that was characteristic of the Soviet mentality in general (Cockerham, 1999).

That the clean-up workers identify both with the role of hero and with that of victim poses a problem of aggression. To solve it, it is necessary to disassociate from both of these roles (Kast, 2002; Herman, 2006) and find a new identity for oneself – one that remains after Chernobyl and the experience of social transformations. In fact, there are clean-up workers who avoided identifying with the roles of victim and hero. The others searched for meaning in various ways – attempting to impart the situation with meaning by setting a personally meaningful goal, experiencing the meaning of sacrificing for others, making an effort to maintain friendly relations with each other, and being guided by the principle that humanity is the highest virtue. Thus, the ability to see people as those for whom it is important to make an effort – to develop and maintain relations and genuinely care – helped counterbalance the inhumanity of the Soviet regime, ensured a meaningful experience for the clean-up workers in life's most meaningless situations and helped regain a sense of coherency, which is essential in coping with trauma (Herman, 2006).

An individual's traumatic experience and coping with it – two sides of the same coin. Whatever each individual clean-up worker's experience was, a tendency that arose when analysing both the qualitative and quantitative results of this study was clear – being at Chernobyl truly was traumatic and truly left a long-term footprint. First of all, the clean-up workers rate their well-being and health more poorly than other men of their age, because they feel infected and doomed. Also, their trauma symptoms are more expressed, and they reflect both an invasion-avoidance cycle and, as the clean-up workers themselves emphasise, sensitivity, irritability and being high-strung, as well as enduring feelings of constant threats, injustice, helplessness and more. It is likely that the experience of coercion and injustice – along with powerlessness as a response to this – could have been exacerbated by the histories of the country generally and of the clean-up workers' families suffering due to Soviet repression specifically.

Without a doubt, it also cannot be forgotten that the results presented here reveal only general tendencies in the clean-up workers' experiences. The experiences of individual clean-up workers can differ markedly from that which is discussed here, especially with different circumstances surrounding how the individual found himself at Chernobyl. Travelling to the site of the accident voluntarily, seeking to profit, going with a specific skill set to perform certain jobs, successful completion of assignments or a high military rank while at Chernobyl provided completely different chances of coping.

Nevertheless, even under the most unfavourable of circumstances, most clean-up workers invoked various coping mechanisms and remained fairly well-functioning members of society, which shows their resistance. When the exterior is frustrating, people search for impulses within themselves. This is attested to even by those who endured at Nazi concentration camps (Frankl, 1992; Sruoga, 1989). From trauma psychology studies, we also know about the posttraumatic

growth phenomenon (Tedeschi & Calhoun, 2004). The participants in our study also mentioned certain aspects of posttraumatic growth, such as re-evaluation of values, a deeper view of life coming into focus and a strengthening in their sense of closeness with loved ones.

A traumatised society – a factor encouraging cultural trauma? While scrutinising the clean-up workers' psychological trauma and mechanisms for coping with it, we posed the question of how society has participated in this process. It is known from trauma psychology research that the initial reaction to trauma is mostly individual, but later reaction is closely related to the victim's personal cultural environment (deVries, 2007). Various unfavourable social environment factors have been previously mentioned. Such a situation may also be related to difficulties of society itself in accepting the clean-up workers or other groups with traumatic experiences. First of all, our society was never suitably informed about the clean-up workers' situation and well-being. Our study results show the clean-up workers' experience in dealing with this lack of knowledge by society (in light of this, we have presented recommendations at the end of the article). Furthermore, as we know, the communist regime traumatised Lithuanian society (Sztompka, 2004), leaving its negative stamp on our sense of community and emotional literacy. It is not surprising that such a wounded society could have more trouble accepting a vulnerable group. This assumption could perhaps be supported by the fact that the stigma in our society remains fairly widespread relative to various other vulnerable groups (EUROBAROMETER 2006, 2010). Thus, it is clear that the clean-up workers have not had sufficient opportunity to impart their traumatic experience with meaning in our society and are often inclined to describe their identity as that of a victim or a hero. Studies have shown (for example, Heiervang, Mednick, Sundet, & Rund, 2011), that in countries where there is a high level of social prosperity and safety, the after-effects of the Chernobyl accident have been dealt with more successfully. Researchers have indicated these protective factors: consistent measurement of radiation levels, adequate information about the potential threat, restrictions on contaminated food, easily accessible health care and monetary compensation for farmers whose farms suffered from radiation. All of these means have resulted in a different relationship between society and the threat and other after-effects of radiation.

Finally, another paradox arising from the study's results can be noted. The quantitative data revealed that the clean-up workers are more patriotic than other men their age, even though they are not inclined to assert that life is better in Lithuania than it was in the Soviet Union. This can be explained in that, while the clean-up workers are angry at Lithuanian society, government and specific politicians, they nevertheless tremendously value the idea itself of an independent Lithuania. Several of them mentioned in their interviews that, for them, Lithuania as it is today remains a guarantee that the coercion endured at Chernobyl will not be repeated.

Thus, based on our study results, it can be asserted that the experience of forced clean-up work at Chernobyl under harmful conditions was traumatic. The social context for dealing with this experience was not favourable. Society's

ability to help the clean-up workers was limited due to the lack of information available to society, the communist trauma experienced and the challenges that arose with the restoration of Lithuania's independence. In spite of this, some of the clean-up workers have managed to muster their strength and available resources in dealing with their traumatic experiences and remain a full-fledged part of a changing society.

RECOMMENDATIONS

Lithuanian society, especially the clean-up worker's loved ones, should know the following results of our study:

- The psychological effect of Chernobyl is felt to this day.
- The clean-up workers may experience posttraumatic symptoms, such as increased irritability and anger, a sense of alienation, enduring continued senses of threats and powerlessness, avoidance of the topic of Chernobyl and a strong emotional reaction to any mention of it.
- The psychological effect of the trauma and the conviction that one's health is irreparably affected can provoke physical illnesses among the clean-up workers or aggravate existing disorders.
- The clean-up workers may experience conflicting feelings with regard to independent Lithuania due to their traumatic experience and society's reaction to it. Because the Chernobyl experience was coerced, they may also express a feeling of injustice and a sense of being slighted.

Mental health professionals who provide consultations to clean-up workers should:

- Display recognition that they have been at Chernobyl. For most clean-up workers, this is an important part of their identity.
- Be sensitive and tolerant and not react personally to clean-up workers' irritability. Clean-up workers may react angrily to news that they are healthy, that thorough examinations of their health will not be conducted and that their illnesses are not bodily in nature, but rather 'in their heads'. They may also express grievances over the fact that they are no longer receiving individualised assistance.
- React to a clean-up worker's complaints about his bodily health seriously, avoiding downplaying it or excessively comforting him with such phrases as: 'Don't worry; everything will be OK', 'Could be worse', and 'What do you expect at your age?'
- Encourage the clean-up workers to communicate about their anxiety over their physical health, hear them out about how they understand the reasons for their illnesses, and only then offer alternative explanations for their symptoms.
- Support a survivor's identity, encouraging the clean-up workers to develop abilities, personal traits and behaviours that help maintain internal balance and survive in life.

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THE EVENTS OF JANUARY 1991: COPING WITH THE TRAUMATIC EXPERIENCE OF INDEPENDENCE DEFENDERS AND OTHER VICTIMS

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THE USSR AGGRESSION PERPETRATED DURING AND AFTER 11–13 JANUARY 1991

13 January 1991 is a day of remembrance marking a vital period in Lithuanian history. During 11–13 January 1991 (the January Events), ‘masses of unarmed people from every corner of Lithuania hurried to help defend the re-established Lithuanian state’s strategic sites’ (Blažytė-Baužienė, 2006, p. 137). Peaceful and unarmed people stood before Soviet tanks, with 14 killed and hundreds injured. The January Events of 1991 demonstrated the resolve of Lithuania’s citizens to be free and accelerated Lithuania’s path to independence.

Žalimas (2006) has written thoroughly about the political events of 1990–1991 in Lithuania, Lithuania’s relations with the Soviet Union, and the treatment of the Events of January from an international law perspective. On 11 March 1990, the Supreme Council of Lithuania adopted the Act of the Re-Establishment of the State of Lithuania. After the declaration of the re-establishment of independence, the Soviet Union began demanding that Lithuania re-establish the validity of the USSR and the Lithuanian SSR constitutions. In April 1990, the Soviet Union presented Lithuania with an ultimatum, requiring the repeal of the declaration of the re-establishment of independence. When Lithuania defied this demand, an economic blockade was initiated. On 10 January 1991, in a telegram to the Supreme Council of Lithuania, President of the Soviet Union Mikhail Gorbachev accused Lithuania of gross violations of the Soviet constitution and other laws. The Soviet Union’s actions were supported by the Soviet Union’s Communist Party chapter in Lithuania – the Communist Party of Lithuania – at that time known as the ‘Communist Party of Lithuania on the platform of the Communist Party of the Soviet Union’. This branch of the Soviet Communist Party in Lithuania, led by Mykolas Burokevičius, presented an ultimatum to the Republic of Lithuania on 11 January 1991 and demanded that the USSR and Lithuanian SSR constitutions be re-established. Upon rejection of the ultimatum by the Supreme Council of Lithuania, the chapter of the Communist Party of Lithuania that was loyal to the Soviet Union organised a Congress of Democratic Forces, which announced the establishment of a National Salvation Committee and the re-establishment of the Soviet and Lithuanian SSR constitutions.

On 11 January 1991, Soviet armed forces occupied the Press Centre, where independent Lithuania's publications were published. Shortly after midnight on 13 January 1991, Soviet armed forces, Internal Troops of the Soviet Ministry for Internal Affairs and Soviet Committee for State Security (KGB) forces stormed the television tower and the Lithuanian National Radio and Television buildings. The use of armed force (live ammunition and heavy military equipment) during the storming resulted in the killing of 14 civilians and injuries to more than 1,000 others. From an international law perspective, the events of 13 January 1991 should be considered as an act of aggression by the Soviet Union against the Republic of Lithuania and a continuation of the aggression carried out in 1940 (Žalimas, 2006).

After the January Events of 1991, the Prosecution Service of the Republic of Lithuania initiated a pre-trial investigation for public incitement to violate the sovereignty of the Republic of Lithuania, creation of and participation in anti-state organisations, murder with aggravating circumstances and more (Prosecution Service of the Republic of Lithuania, 2014). On 23 August 1999, a court sentenced six individuals. In 2010, the alleged offences against 23 suspects were reclassified under the provisions of the Criminal Code specifying responsibility for crimes against humanity and war crimes, convictions for which are not subject to a statute of limitations. The Prosecution Service of the Republic of Lithuania is carrying out an international search for suspects throughout the European Union, and European arrest warrants have been issued. This criminal case currently includes 81 suspects. Four suspects have died. For fifteen suspects whose charges did not fall under Article 100 of the Criminal Code, the statute of limitations expired. On 13 November 2014, the Prosecution Service of the Republic of Lithuania announced that it had completed the pre-trial investigation of 69 suspects in the 13 January case, while the investigation of other individuals who may have committed criminal acts would continue.

On 4 January 2000, the Republic of Lithuania Law on Recognition of the Legal Status of Individuals as Defenders of Independence and Other Victims of 11–13 January 1991 and Later USSR Aggression went into force, establishing the criteria and procedures for recognizing the legal status of defenders of the independence of the Republic of Lithuania and individuals recognised as victims and their family members. On the basis of this law, individuals who died or were injured due to the aggression of the USSR during 11–13 January 1991 and later are recognised as having the status of defenders of the independence of the Republic of Lithuania who suffered from the USSR's aggression during 11–13 January 1991 and later. Children (including adopted children), widows, widowers and parents (including adoptive parents) of the deceased and spouses, minor children (including adopted children) and parents (including adoptive parents) of those recognised as having incapacity or limited capacity to work as a result of the USSR's aggression during 11–13 January 1991 and later are recognised as having the status of family members of defenders of the independence of the Republic of Lithuania who suffered from the USSR's aggression during 11–13 January 1991 and later.

THE JANUARY EVENTS OF 1991 – TRAUMATIC EXPERIENCE

Trauma is usually related to events that would cause most people stress, strong internal experience, and feelings of fear, helplessness, vulnerability and insecurity. Trauma is an emotional reaction to a terrible incident – usually uncommon and unexpected events or situations that affect an individual. The events can be single, recurring or lasting for years and years. A traumatic experience encompasses a real or imagined threat to a person's physical or mental wholeness or functioning. Traumas can arise naturally (e.g., natural disasters) or can be caused by other people (e.g., rape or war). The most difficult is suffering caused by others, which is understood as intentional, rather than natural catastrophes, which are accepted as unfortunate accidents (Herman, 2006). Undergoing a traumatic experience can affect a person's usual adaptation and cause long-term consequences: physiological, emotional, cognitive and personality changes.

Events during which death occurs, a threat to life or of material or spiritual loss is felt, social support is lacking, or there is a comprehension that events are arising out of specific destructive intentions can cause strong psychological experience (Norris, Byrne, Diaz, & Kaniasty, 2001). People who have experienced psychological trauma can suffer from various mental health problems, such as long-term depression, general anxiety, or complicated grief (Neria, DiGrande, & Adams, 2011). One of the most common and most commonly studied consequences of trauma is posttraumatic stress disorder (PTSD), which manifests itself through: a) persistently re-experiencing the traumatic event in involuntary and intrusive memories, traumatic nightmares, dissociative reactions (flashbacks); b) persistent effortful avoidance of distressing trauma-related stimuli after the event; c) negative alterations in cognitions and mood; d) alterations in arousal and reactivity, e.g., irritable or aggressive behaviour, self-destructive behaviour, sleep disturbances, etc. (American Psychiatric Association, 2013). According to Herman, 'traumatic events are extraordinary not because they happen rarely but more often because they do not allow a person to adapt normally in life' (2006, p. 57).

Traumatic events that are directed at a group of people rather than a single person are assigned to the collective trauma group. Events categorised under the historical trauma group usually have a specific date and goal. In most cases, when discussing the reasons for collective-historical traumas, differences in culture, values or ideology between various groups of people become clear (Gone, 2007, 2009). The collective-historical group of traumas includes both political traumas, when victims of political events experience difficult experience (Montiel, 2000), and war traumas, during which a significant loss of control over a situation and a potential threat to life are felt (Riulli & Savicki, 2010).

The January Events of 1991 can be considered as peaceful civil resistance with the goal of re-establishing Lithuanian independence. Civil resistance is 'a type of political action that relies on the use of non-violent methods' (Roberts & Ash, 2009, p. 2). In attempting to characterise the experience of the 13 January

participants, we singled out three criteria: a) a civil liberation movement was taking place in the state; b) in order to put down the civil movement, special forces or military force (soldiers, militia, police, military equipment, weapons, etc.) were used; and c) civilians were killed or injured during the events.

These criteria are important in seeking to compare the events of 13 January with other events in history. We identified events satisfying all three criteria in Czechoslovakia (1968), Poland (1981), Georgia (1989), Azerbaijan (1990) and Ukraine (2014).

In 1968, Czechoslovakia attempted to democratise the communist system and announced a program of political changes. This movement is known historically as the Prague Spring. The initiated reforms were suppressed by the military intervention of the Warsaw Pact states with major support from the Soviet army. During the military intervention, 72 Czechs and Slovaks were killed, with several hundred people injured (Prague Life, 2014). In 1980 in Poland, mass strikes began, and the Solidarity trade union was established, receiving a great deal of support from society. In December 1981, martial law was introduced in order to repress the strikes. During the protests, nine coal miners were shot and 21 were injured in Katowice, while one person died and two were injured during protests in Gdansk. On 9 April 1989 in the Georgian capital of Tbilisi, demonstrators who had gathered in front of the parliament demanded independence for Georgian. Soviet army soldiers, protected by armour and armed with sharp infantry spades, attacked the protestors. Sixteen civilians were killed by infantry spades or poisoned by noxious gas. More than 100 people were seriously wounded. On the night of 19 January 1990 in Azerbaijan, approximately 30,000 Soviet soldiers, using heavy military armaments, stormed the capital, Baku, and other cities. During the Soviet army's operation, 134 people were killed and more than 600 were injured. By introducing military units in Baku and other cities in the country, the Soviet Union's leadership wanted to quell the demonstrations from Azerbaijan's independence. In autumn 2013 in Kiev, Ukraine, mass protests against the Ukrainian government began. In February 2014, special forces were used in suppressing the protests. At least eighty-two people were killed and approximately 1100 people were injured.

Establishing similar events in history and comparing them to the experience of the 13 January independence defenders is important in seeking to understand the process of coping with a specific traumatic experience. However, we were unable to find psychological studies that would reveal the subjective experience of participants of the events in Czechoslovakia, Poland, Georgia, Azerbaijan or Ukraine and its effect on an individual's life.

In summary, the defenders of independence and other victims of 11–13 January 1991 and later USSR aggression are a group of people who have experienced a specific trauma. Until now, the events of 13 January have been a subject of interest for researchers in various fields (history, law) in Lithuania, but they are being analysed from a psychological perspective for the first time. Through this study, it is sought to identify characteristics of how injured

independence defenders and the loved ones of deceased defenders have coped with their traumatic experience.

METHODOLOGY

Thirty victims of the events of 11–13 January 1991 participated in the study: 17 women (57%) and 13 men (43%). The age of the study participants ranged from 36 to 83, with a mean age of 66 (the mean age was 65 for women and 66 for men). In forming the study sample, it was sought to survey both of the groups of victims of the events of January 1991 that were specified in the law:

- Individuals who were injured during 11–13 January 1991 and because of later USSR aggression (we shall henceforth refer to this group as ‘defenders of independence’);
- Family members of deceased defenders of independence.

Under Article 3 of this law, children (including adopted children), widows, widowers and parents (including adoptive parents) of the deceased are recognised as family members of defenders of the independence of the Republic of Lithuania who suffered because of 11–13 January 1991 and later USSR aggression, but brothers and sisters are not included. We invited core family members to participate in this study, including brothers and sisters.

The group of study participants consisted of 22 defenders of independence and eight family members of deceased defenders of independence. Of the 22 study participants in the group of defenders of independence, 10 (45.5%) were women and 12 (54.5%) were men. The participants’ age ranged from 45 to 83, with a mean of 66.5 (the mean age was 68 for women and 65 for men). Of the eight family members of deceased defenders of independence, seven women and one man participated in the study; in terms of the relationship to the deceased, there was one father, four mothers and three sisters. The mean age of participants was 63 (with an age range 36–78).

Individuals were invited to participate in the study individually by telephone, with their contact details having been received by means of cooperation with the Victims of January 13th Society and a support group for family members of those who died on 13 January, the Bičiulystė Association. During the telephone conversation, the idea and goal of the study were presented, how the study would be conducted was explained, and any questions that arose were answered. Some individuals were contacted multiple times, because they asked for some time to consider and discuss their participation in the study.

Of 24 family members of deceased defenders of independence, 19 were successfully contacted, of which eight agreed to participate in the study. Others refused, saying that it was too difficult to discuss their losses, that they could not because of health problems or other concerns, or that they simply did not wish to participate in the study. In some cases, reactions of anger or discontentment were encountered, as well as requests not to call anymore because it was too

difficult to talk about things that had happened more than 20 years ago.

Defenders of independence were invited from a list at random (by calling every tenth individual) until the research sample was gathered. Contact was made by telephone with 52 individuals (of 81), of whom 22 agreed to participate in the study. Those who refused stated that they could not participate due to health problems, being too busy or bad weather conditions. Some refused by arguing that they felt disappointment and anger toward Lithuania. There were some who expressed indignation, saying that efforts should be devoted to help defenders of independence rather than to engage in studies.

The study was conducted at Vilnius University facilities or sometimes, if the study participants could not come to the university, at the study participant's home or another quiet place where other people could not disturb the conversation. People from the cities of Vilnius and Kaunas and the districts of Alytus, Druskininkai and Lazdijai participated in the study.

The study consists of two parts, an interview and a questionnaire (for more, see the *Study Methodology* section). First, contact with the study participant was established and an interview conducted, which lasted 51 minutes on average (the longest was 2 hrs. 07 min.). In consideration of the participants' fatigue, the questionnaire was usually completed during a second meeting. The interview was conducted using questions written in advance, with additional questions used for clarification. The main questions of the semi-structured interview related to the events of January 1991 were:

1. What did you experience on the night of 12–13 January?
2. How did the experience of 13 January affect your life?
3. How did you deal with that (what helped or hindered your sense of well-being)?
4. How does the experience of 13 January affect you today?
5. How did you react to the attention devoted by society (e.g., politicians and the media) to the events of 13 January?

At the beginning of the study, the research process was presented to the participants, including an explanation that the interview would be conducted first, with a questionnaire to be completed later. Also, the participants were made aware of the opportunity to terminate their participation in the study at any time. None of the participants terminated the interview, but six of them refused to complete the questionnaire – both immediately after the interview and subsequently – saying that they had already devoted sufficient time to the matter and had said everything during the interview. Of 30 participants, the questionnaire was completed by 17 defenders of independence (nine men and eight women) and seven family members of deceased defenders of independence (all women). After the study, some participants expressed gratitude for the opportunity to relate their experience and tell their story and generally for a different – scientific and psychological – type of interest in this topic. In appreciation, they presented the researchers with books about the events of January 1991 in which the memory of their deceased loved ones is immortalised.

The qualitative and quantitative data obtained during the study were processed and analysed in accordance with previously outlined principles (see the *Study Methodology* section).

RESULTS

In seeking to demonstrate the characteristics that were discovered during the study of how injured independence defenders and the loved ones of deceased defenders have coped with their traumatic experience, we shall present our results in three aspects: 1) experiences faced during the January Events, 2) coping strategies used during the traumatic experience and 3) the effect of the trauma on lives. We shall present qualitative research data about the injured independence defender group and the deceased defender family member group separately and supplement them with quantitative data, comparing them with other groups that have experienced specific trauma and with the population sample's oldest generation (the mean age of the oldest generation is 67, while that of the victims of the 11–13 January 1991 events is 66).

EXPERIENCES DURING THE JANUARY EVENTS

The independence defenders' experiences

In analyzing the traumatic experience of independence defenders, a number of similarities were noticed between the experiences faced by individual study participants on 11–13 January, even though the participants were in different locations at that time: near the Press Centre, Vilnius television tower and Lithuanian Radio and Television Committee that were stormed by Soviet armed forces.

The study participants indicated various reasons for congregating near the sites being protected: civic duty, patriotism, in response to a direct call to come defend the sites, or simply because they lived nearby and went to keep watch at times when there was the greatest shortage of people (e.g., early in the morning) or when approaching tanks were spotted. In congregating near the defended sites, experiencing a feeling of unity and commonality at the locations of the incidents was important to most of the study participants: *'the people's solidarity, as they say, was such that there was no indifference or anything.'*

Some of the participants said that they had not expected direct aggression and experienced a shock during the assault: *'apparently, at that moment I felt such a shock that it's as if I don't remember the moment'*. When talking about their experiences, the study participants stated that they could not believe that the soldiers' aggression was being waged against civilian residents: *'someone's lying under a tank, they're driving, you push, well, ... I can't imagine it'*. People related that they experienced stress, unease and fear. The aggression they witnessed strongly shook some of them. The study participants stated that during the assault, people were crying, yelling, praying and singing hymns: *'And nothing but sounds, and shrieking, noise, people crying, singing hymns <...> we prayed'*.

Those study participants who had come to the defended sites on 13 January with their relatives, rather than alone, stated that they experienced a strong feeling of anxiety not only for their own safety but for that of the loved ones who had come with them: *'Then I started to cry, "Oh, where is my family?'"*

The study participants emphasised that during the Soviet Union's attack, weapons – machine guns and tanks – were used: *'They were shooting with real bullets'*; and, *'I look over, and there are tanks standing there, shooting'*. People recalled seeing how the soldiers shot at people: *'a little water was poured on two soldiers, so they pulled back a bit from us and unleashed a volley at that guy'*. They also witnessed people being beaten, kicked, punched and otherwise harmed: *'People were being pushed with maces, beaten'*. Also, most said that they saw malicious devastation of buildings and cars: *'We looked over and saw a car's back window knocked out, and next to it were other cars, apparently run over by a tank. Flattened'*. When speaking about the Soviet Union's aggressive attack, the study participants emphasised that peaceful resistance had taken place on 13 January: *'But when everybody is unarmed, without anything, then, as they say, facing bullets with your chest [...] They, so to speak, were attacking unarmed people.'*

When speaking about their experiences, all of the defenders of independence emphasised their personal encounters with direct aggression, listing the physical injuries they suffered: multiple bruises, a gunshot wound, ear and head traumas, leg and eye injuries and a loss of consciousness: *'There were blows to the head, multiple body bruises, kicks'*.

It was important to the study participants that people helped one another on 13 January. Some pulled people out from under tanks: *'So he leaned there under that tank and pulled me out'*. Others carried the injured: *'they carry you down the hill, people rush to rescue you, trade off carrying you'*. Others drove victims to hospital: *'and the four of them drove me to the First State Hospital'*. Still others provided emotional support at a difficult moment: *'a complete stranger says, "hang in there, sister"'*.

The study participants stated that, when witnessing the Soviet Union's military aggression against unarmed people, they felt a strong desire to resist: *'and a feeling of internal resistance. You know, I have never in my life experienced a feeling like that – resistance against brutality, against that force'*. Others told of undergoing strong anger that night: *'when I saw what was happening, <...> you no longer fear but get angry that they are beating innocents'*. Some participants related that they felt powerless against the aggression they were facing: *'and a moment of powerlessness, when you can no longer do anything, confusing feelings'*.

The participants had different experiences with feelings of fear. A few of the study participants stated that, on 13 January, *'there definitely was no feeling of fear'*. Some attributed the absence of fear to a strong sense of community: *'We went and, I don't know, there was nothing along the lines of fear, because there was a task at hand and strong belonging, a sense like that'*. Others associated the lack of fear with a developed love of Lithuania and a sense of duty to defend it: *'During the night, on 13 January, I simply felt an even greater love for Lithuania, and*

I had absolutely no fear, and, *There was no fear <...> there was a duty to Lithuania*. However, most study participants spoke of a sense of fear. Some felt fear upon seeing the injured and dead: *Well, there were corpses there, the ambulance wrapped them up and took people to hospitals. What can I say – it was horrible there*. Others, when speaking about their experiences on 13 January, underwent fear of death: *Well, fear, it's terrible – terrible, yes, terrible. That exists. Well, and then you think, are you going to live or not live?*

Another topic to emerge during the study was a fear of further military aggression by the Soviet Union. Some study participants asserted that after the events of 13 January, they felt fear that soldiers were following them: *It seemed that someone was following me. It seemed that someone was watching me, that they were attempting to take me somewhere, to Moscow*. Typically, there was fear not only for themselves but also for loved ones. Others stated that they had been injured on 13 January but had been afraid of seeking an ambulance due to possible repression by the Soviet Union: *I believe that I would not have left – if that putsch had succeeded – I would not have left that hospital alive*.

In the opinion of some study participants, one of the methods used by the Soviet Union *was to frighten us*. Some defenders of independence attempted to explain the soldiers' vicious conduct toward civilians by wondering whether the soldiers might have been under the influence of drugs: *Those Alpha Group soldiers were sitting there with a glare like they were on drugs, some kind of dull look, and a cold one*.

The experiences of the deceased independence defenders' family members

The experiences of the deceased independence defenders' loved ones differed in that all of them were home, not at the site of the event with the deceased. And even though the unrest taking place in the country was causing concern, there was no expectation of the Soviet Union's aggressive attack: *So the situation wasn't that calm, but there was no – there was no comprehension that they were going there to sacrifice their lives*. The study participants related that their stress began to grow when the events appeared on television: *It was fairly late. And everything was broadcast, after all, and I watched the whole time and simply, now to remember that <...> well, this feeling overtakes me, simply a feeling of danger*. But the stress grew even more when the television broadcast was cut off: *When the feed cut off, that was kind of scary. It was kind of scary. And who is going to tell us anything now?* and *During the day I was at the tower, too. <...> At night, when we were watching and when they cut off the television feed, then somehow it was very, very, it was, it became so hard for me, so hard, and somehow like that. My heart ached so very much*.

Some participants who had not been at the site of the event but had watched the television broadcast said that the only thing that they could do at that time was pray: *I know that I kneeled and prayed*, one study participant said with a lamentable chuckle, *'because there was an awful lot of apprehension and fear somehow'*.

The wait was stressful for family members: *'Already I ... already ... that way ... somehow ... already ... that time period until they came back – I waited for them all – was tense for me. That was scary somehow'*. The mood was clouded by the unknown and a lack of means for getting in contact. In the morning, some of the families needed to make an effort to search for a loved one who had not returned: *'No, I thought, "I'll call some friends, one or two". I took his notebook and started to call. <...> He wasn't the type who wouldn't say anything. I thought, "He would have stopped by to tell me". I was still anxious that he had gone out'*. Thus, uncertainty caused people to be anxious and drove them to take action.

The news of a loved one's death reached family members in different ways. The prolonged waiting and unsuccessful searches gave rise to premonitions about a loss. The news reached some of the study participants indirectly through the media: *'And, well, at some point they started presenting the first lists, and I heard the last name. I thought, "Can that be? Really?" Because they said it so strangely, or they mispronounced the name somehow. <...> Somehow I was thinking, "Well, something's not clear to me"*. Others received a call and were informed by phone: *'And immediately, the phone rang. And this one [daughter] answered, and the news was that [the son] had been injured near the tower. Then she quickly gave me the phone, and someone said that the situation was hopeless. Simply put, I don't know how it was. Well, it doesn't get any more horrible than that'*.

The first reactions to the losses varied from shock (*'Well, just the way I was standing, when I heard, that's just how I flopped to the ground'*) and disbelief (*'so later they said that he was in the morgue. <...> I called my sister <...> and said, "That's it, [my son] is gone". So she says, "You haven't seen anything. What are you talking about?" She says, "Maybe he's still out there somewhere. Who knows?" And, you know, the feeling in my heart is so good. I'm thinking, "God, maybe he is still alive". But we went there – that was it'*) to a suppression of feelings (*'At that moment I somehow, you know, I – from that shock or from something – there wasn't any kind of, that panic or anything like that. I don't know how that ... seeing how horrible it all was – maybe because somebody in the family has to be strong'*). Some family members spoke about confronting the reality of loss and the sight of the deceased disfigured body that remains to this day.

The family members spoke about their reaction to the news in various ways. Some talked more generally that the loss affected the entire family: *'Of course, there was a great deal of stress. We were all simply in shock there'*. Others emphasised their personal hardships: *'and later, a sleepless night, for the first time in my life. I shook, shifted and stared wide-eyed at the ceiling'*. Study participants indicated relationships with loved ones, gathering together, the support of loved ones and concern for a loved one's emotional state upon learning of the loss as being especially important.

In recollecting their family members' funerals, some study participants stated that that was their first encounter with a great deal of public attention: *'Later, at the Sports Palace, masses of people went there. <...> It was a grand sight, with that many people – on rooftops, in windows, on balconies and in streets'*. For

some relatives, the shock of their loss continued during the funeral, as well: *'All of the people, somehow, during that same funeral, and everybody from my work, somehow everybody helped and, well, indeed ... but at that moment it was all the same to me. I don't really remember a lot, either, how it was there.'*

'And, and, and, and, and, when they buried him, and all that, only after that, so to say, it very much started for me, only then did it very much start,' admitted one study participant. Bereavement was a long process. Family members said that the hardest period of mourning was the first few years: *'And it was like that for about four years. And so for four years I walked around, you know – how can I put this – as if I wasn't myself.'* A few mentioned that they cannot come to terms with their loss to this day: *'Even now I probably haven't let him go; I don't know.'*

While dealing with their loss, some study participants experienced surreal sensations and momentary incidents when it seemed as if the deceased were alive. Strong emotional post-loss hardships would surface, hampering their sense of well-being and their ability to adjust in other areas of life. For example, a fear of being alone would arise: *'I don't know, you'd have to ask my mother now how long – whether it was a year or half a year – I slept in their bed, because I – I don't know – I simply used to be afraid of being alone in the room. A girl of [X]¹⁶ years of age, <...> every night I'd go to sleep in the middle, between my parents'*. The difficulty, oppression and fear became stronger (*'Such fear overtook me that I don't even know how to express it, so great that it was as if I wasn't quite right in the head'*), as did feelings for which it was hard to find words, while tears betrayed their emotions: *'I thought that it would be easier'*, a participant said before pausing for 24 seconds and then crying intensely. *'Still, now I've been living longer without him than with him, somehow already. It's very hard.'* The experience of bereavement and other traumas in life that accompanied them later were reflected in intolerable feelings, from which suicidal thoughts arose: *'a couple of times I had been driven over the edge, when you can do anything to yourself.'* A few study participants divulged that they needed the assistance of specialists: *'I used to cry. I used to cry. And I even needed a psychologist's help. I did.'* These reactions reveal the complexity of dealing with loss, which had to be accepted and overcome.

COPING WITH A TRAUMATIC EXPERIENCE

To cope with the trauma of the January Events, injured independence defenders and family members of deceased independence defenders used various methods, which we have categorised as factors that ease coping with a traumatic experience and factors that make coping more difficult. Although the traumatic experiences in the two sub-groups (injuries and losses) differed, most of the coping topics are similar (see Table 1).

¹⁶ The age has been omitted to ensure confidentiality.

Table 1. Factors that aid and hinder coping with a traumatic experience.

	Injured independence defenders	Relatives of deceased defenders
Factors that aid coping with a traumatic experience	The support of loved ones	Attention from those around them
	The support of strangers	Help from co-workers and relatives
	The concern of doctors	The help of a psychologist
	Knowledge of medicine	The help of a clergyman
	Involvement in public life	Self-help
	The support of a victims' organisation	Interaction with the loved ones of other deceased
	Physical or mental activity or work	Help when health difficulties arise
	Concern for loved ones	Collecting information about the deceased
	Learning about the event's details	Work
	Medication	Charity from the people of Russia
	Faith and prayer	Financial/material support
Personal characteristics	Rituals	
Positive thoughts		
Factors that hinder coping with a traumatic experience	The incompetence of doctors or mental health specialists	Not receiving help from specialists
	Publicity	The deceased's birthday
	Survivors' guilt	The anniversary of a death (commemorations)
	Participation in the 13 January hearings	Meeting people similar to the deceased
		Symbolic things that remind one of the deceased

Factors that aid coping

Data analysis revealed that, in both sub-groups, **the support of loved ones and the attention of those around them** helped the study participants cope: *'A complete stranger comes to you and brings you a feast and everything, and that, as they say, kindness of people <...> they somehow nursed me to health in their own way'*; and *'And in general, I had never in my life experienced that – that people would respond ... to that loss'*. The support of those closest to them was especially meaningful: *'That was mostly my children, because they understood me'*. The importance of loved ones was confirmed by qualitative research data; those who have suffered from the January Events often turn to other family members or friends during difficulties and also talk about difficult experiences and shocking events within their families more often than other groups in the study (see the *Psychological Well-Being, Traumatic Experience and Coping Values for All Study Participant Groups* section). But the qualitative research revealed that, for some people, sharing their experiences is difficult: *'There, now I'm speaking openly, but in general, I don't like to seek solace. And there you go – for that reason it was very difficult for me, because my husband, he can chat, he can, as people say, look for pity, while I can't. <...> I could only talk to a few people, very close ones, that I could tell what I was thinking, how I was thinking, how it seemed to me – and share with them, with a very select circle'*. A few family members of deceased defenders said that after their loss, they withdrew and retreated from people. For example, they did not allow themselves to complain or have fun.

The assistance of doctors and other specialists is important in the coping process. Most injured independence defenders stated that they received

important aid from doctors: *'A doctor helped me very much there.'* Some study participants asserted that it was helpful that doctors cared for them and did not let them down: *'Well, then, like a feeling that you know that a good doctor is caring for you, maybe this, well, there's a lot to fear about that, to doubt, well, to be disappointed.'* Some emphasise that their sense of well-being was lightened by the concern they felt from doctors: *'They put an awful lot of both time and effort into it. Rest in peace <...> always supported me – both of them, both father and son' and 'when it was very hard for us, we got a sanatorium, with procedures, with everything.'* Others claim that the doctor was the person who heard them out: *'both a doctor, and a psychologist, and a father, and the one you could confide in.'*

Some of the study participants identified the fact that they themselves had a medical education as a mitigating factor. Their medical knowledge provided clarity and thereby reduced the uneasy feeling related to their health: *'I also needed to be admitted to hospital by then, but I said, "Doctor, all of the hallways are full, stuffed with patients. I worked in the neurology department for five years and know what to do."* Some study participants also mentioned medication as a factor that improved and aided their sense of well-being: *'I take an awful lot of antidepressants. ... That's how I hang on. Of course, I can't sleep without drugs,'* and *'well, the drugs eased things, apparently.'* The quantitative data also showed heavy use of medication by independence defenders (see the *Psychological Well-Being, Traumatic Experience and Coping Values for All Study Participant Groups* section): injured independence defenders usually use antidepressants and sedatives, compared to all other study groups (except the attempted suicide group, which was studied in hospital).

Analysis of quantitative data revealed that, although study participants from all of the groups are reluctant to turn to mental health specialists, injured independence defenders are the group that, albeit rarely, seek help from mental health professionals most often relative to the other groups. However, interview data showed that a psychologist's assistance was rated inconsistently; some study participants declared that psychological help was particularly important (*'But I couldn't survive without a psychologist initially.'*), yet one participant stated that a psychologist didn't help her.

Religion and faith provided strength to participants from both sub-groups: the priest *'gave us quite a bit of a certain kind of strength, certainly. At one point, I was on the verge of insanity. But I'm very thankful [to him], may he rest in peace.'* Other forms of religious practice were also cited as helpful: *'Where I felt a huge relief, a relief, was when we parents, I mean, of 13 January [victims], received an opportunity to go on a tour of the Way of the Cross,'* and *'But that saved me. All my life, only prayer saved me the most <...>, which helped me endure. So, certainly, as I said, that this is prayer.'* It appears that, in the independence defender group, faith is one of the main coping strategies when dealing with a traumatic experience; all of the 13 January defenders specified that they were believers (for comparison, 97% of the ethnic Poles studied specified that they were believers, while 91% of the oldest population sample group were believers).

Another coping strategy that helped deal with traumatic experiences for

participants in both sub-groups was **being active**. Some participants related that physical or mental work or simply keeping busy was helpful: *'Well, what helped? You have to stay busy, mostly. Look forward. Don't tell me you're going to sit there and think about how it's going to be. Activity is the most important thing.'* Others said that work and taking care of their families helped them most to endure their difficulties: *'I had to worry about granddad, who lived here, and the kids, and their graduations, and their educations. I had so many – I had so many worries <...> and that work helped me endure, just working, family.'* Collecting information about the January Events or about the deceased can also be forms of staying active. Getting involved in public life was also common among the study participants. They claim that community involvement and activity did not allow them to crack: *'later, I also had this attitude that you can't retreat from public work. <...> Well, and that helped me to not break down. <...> In a word, work and environment, and that involvement in communal – and there was also more typical work.'* Quantitative data confirmed that community involvement was common among the independence defender group, and it was the most common compared to all other study groups (87% of 13 January defenders indicated that they were involved in the community, while 20% of the sample population's oldest generation of study participants was involved in the community).

Among the deceased defender family member group, **financial/material support** from the state and other people can be singled out as a factor that aids in coping. Material support from Russia, which was more important from a morale standpoint, was stressed in particular: *'from what was then Leningrad, now St. Petersburg <...> and I remember they sent – it wasn't much – I don't know, maybe 100 roubles. In those days, that was a bit of money. And so, they signed that some factory, meaning some workshop, took up that collection. So you see, it's like <...> it means that you have greater trust that people have good in them, not just evil.'* Rituals, which helped deal with a loved one's loss, were also characteristic of this group: *'I used to wear my brother's clothes. And I don't remember for how long anymore, but his sweaters, shirts, jeans. <...> I simply, I – like a kind of therapy of sorts – I need that. With men's sweaters. Now I think, my God, how did I look? Well, I had simply taken [them] and couldn't let go, no way.'*

In the injured independence defender group, **positive thought** stood out as a factor that fostered coping: *'I'm young, I have to battle, I'll definitely get back on my feet and everything will definitely be OK for me. You have to think positively like that, optimistically. You can't think negatively all the time. You have to set your thoughts somehow, so that that helps you.'* The same was true of personal traits: *'It seems, of course, in general, at least I'm the type who is somewhat more inclined toward humour. I used to say that I'll die, but at least I'll die grinning.'*

Factors that hinder coping

Both sub-groups named fewer factors that made coping more difficult than those that helped in coping. Both injured defenders of independence and family members of deceased defenders stated that **incompetence and assistance that was not received** from doctors and mental health specialists made coping

more difficult: *'Because from what I understood, here in Lithuania few know about posttraumatic stress disorder. Psychotherapists are completely clueless. <...> I got tired trying to prove it to him. Twice I had burst into his office with those fits, inadequate already. Doctor, what can I do, already?'* Publicity and the sense of exceptional attention from the public were viewed as not only assistive but also encumbering factors, the latter true when **society's attention is negative**: *'It bothered me somewhat <...> because you started being looked at a little differently. Even that unique publicity <...> all the time, for two or three years, there were those meetings with journalists. <...> That's peculiar, I tell you, and it wears on you,'* and *'Everybody looks at you differently, oddly'.* When speaking about the attention received from others, some study participants claimed that they would encounter belittlement, and sometimes even insults: *'But there are also those types of people who say, "Why did you get involved? Why did you go there? And what do you have to show for it?" ... Even when I go to see doctors there are similar insults.'* Some said that they felt disrespected by the government and think that others doubt the meaning and value of 13 January, and that hurts.

In the injured defender group, another factor that hinders coping became evident – **survivors' guilt** when faced with the loved ones of the deceased: *'I have this odd feeling of guilt when I see my mother – both with her mother and my own mother. I don't know why. And those were uniquely very difficult things, very even <...> you're alive, while a child is no more. That, you know, used to be mad for me. This thing used to strangle me.'* One of the factors to emerge that hampered coping was **participation in the 13 January hearings**. Some study participants asserted that participation in the hearings caused them stress and fear and made them relive their sufferings: *'I'm waiting in line to give evidence. <...> Even then I started shaking. I started shaking somewhere, and later those guys called me in.'*

The loved ones of deceased defenders stated that coping was made more difficult by **things that reminded them of the deceased**, such as birthdays or symbolic items: *'It's more difficult at moments when I need to talk about it,'* the participant said, laughing through tears, *'when, of course, that anniversary comes, when his birthday comes, when something like that'.* The loss of family members meant that their loved ones also became a part of a historic event. The complexity of post-13 January experiences is reflected in a peculiarity – that this event is painful personally but important to history: *'Now, of course, here comes – after this many years – finally here comes that comprehension that, without a doubt, nonetheless, you won't run away from it, that is now no longer your brother, that is now not just your brother, that is now a historical fact. And you must begin to acknowledge a thing like that, that this is now a historical ... right? ... and, and, whether you want to or not, you're going to have to, somewhere there, somewhere, somehow, represent that.'*

Public recognition factors related to coping with the trauma of the January Events

Two public recognition factors related to coping with the trauma of the January Events became evident: commemorations of 13 January and the topic of the recognition of independence defenders.

13 January commemorations. Every year, Independence Defenders' Day is observed on 13 January. Various commemorative events are organised at the Seimas of the Republic of Lithuania, by municipalities, in schools and elsewhere, and 13 January independence defenders or the family members of deceased defenders are also invited to participate in them. Participation in memorial events brings about various feelings for the study participants. Some view the remembrances as formal events that only take place out of obligation, while people's individual experiences, pain and needs are not important to the organisers: *'Well, yes, you know. Well, how can I put this? ... Well, it's nice that they invite you, that they haven't completely forgotten, but only so that they can somehow focus a slightly different kind of attention, to see how you're living, how you're doing and so forth. In that case – no.'* Some find any mention of 13 January itself lacking at the commemorations: *'And, and, this, it's only sad that, well, for example, now, when you go to a commemoration, almost nobody talks about 13 January anymore.'* Others claim that the formality of the memorial events affects them unpleasantly, causing anger and irritation: *'On rare occasions, I don't even go; I know that it'll be a regular chat. So why in the hell should I go there when nothing changes – nothing. Imagine that – nothing.'* Still others simply don't see the significance or notice that the meaning of the 13 January commemorations is waning over time: *'That they used to hold those grand sessions at the Seimas, I went to, I don't know how many, maybe five or ten of those sessions. You go there to the Seimas, sit on a chair, and you know what, my, my, my, they say something about independence. I don't know.'* Some of the study participants compare 13 January remembrances with commemorations of other state holidays, such as 16 February or 6 July. They state that the observances do not allow people to forget the price of freedom, and they feel a duty to participate so that other people do not forget the significance of 13 January. Family members of the deceased have said that the commemorations have become an obligation: *'And every year, whether you want to or not, you're practically required to go and tell them something, even though you really don't want to. You want to simply go to the cemetery and maybe light a small candle or pray at home. ... So there, simply, there [is], to this day, that obligation, and it's almost like an obligation, to go to the Seimas, so that people don't forget completely.'* A sizable number expressed disappointment that attention was only devoted once a year, during the commemorations: *'Now they only remember on 13 January – that we exist, and that's it.'*

Attendance at the commemorations either affects people traumatically or helps to free and give meaning to their experience. Several study participants stated that participation in the commemorations causes negative experiences, such as sleeplessness, uneasiness and health difficulties: *'And that night I don't even sleep anymore. I'm agitated. Especially that first year after those January Events, <...> that was, it affected me so much, internally, I tell you, that one of those years I couldn't leave; I was sick. It seemed to me that my illness got worse during those days,'* and, *'Well, I don't know. That time went by, so all the time it was that, well, in school, those commemorations, and all the time they traumatise you, and all the time you wait for the 13th to come and for the 13th to end. Because that day, you commemorate,*

while later you can go back to living again, somehow. The experiences of 13 January are faced all over again: *'And, you should know, that January comes, and whether you want to or not, <...> that knot in your stomach comes, like that,'* and, *'So much that, it's like, well, I can't say, you commemorate that death of your son every year, but for the parents here, I don't know, every time it seems like the wound renews.* Multiple study participants said that they avoid participating in commemorations: *'Well, and those solemn commemorations, sometimes are such that you don't want to go. I won't comment here further. You simply don't go, and that's that.'*

When releasing their experiences is important to study participants, they try to actively participate if they can: *'Well, there are these get-togethers of groups of our age. And there are very nice commemorations. ... Even though it's mournful at those commemorations, but, but also ... you also feel catharsis, as they say,'* and, *'We all used to accept all of those invitations. Together or not, but, simply put, even now I still go to 13 January commemorations, if I'm not in hospital.'*

Recognition of the independence defenders. Since 2000, the Law on Recognition of the Legal Status of Individuals as Defenders of Independence and Other Victims of 11–13 January 1991 and Later USSR Aggression has been in force in the Republic of Lithuania, establishing the criteria and procedures for recognizing the legal status of defenders of the independence of the Republic of Lithuania and individuals recognised as victims and their family members. Some study participants view the status granted to them positively and equate it to recognition: *'Because, after all, this is our, like some kind of separate status. We, after all, have that, how do I put this, like a separate status, like others, those like the Chernobyl victims or somebody <...> a separate social status. That's good. For my part, I'm pleased.'* The status grants a certain financial stability, and that is viewed favourably: *'Ah, that also exists, there's also that law, so that taxes are halved, all kinds of matters. Well, it's nice.'* Yet there were those who expressed doubt about whether it's fitting to compensate them for their suffering during the events through material things: *'Well, but these are all those material things. Well, I didn't refuse it, but essentially, somehow, it's like they're repaying bravery with some kind of material things. Somehow, they don't quite.'* During the interview, most study participants mentioned and showed off official tokens of recognition, such as medals, orders and acknowledgements: *'And I'll just show you a document from the minister, an acknowledgement – for bravery and sacrifice, another accolade.'*

Some compared the defender of independence status to the status of signatories of the Act of Independence and felt insufficiently appreciated. In their opinion, the signatories have given less to Lithuania but have greater privileges: *'And if you ever say that we signed for Lithuania, for a free Lithuania, in blood, ... then some say that the signatories signed in ink. So they have all of the privileges, <...> all of the laws, everything is passed for the signatories, while we, even though we signed in blood, we have been rejected, we are rejected.'* The interview revealed dissatisfaction with the process of granting the status, because it's believed that not everybody was granted the status justifiably: *'There are very many of those who did not suffer but took shelter under the same umbrella. They practically dominate.'* Others were angered by having

to prove their right to the concessions as well as by reductions in and elimination of the concessions and reductions in state pensions: *'I hand them my document signifying that I'm eligible for a concession. I'm not. I say, "What do you mean, I'm not?" And at that time I didn't have that order in my purse. I say, "I am eligible"'*. For others, not having their status recognised and the need for proof causes sadness: *'Later, I cried for maybe three days, because it seems it's like you have to also prove that it happened to you'*. Still others relate that they avoid saying that they participated in the events of 13 January publicly or to people they don't know well, because they feel that they'll be misunderstood: *'I try not to advertise it, because not everybody understands'*, and, *'So that, let's say, so maybe they'll ask again, and I'd go somewhere, to a new group, and I wouldn't tell anyone. Well, I didn't want to.'*

THE MEANING OF THE JANUARY EVENTS AND THEIR EFFECT ON LIVES

Quantitative research data show that, compared to other groups with specific traumatic experiences and to the sample population's oldest group, the study participants in the 13 January defender group rate their health most poorly.

The subject of health, as revealed during the qualitative interviews, allows the experiences of the victims of the January Events to be better understood. Within the injured independence defender group, there was a significant amount of talk about the January Events' effect on **physical and mental health**. Most participants mentioned the difficult and long-term consequences of the injuries they incurred on their physical health and the need for treatment to this day. They also talked about the disability status granted them because of the injuries they received: *'They issued documents. This one is at home. A recognised commission examined everything – a moderate body injury caused by a tank blast'*. Some participants could not work at their regular jobs due to their injuries and had to change their lifestyles.

When talking about the effect on mental health, the data revealed that some study participants – both injured defenders of independence and family members of deceased defenders – still suffer from repeated visions of their traumatic experience: *'And sometimes it emerges, you know, completely unexpectedly – in dreams or, in general, those visions like that'*, and, *'well, and the image there was horrible, because imagine – a tank running over a person. . . . And through the head, you know, here all the eyes are turned outward. Well, simply put, horrible things. <...> To this day I see it, you know, because it seems, the eye, well, I don't know. A terribly large eye, and it's watching this world'*. Others feel emotional stress and avoid places related to the events: *'that you look at the tower, you cry and cry. <...> I didn't want to live in Karoliniškės'*. Still others reported having difficulties regulating their emotions: *'My nerves became cranky. I get teary-eyed quickly, like that little old lady. Sometimes, you burst into tears'*. The same data are also reflected in the quantitative part of the study, as more than 40% of injured independence defenders suffered from a significant prevalence of PTSD symptoms (see the *Psychological Well-Being, Traumatic Experience and Coping Values*

for All Study Participant Groups section). A few study participants admitted having suicidal thoughts: *'I used to have all kinds, because everything piles up, you should know. There used to be thoughts like that, and more than once. In hospital one time, well, thoughts arose that I needed to bring about an end for myself.'*

In the deceased independence defenders' family member group, constant, ongoing rumination about the loss was characteristic – why they died, what would happen if the deceased were alive and so forth. The pain associated with the loss decreased over time: *'Well, of course, not like it was at the beginning, but there is a difference. Nonetheless, time heals wounds, so that's how it is for me, too. There are times when you're not constantly thinking about that.'* However, some study participants stated that a certain aspect of pain remains or keeps returning when they remember the deceased: *'Yes, emotions return. Yes, emotions come back, so sometimes you bring back that day when everything happened. Without a doubt, that hurts. No matter what, well, still, we are all human,'* and, *'Well now,'* the participant said with a rueful smile, *'it will never disappear, as long as you're alive.'*

Both independence defenders and the loved ones of deceased defenders mentioned **personality changes and altered relationships with others**. Within the injured independence defender group, it was revealed that some had become braver: *'I became more outspoken ... more outspoken, braver. I can say what I want to anyone.'* Others began to stand up more for themselves and their rights: *'Maybe we gained more resolve to fight and stand up for ourselves.'* Still others brought up changes in their social relationships. Some began to choose which people to associate with and which ones not to, while others were disappointed in people and became more wary: *'Not that night, not later, not now <...> I don't trust people anymore. I have become more careful with people.'* Family members of the deceased talked about changed attitudes and reactions to difficulties: *'You start to look at life differently somehow. A lot of things that happen like that, somehow you start to think that there's no reason to fret ... , well, about small stuff, to rush into some kind of – react emotionally, difficultly. I mean that you begin to look, that small stuff, the small stuff no longer has the same meaning that you sometimes give it,'* and, *'things like that, traumas like that affect the brain differently. <...> Well, I don't know, but they affect it differently. You begin to think differently, assess people differently, [and] people's interactions.'* Some posed existential questions about their lives: *'But still, that helped me evaluate that family life of mine. Did I really want to continue living my whole life like that? And somehow it helped me stand out.'* Some family members stated that they had become national defence volunteers (*'We – my husband, my daughter and I – also took an oath, becoming volunteers.'*) or at least wanted to do so (*'I don't know, if I had been a boy, I probably would have joined the volunteers.'*). Others mentioned a changed relationship with politics, although they emphasised continued love for the homeland: *'So if we're talking about politics, let's put it this way: I very consciously and wilfully made an effort <...> to disassociate from it completely, fully. But that doesn't mean that I suddenly stopped loving my fatherland, my birthplace. If something like that happened now, I'd go full steam ahead – full steam, truly without further thought or deliberation.'* At the same time, some study participants admitted that they have reacted sensitively to

events similar to 13 January: *'I always struggle immensely with things like that. Even in Kiev now, where more than 80 people died. How they, how long did they suffer there and for what. I simply don't know.'*

Both injured defenders of independence and family members of the deceased emphasised **spiritual changes** and their meaning: *'It was that one month anniversary already, when it gave me this kind of true resolve that I truly had to search for a different kind of God. <...> [my brother] was, he was with God, that compre—, you understand, to what point this strong experience came to me. I understood that this strong experience was from God, right?'*

When discussing their 13 January experiences, study participants explained that today, after this many years have gone by, they can more easily tell others about what they went through: *'I can speak confidently, I can smile, I can ... I don't need to cry when talking about that,'* and, *'Now everything is in the past, you know, what, 20 years and then some. I'm not a young buck anymore, and now I've gotten a little desensitised.'*

All of the study participants refer to the January Events as **meaningful in their lives**: *'on 13 January, these events <...> became embedded for my whole life and changed my life drastically.'* Family members of the deceased described enduring their loss as: *'the sensation was that half of me wasn't there. Well, some kind of, that there is one half, the other half – some kind of emptiness, something wasn't there,'* and *'My brother was my whole life, practically,'* the participant said, pausing and crying. *'I had this feeling that the ground beneath my feet was simply gone.'* For injured defenders of independence, this event was equated with a rebirth: *'Now they wish me a happy birthday on 13 January.'* Others stated that 13 January was significant for their entire families (*'But I won't forget, and, I think, my oldest son won't forget, and all the more this youngster, who was 15 years old. <...> how we get edgy somehow on 13 January.'*) and for the whole nation (*'That is also a night of victory. Still, still, we won.'*).

DISCUSSION

From chronicles on the 13 January events (*1991 metų sausio mėnesio ir vėlesnių įvykių kronika*, 2014) and the recollections of the participants of that night (*Mūšis už tautų laisvę. Lietuvos žmonių prisiminimai*, 2014), we know that military force and aggression were used against civilians who had gathered to defend strategically important buildings and thus defend Lithuania's independence. The study results revealed the subjective experiences of the independence defenders and family members of deceased defenders, with the 1991 January Events causing stress and strong feelings of fear, vulnerability, threats to life and insecurity. Both the independence defenders who guarded strategically important sites and the family members of deceased defenders could not foresee or believe the aggression waged by the soldiers against the civilian residents. Because people usually cannot foresee or control military aggression, that makes coping with a traumatic experience more difficult (Norris,

Friedman, Watson, Byrne, Diaz, & Kaniasty, 2002). The results of this study show that the experience of the January Events, even after 24 years, affects people's lives, influences their ability to adjust and causes long-term, consequences.

Traumatic consequences. When analysing the traumas suffered during the January Events, the bodily traumas of the injured independence defenders are the first to emerge – various injuries and tissue and organ wounds. The victims continue to feel consequences of their bodily injuries to this day; they have been recognised as disabled, and some of the study participants could not continue performing the job they had previously. These independence defenders went from worrying about the fate of Lithuania to worrying about their personal survival.

However, in addition to physical injuries, psychosocial consequences are no less important in seeking that, when discussing the consequences of trauma, the somatisation process alone isn't emphasised (Weisæth, 2004a). For victims of the events of 13 January – both injured independence defenders and the family members of deceased defenders – posttraumatic stress symptoms are characteristic; study participants emphasised recurring visions of their traumatic experiences, and they suffer from emotional stress upon finding themselves in an environment that reminds them of the traumatic experience. In seeking to avoid negative feelings, they avoid places and memories related to the events. For some study participants, difficulties regulating their emotions are characteristic, as are suicidal thoughts, and they have fears that the events of 13 January could be repeated. Long-term consequences of posttraumatic stress have also been found in other studies where people have encountered violent attacks, for example, Neria et al. (2011) studied the effects of the 11 September attacks in the United States, while Abenhaim, Dab and Salmi (1992) studied the consequences of violent attacks on unarmed people that took place in France between 1982 and 1987. The authors of this study noted that, after ten years had passed, out of 254 individuals, Posttraumatic Stress Disorder was diagnosed among 10% of those who had suffered directly and 30% of those who had suffered major injuries.

That the study participants experienced the January events as a traumatic experience is shown by the emotional, cognitive and social effects. Trauma affects people's fundamental beliefs about the world's benevolence and their value within it, especially those related to feelings of security and trust in other people (Janoff-Bulman & Frieze, 1983). The study participants sought to find meaning in and attribute explanations to what had happened (e.g., some study participants stated that the soldiers possibly acted brutally with unarmed people because they were under the influence of narcotic substances), so that they could maintain at least some semblance of predictability and order after experiencing the aggression. It is known that internal experiences caused by traumatic experiences can later cause social adaptation problems (Montiel, 2000). A stronger mistrust of one's environment becomes apparent and the existence of unfairness is acknowledged more than before the traumatic experience (Eidelson & Plummer, 2005). Moreover, the traumatic experiences of people who have suffered from military force or an act of terror and its effect on

mental health are much stronger than for people who have experienced other types of traumatic events, e.g., accidents or natural disasters (Norris et al., 2002).

The family members of deceased independence defenders experienced a traumatic loss – this concept is used in describing the objective fact of a sudden and violent death, and it also includes the subjective aspects of the experience (Kristensen, Weisæth, & Heir, 2012). The study's results reveal that, for some study participants, the image of their deceased loved one's disfigured body remains with them to this day. Results from other studies have confirmed that memories of the heavily damaged body of the deceased can cause additional difficulties in coping (Kaltman & Bonanno, 2003; Kristensen et al., 2012). The researchers have concluded that recognition of the body can be less of a cause of shock than visions of how the loved one could have died or suffered before death. Various studies show that, after a violent loss, mourning experiences can manifest themselves as clinical symptoms, and the mourning process can be more complicated and last longer than after experiencing a loss due to natural circumstances (Murphy, Johnson, Wu, Fan, & Lohan, 2003; Kaltman & Bonanno, 2003; Parkes, 1998; Kristensen et al., 2012). In this study, five of the eight participants researched were parents of the deceased. Losing a child is one of the most painful events one can experience in life, and more complicated reactions can arise when coping with the loss for this reason, as well (Floyd, Seltzer, Greenberg, & Jieun, 2013).

The traumatic experiences suffered specifically on 13 January can be considered single, momentary traumas, but the ongoing fear of the Soviet Union's military aggression is also an integral part of the traumatic experience. Some independence defenders stated that they also suffered from strong feelings of uneasiness and fear of a threat to their lives later, after 13 January. They were afraid of further repression by the Soviet Union, felt as if they were being followed, and endured a great amount of stress worrying about the safety of themselves and their loved ones, while those injured were fearful of being admitted to hospital. Other studies also show that traumatic experiences related to military activities are distinguished by precisely that – feeling a strong loss of control and potential danger to life (Riolli & Savicki, 2010). Such experiences continued for some time and undoubtedly continued to act as a traumatic factor.

Coping with traumatic experiences. The study's results revealed that not all study participants were able to successfully deal with the experiences they underwent during the January Events. While most coping factors in both sub-groups were similar, some coping mechanisms are experience-specific; injured independence defenders had to deal with health problems and changes due to becoming disabled, while coping with traumatic loss by family members after the deaths of the independence defenders encompassed learning information about the deceased, seeing the deceased's body and the funeral process, which was public. Family members of deceased independence defenders not only endured a personal loss but became a part of historical events. They must accept new social roles and the challenges posed by them (Stroebe & Shut, 1999).

However, the question arises of whether the fact that various difficulties are common among study participants after more than 20 years have gone by means that coping with trauma did not occur. From the perspective of the psychology of traumas, the coping process covers both positive results – adaptive adjustment after a traumatic event or reconciliation with a loss – and negative ones – difficulties adapting and perturbation (Schnider, Elhai, & Gray, 2007). The coping results depend on the strategies used to deal with the trauma. Our study revealed factors that aided or hindered the coping process that were characteristic of the victims of the January Events (both injured independence defenders and family members of deceased defenders). These factors can be classified as personal or social resources.

Personal resources, such as a person's internal convictions, medical knowledge and positive thoughts can be resources that aid the coping process (Benight, 2012), provide energy, restore psychological balance and encourage improvement in psychological well-being (Norris et al., 2001). Prayer was cited by study participants as one of the essential factors that helped the independence defenders deal with feelings of fear, anxiety, and helplessness while protecting strategically important sites and helped the family members of deceased defenders do the same while watching the events of 13 January on television. The importance of religious beliefs also became clear later during the process of coping with trauma. It is asserted that faith fosters hope and increases comprehension of the meaning and value of life (Constantine, Allenyne, Caldwell, Mcrae, & Suzuki, 2005). The importance of religion in the process of coping with trauma is also confirmed by other studies (Bryant-Davis & Wong, 2013; Chen & Koenig, 2006; Gailienè & Kazlauskas, 2004), where religion is cited as not only a helpful factor but also one that promotes posttraumatic growth (Shaw, Joseph, & Linley, 2005).

Another personal factor is activity. This includes physical or mental work, taking care of loved ones, routine actions and other habitual, daily activity, which works as a factor that aids in coping because it helps one return to a pre-traumatic state (Constantine et al., 2005). However, becoming engrossed in activity is viewed inconsistently, as it is sometimes considered an avoidance behaviour and a way to run away from memories of traumatic experiences. Contradictory studies can be found in the literature where some authors identify avoidance behaviour as one of the most ineffective strategies that hinder coping with traumatic experience because it prevents awareness of the traumatic experience (Thompson & Waltz, 2010; Norris et al., 2001). However, other authors indicate that avoidance in coping can be effective during certain phases of the coping process where the stressors are short-term and uncontrolled (e.g. initially, avoidance can reduce anxiety and allow a gradual comprehension of the threat) (Taylor & Stanton, 2007).

We can also look at the behaviour of the independence defenders who turned down invitations to participate in the study as a form of avoidance behaviour in order to avoid having to recall and share their experiences. Of all

those invited, less than half agreed to participate in the study. Some of those who participated in the study claimed that they had forgotten the events of 13 January and they did not see any reason to try to remember them. Our study's analysis revealed that recognising meaning in participation in the events helps one feel better in the present. The literature mentions that individuals who characteristically can adapt suitably and do not feel major posttraumatic stress after traumatic events are usually able to share their recollections, while those who experience greater posttraumatic stress symptoms more often endure those same initial feelings and major stress when remembering the traumatic situation and are thus less likely to share their traumatic experiences (Dekel & Bonanno, 2013). We can only pose an assumption that among the reasons for refusing to participate in the study are a lack of integration of the traumatic experience and difficulty in coping with the traumatic experience (Benight, 2012).

Some study participants avoided and continue to avoid interacting with those around them and do not share their experiences, while others actively search for social contacts. Both of these groups are on one side – the victims. Everyone else is on the other side – those closest to them, friends, co-workers and the public. It is not uncommon that victims and the remaining part of society do not fully understand one another, often making demands on and blaming the other side. For the victims, it is not easy to share their experiences, because they do not know how others will react, do not want to get sympathy, do not wish to cause concern, etc. Society, meanwhile, does not really know what the best way to behave is – ask about the loss and thus remind people of their experience or avoid talking about the tragic events and go about with their lives. In trauma psychology, it is known that the attention and reactions of others is one of the most important factors that affect the coping process, because it is precisely the social support factor that buttresses a person's use of internal resources when coping with trauma (Norris et al., 2001).

The feelings of community and unity experienced on 13 January due to the common goal of achieving independence, when people cried, prayed, sang hymns together and helped each other by granting physical support (carrying the wounded and driving them to medical institutions) and emotional support fostered a desire to not give up. When traumatic events pose a threat to a community's existence, beliefs and culture, people are inclined to more strongly express their values and ideals, protect them and resist (Morgan, Wisneski, & Skitka, 2011). The feelings of commonality and unity and the assistance granted to one another during the January Events reduced the degree to which people felt helpless. Both during the January Events and later, the reactions of others, including appreciation, support and condolences, have fostered greater resistance to the effects of trauma. This is also confirmed by other studies (Fredrickson, Tugade, Waugh, & Larkin, 2003).

The study's participants emphasised that the understanding of those close to them and their presence nearby encouraged a desire to fight against the difficulties that arose. The role of doctors and other specialists in the process of coping with

trauma was revealed as particularly important. Most study participants associated a doctor's positive qualities (e.g., outgoing, a good listener, attentive, understanding and compassionate) and competence with an improvement not only in physical health but also in their psychological sense of well-being. On the other hand, a lack of competence of doctors and mental health specialists was mentioned as a factor hampering a sense of well-being. The interrelationship between doctors and patients is usually considered as a part of the healing process. The nature of the interrelationship and a patient's subjective understanding of this relationship can result in improvements in physical and psychological health (Ong, De Haes, Hoos, & Lammes, 1995). Because anxiety due to health problems was common among the participants, it may be that the injured independence defenders understood a doctor as being the main person who not only helped to overcome physical health problems but could also reduce feelings of anxiety and fear and provide more clarity in the individual's personal situation.

It is asserted in the literature that people who have suffered from traumas deal with them more easily when they feel social support from other individuals, both those related to the events and otherwise (Norris et al., 2001). Our study revealed that the attention of strangers was also very important to independence defenders. A presumption is raised that the support and backing of strangers can be understood as appreciation, which encourages the process of imparting meaning to a personal traumatic experience (Janoff-Bulman & Frieze, 1983). And, conversely, attention by society that is subjectively understood as devaluing the events of 13 January and personal experiences operates as a factor that impedes coping, because it does not help impart meaning to the personal experience.

Inconsistent treatment in the attention of others became especially apparent in analysing the topics of 13 January commemorations and the recognition of independence defenders. In the literature, social recognition of being a victim is considered a defence factor in the process of coping with trauma and is negatively related to posttraumatic stress symptoms (Maercker, Povilonyte, Lianova, & Pöhlmann, 2009). However, in our study, some participants recounted negative reactions related to their participation in 13 January commemorations; for some study participants, commemorations help free them from their experiences, while for others, who view commemorations as a formality or as politicians giving themselves brownie points or self-promotion, this is traumatising, as it resurrects negative experiences and causes anxiety, sleeplessness and health difficulties. This is also reflected in studies, where some results show that memorial events can ease the acceptance of the reality of death and provide freedom from feelings of grief (Kristensen et al., 2012). Other researchers notice that commemorations can cause trauma to be repeatedly re-experienced, exacerbate feelings of grief and remind people of lost relationships with the deceased (Raphael, Steven, & Dunsmore, 2006). Social attention is a relevant topic for all the independence defenders, yet a presumption is made that social recognition does not always equate to recognition of the traumatic events or to imparting them with meaning (Maercker & Müller, 2004). In trauma psychology, it is known that people who have endured traumatic

events become especially sensitive to the reactions of others (Johnson, Lubin, Rosenheck, Fontana, Southwick, & Charney, 1997), therefore, in organising 13 January commemorations annually, it is important not to have a “consumer attitude toward the experiences” (Kuodytė, 2004, p. 23), but rather a sensitive acceptance of the personal experiences of both the injured independence defenders and those close to the deceased.

CONCLUSIONS

The effect of the experiences of 13 January is seen even today, after 24 years. Although there are both pride for the Lithuanian state’s victory in restoring its independence and feelings of patriotism and unity, the injuries of the independence defenders and such strong traumatic experiences as fear, stress and threats to one’s life and that of loved ones have a negative effect on one’s current physical state and psychological sense of well-being. It seems that the coping process, which began immediately after the traumatic event, has continued to this day, as it is sought to adapt and deal with the experiences that were suffered.

The experiences of 13 January *are not a single, momentary trauma* but rather a prolonged period of traumatic stress. In the coping process, independence defenders and the family members of deceased defenders must integrate various aspects of this experience: enduring military aggression, fear of aggression by the Soviet army after the events of 13 January, recovery from physical injuries or enduring the loss of a deceased loved one, restoring the psychological sense of well-being, social changes, participation in legal proceedings (the 13 January criminal case), and becoming a part of history when Independence Defenders’ Day is commemorated every year on 13 January.

In analysing the experiences of individual people, we assert that the independence defenders reacted to the January Events as a trauma – that is a psychological reality. But that which took place in the country after the January Events is a cultural reflection. *Individual experiences are manifested in a historical and cultural context.* Independence defenders stood up to defend Lithuania’s freedom and were injured; their concern for Lithuania’s fate was replaced by concern for their own survival. The family members of deceased defenders not only experienced a personal loss but also had to come to terms with becoming a part of Lithuanian history. After the January Events, positive actions were taken within the state to honour and immortalise the memory of the independence defenders or to recognise the status of victims. However, the study showed that *some of the victims of the January Events were able to rely on their internal resources, and this helped them, but others continue to suffer, while society is not capable of helping them.* Yet ‘coping with traumas caused by people requires the efforts of people. Time does not heal all wounds’ (Gailienė, 2004, p. 12).

At this point, we could discuss a *traumatised society* (Gailienė & Kazlauskas, 2004), which is not able to help its members. Even if the recognition of independence

defenders and family members of deceased defenders is considered a positive thing, it did not provide as much support as it should have. So far, criteria for establishing bodily injuries (disability) when victims visit a doctor or need medication have formally been established, but there is insufficient medical help, especially if subsequent psychosocial consequences due to weakened immunity or ability to adapt are determined by testing (Weisæth, 2004b). The study showed that the psychological traumas that were suffered and the after-effects that have continued for all these decades have never been professionally evaluated. The psychotherapeutic or complex help necessary for victims to cope with their posttraumatic troubles has never been provided. The need for such help is shown not only by the after-effects of the traumatic experiences that revealed themselves during the study but also by the fact that of all the groups studied, the participants of the January Events use the most antidepressants and sedatives to this day. In other words, the state mental health system that exists in Lithuania only provides medical services. Furthermore, it can only provide mental health services to those individuals who seek help themselves, while it is important to more actively *offer psychological help* to those who have experienced major traumas, because victims themselves will not necessarily seek and search for specialised assistance. One would hope that similar events, where another state's military aggression is used against Lithuania, will not be repeated, but we cannot be sure that other kinds of heavily traumatising events will not take place in Lithuania (e.g., acts of terror or large-scale catastrophes). Therefore, it is important that institutions that are ready to render specialised help to individuals who have suffered from major trauma are operating in the state.

In this study, we have only analysed the traumatic experiences of the officially recognised victims – those injured and the loved ones of the deceased – yet a crowd of thousands that defended Lithuania's independence and did not directly suffer became *witnesses* to the Soviet Union's aggression. Based on knowledge of trauma psychology, trauma can also affect those who did not directly suffer, i.e., witnesses. Further research is needed in seeking to evaluate whether there are also other people who were strongly affected by the shock of the January Events.

The study showed that *the brothers and sisters of deceased independence defenders also experienced psychological trauma*. According to the Republic of Lithuania Law on Recognition of the Legal Status of Individuals as Defenders of Independence and Other Victims of 11–13 January 1991 and Later USSR Aggression that went into force on 4 January 2000, children (including adopted children), widows, widowers and parents (including adoptive parents) of the deceased are recognised as family members of victims, but brothers and sisters are not. In the opinion of the researchers, it is necessary to initiate amendments to this law with a proposal to also recognise brothers and sisters of the deceased as family members of the defenders of the independence of the Republic of Lithuania who have suffered from the aggression of the USSR waged during 11–13 January 1991 and later.

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SUICIDAL BEHAVIOUR IN THE CONTEXT OF CULTURAL TRAUMAS

SUICIDES IN LITHUANIA. SOCIOCULTURAL CONTEXT

Danutė Gailienė

The issue of suicides in Lithuania remains an urgent area to address, although minor positive changes have already taken place. All kinds of questions arise: Why does arranging adequate suicide prevention seem so difficult? Why do people avoid seeking proper help, or fail to receive it? What is the significance of suicide in Lithuania, and what are the population's opinions and responses to it?

Suicide is a complex phenomenon that cannot be explained by a single diagnosis or a few psychosocial factors. The very first research studies of suicidal behaviour recognised the complexity of the phenomenon and searched for ways in which individual and sociocultural factors intervene. Émile Durkheim, the father of the most influential sociological theory of suicide (1897), did not deny individual motives for suicide or each person's own path towards it, but emphasised the whole complex of social conditions and changes as forming the main prerequisites for suicide. The pioneers of the contemporary interdisciplinary research area of suicidology also aimed to look at the complexity of suicide and study it as a complex and multifactorial phenomenon, embracing psychological, sociological, psychiatric, theological, philosophical, biological, legal and political factors, as well as other elements (Menninger, 1938; Schneidman, 1985; Ringel, 1989).

An increasing number of research studies confirm that definitions of *suicide* and *suicidal behaviour* may vary in different cultures, in which they might have different meanings and be determined by different circumstances (Rogers & Lester, 2010; Colucci, 2013). The assessment of single risk factors alone and their relations with the frequency of suicides can contribute relatively little to the *understanding* of suicidal behaviour. Suicide must be investigated and understood in its social and cultural contexts, so we also need to understand the norms, attitudes, significance in society and individual motives for suicidal behaviour (Hjelmeland & Knizek, 2010; Hjelmeland, 2011).

When looking at different regions and countries in the world, we can often see substantial differences in the scale and laws on suicide, as well as in factors that determine suicides and their methods, and in variations between suicide rates in urban and rural areas and between genders. In some countries, a high rate is linked with clinical depression, whereas psychosocial factors play a much more important part in others. Trends published in Western countries indicating that up to 90% of people who died by suicide suffered from one or several mental disorders are not supported in other regions of the world (Hjelmeland, 2011).

In the vast majority of countries, suicide rates have been stable for quite a long time. For example, rates in 1975 in many Western European countries were identical to those recorded 100 years ago in each country (Lester, 1987). A comparison of suicide rates in 16 democratic Western countries in 1901, 1950 and 1990 showed that the numbers remained stable throughout the decades (Lester, 2013). In some countries, long-term rates even in individual regions are very stable. For example, suicide rates in different Swedish counties recorded in 1830 significantly correlate with those of 1990, showing a cultural sustainability that has survived for a long time (Mäkinen, Beskow, Jansson, & Odén, 2002). More than a century ago, Durkheim compared suicide rates between Catholic and Protestant cantons in Switzerland, and established that suicide rates were higher in Protestants. A similar study in 2010 confirmed the same trend: religious denomination as a protective factor has a stronger effect among Catholic than Protestant cantons (Spoerri, Zwahlen, Bopp, Gutzwiller, & Egger, 2010). This trend does not apply to the Baltic states, or – to be precise – no longer applies. At present, Catholic Lithuania has higher suicide rates than Protestant Latvia and Estonia, although in the period between the world wars, it was Lithuania that had much lower suicide rates than the others (Gailienė, 2008). Since then, after radical turning points in history over the decades, it is evident that different realities are behind the formal data on religious denomination.

Meanwhile, in South Korea, for example, the suicide rate has more than quadrupled over the last two decades. In 2009, it stood at 31 per 100,000 of the population – among the highest in the world. The situation was explained as a consequence of the Asian economic recession (Kwon, Chun, & Cho, 2009), with a deep crisis of cultural identity and values in the country (Park, 2013). In general, a trend is being observed that Asian countries are becoming the region with the highest suicide rates (Värnik, 2012).

Fluctuations in suicide rates have also been observed in countries affected by communist regimes. These countries – in particular former Soviet republics – witnessed extreme fluctuations in suicide rates within a short period of time, associated with dramatic historic changes (Värnik, 1997; Gailienė, 1998; 2004). An absence of regional sustainability shows the lack of cultural sustainability. During the period of communist regimes, the social nature of suicide in Eastern Europe changed. It has become more normal and more equally distributed among social classes and geographic locations (Mäkinen, 2006).

Not only do countries vary in suicide rates, but reasons behind suicidal behaviour are also different, as are the factors that lead to suicide. In Russia, for example, a positive and stable relationship has been determined between heavy alcohol consumption and suicides. This has remained surprisingly stable over the entire 150 years for which official statistical data are available. In tsarist Russia and the Soviet Russian Federation, the relationship between alcohol abuse – the consumption of strong spirits in large quantities – and the spread of suicides was almost identical, despite major social, political and economic changes that took place (Jukkala, 2013).

Whether looking at old times or faraway, exotic cultures, differences are clearly found, but, surprisingly, contrasts also exist between neighbouring countries. One of the most famous research studies of this nature is a comparative study of suicide in Scandinavian countries by Hendin (1964). Psychoanalytically oriented author searches for the origins of suicidal behaviour in the culture of early relationships and the specific features of upbringing that prevail in society. For example, Danish mothers make significant reference to feelings of guilt when trying to control aggression in their children – especially that of boys – and this results in very close bonding between sons and their mothers. This dependence becomes a cause of depression and suicides when such children suffer loss and separation as grown-ups. In Sweden, children's upbringing focuses mainly on achievements and skills, so failure is a frequent cause of suicides among adults, especially men. In Norway, children feel more secure, and are less passive and more aggressive than Danes. Men express their emotions more openly and blame themselves less in cases of failure, but tend to turn to drink more quickly. Norway has the lowest suicide rates.

Although the data presented by the author have not received thorough scientific verification in subsequent research, the study is considered to have given valuable insights into the unique cultural aspects of the countries examined. Nils Retterstøl, a Norwegian professor of suicidology, also cited some important psychosocial factors in an analysis of low suicide rates in Norway, such as moral policy of the state, a relatively settled population and the importance of traditional communities and religion (Retterstøl, 1993).

In order to understand the issue of suicide in Lithuania, it is therefore necessary to gain a deeper insight into cultural aspects that relate to it in the country. Is suicide in Lithuania the same as in, say, the USA?

Suicide notes allow better understanding of suicidal mind and get a deeper insight into the state of mind of suicidal individuals. Antoon Leenaars, a Canadian suicidologist, developed a multidimensional model of suicide that embraced both intrapsychic and interpersonal aspects of suicide. This model proved to be applicable to the analysis of suicide notes (O'Connor, Sheeby, & O'Connor, 1999; Barak & Miran, 2005). It was further discovered that the examination and comparison of such notes helped to reveal cultural differences in the suicidal process between countries. A comparison of data among many Western countries – such as the USA, Canada, Germany, Great Britain, Hungary and Australia – indicated no significant differences between psychological specifics of suicidal processes in suicide notes. However, countries with an oriental culture, such as Turkey and India, revealed some intrapsychic aspects (such as indirect expression) that differed greatly from the first group of countries. The contrast can be explained by the specifics of more individualistic and more collectivist societies (Leenaars, Gailienė, Wenckstern, Leenaars, Trofimova, Petravičiūtė, & Park, 2014).

Suicide notes left by Lithuanian and US people were also compared. It was established that despite common elements in suicidal processes (both

intrapsychic and interpersonal) observed in all notes, radical differences were also found. Our compatriots' notes reveal much more intense and extreme psychological states than in the US counterparts. During the next stage of the study, the suicide notes of South Koreans who set themselves alight in political protests were compared with the Lithuanian and American notes. It was discovered that the Lithuanian and South Korean notes had elements in common, but they differed greatly from their US counterparts and revealed extreme psychological states. The authors of these notes were more emotionally confused, suffered from greater psychological pain and helplessness, and attached more blame for their state to external objects. Based on the analysis, it can be assumed that pain was hidden deep inside these people's minds. This situation can be associated with a political situation that lasted for decades in which people living under conditions of occupation were exposed not only to direct repression, but also to long-term oppression. The situation caused feelings of helplessness and desperation, and pushed people towards self-destructive actions, such as alcoholism and suicide (Leenaars et al., 2014).

When analysing the key sociocultural aspects of suicide in Lithuania, first of all, it is necessary to consider historical processes and culturally determined attitudes.

FLUCTUATIONS IN SUICIDE RATES IN LITHUANIA

As already mentioned, many Western countries have been recording their suicide rates for more than 100 years, and these have stayed stable throughout that period. Lithuania has less than 100 years of data (with interruptions) and has seen dramatic fluctuations in its suicide rate. The level of suicides, especially among males, is clearly related to the political situation and turning points in the country's history (Figure 1).

Lithuania started registering mortality rates according to international standards in the early 1920s (Jasilionis, 2003). Suicide rates in the country between the world wars were low (Figure 1) and in 1924, a total of 123 suicides were recorded (suicide rate 5 per 100,000 citizens). Between 1924 and 1939, the average suicide rate was 8.1 per 100,000. During that time, some European countries (such as Estonia, Latvia, Hungary, Austria, the Czech Republic and Switzerland) had rates that were five or six times higher (Kelnik, 1989; Gailienė, 1998). Cautious and negative cultural attitudes towards suicide prevail in Lithuania. In mythological tales interwoven with pagan and Christian elements, untimely deaths are associated with the Devil. People who took their own life turn into ghosts, but open condemnation of them is avoided (Gailienė & Ružytė, 1997; Gailienė, 2008). In the scarce studies from that time, motivation for suicide was associated with social relations: for example, information about the data for 1926–1930 states that the vast majority of people who died by suicide were 'servants and some school pupils. It looks like in addition to spiritual suffering and

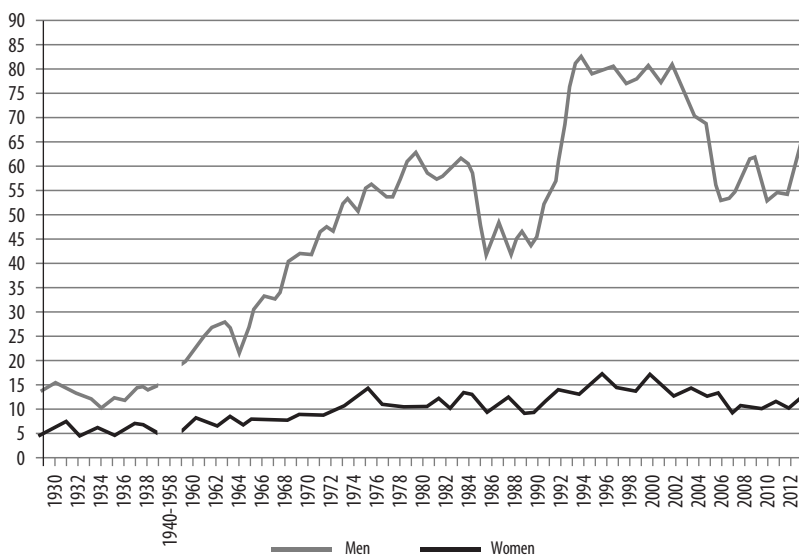


Figure 1. Suicide rates by gender in Lithuania, 1930–2013.

disharmony, bullying by others and a lack of compassion and understanding played an important role in spiritual suffering’ (Pabindris, 1939, p. 36). Social motivation for suicidal behaviour is also reflected in interwar fiction, in stories by Lazdynų Pelėda and Antanas Vienuolis (Pauplytė, 2001).

There are no reliable data on suicides during the first Soviet and Nazi occupations. Mortality rates during the second Soviet occupation were recorded fairly comprehensively, but were not accessible to either society or researchers (Jasilionis, 2003). Only later was it discovered that the yearly suicide rate in that period consistently grew in Lithuania, from 16 per 100,000 people in 1962 to 36 in 1984. Between 1970 and 1984, it increased by 44.6%. Following the *Perestroika* movement in the Soviet Union, the suicide rate in Lithuania suddenly dropped in 1986 – from 36 per 100,000 people to 25. In 1984–1989, the rate in the whole of the Soviet Union decreased by 34.5%: with the fall ranging from 5.3% in Armenia to 37.9% in Belarus (Värnik, 1997). Some authors, for example (Wasserman & Värnik, 2001), attribute the drop mainly to the anti-alcohol campaign launched in 1985, but some other studies do not support such a view. For example, one report states that in Latvia ‘this peculiar relational trend between the male suicide rate and the alcohol psychosis rate during the years 1980–98 shows that the restrictive alcohol policy was an important factor, but not the only major factor contributing to this phenomenon’ (Rancans, Salander-Renberg, & Jacobsson, 2001, p. 279). According to the authors, psychological factors also played a very important part. Furthermore, democratisation processes launched in the Soviet Union helped cause a decrease in suicide rates in other Eastern European

countries in the Soviet Bloc that were not involved in anti-alcohol campaigns. For example, Hungary – which had the world’s highest suicide rate for three decades – witnessed a consistent decrease in its rate, from 45 suicides per 100,000 people to 25 now (Zonda, 2003; Värnik, 2012). It is obvious that democratisation, with the subsequent rise in hope and optimism in society, played a very important part. It is also clear that Eastern European countries of the so-called Socialist Bloc and nations directly occupied by the Soviet Union (i.e. Soviet republics) strongly differed in their psychosocial situations. After the suicide rate decreased in the Baltic states and other republics during democratisation, it regained its growth after the fall of communism and in light of the ensuing social transformations, simply because of the shortage of resources available to overcome change-induced challenges. The situation in Lithuania became extremely bad and, in the early 1990s, the country had left Hungary, which had the highest suicide rate for three decades, far behind in terms of suicide rate. Between the ‘Hungarian’ and ‘Lithuanian’ periods, Sri Lanka took a brief lead, with 47 suicides per 100,000 members of the population (Värnik, 2012).

The changes that took place in the period of reformation and the independence movement in Lithuania had a much stronger impact on the suicide rate among men than women: the male rate decreased by 14%, compared with just 1.4% for females. Between 1987 and 1991, the overall suicide rate was relatively low, but growth resumed from 1991 and was again mainly influenced by male suicides (Gailienė, 2004; see Figure 1). Between 1990 and 1996, the level of mortalities from suicide increased by 82.4% and started to resemble an epidemic (Leenaars et al., 2014). The rate settled at a very high level in 1998–2002, with an average rate of 44.6 suicides per 100,000 people and male rates 5–6 times higher than those among females. Since then, there has been a slight decrease, but it is still almost three times higher than the EU average: in 2010, the Lithuanian rate was 32.9 suicides per 100,000 people, whereas the EU’s was 11.8 (Lithuanian Department of Statistics, 2014).

The extremely high number of suicides in Lithuania thus stemmed from Soviet times. However, this was not mentioned anywhere because propaganda that spread in society at the time indicated that all social evils had been ‘evicted’ in countries with mature socialism. Information on suicides, murders, accidents at work, and cases of cholera and plague was strictly prohibited and hidden. The term ‘suicide’ even disappeared from encyclopaedias (Ambrumova & Postovalova, 1989). Researchers were able to access only a limited number of publications on demographics marked ‘for official use’, which contained very generic mortality data and rates (Jasilionis, 2003). The viewing of the subject as taboo prevailed as well as its psychiatrisation and stigmatisation.

The topic of suicides is *taboo*. During the late Soviet period – named the stagnation period, or even ‘*boredom society*’, by historians (Vaiseta, 2014) – the suicide rate grew, but silence remained. The attitude of psychiatrisation prevailed, with the belief that only mentally ill people could die by suicide and the issue therefore belonged strictly to the competence of psychiatry. The subject was

also stigmatised because the stigma attached to mental illness was very strong in society. This attitude pushed families of people who died by suicide into complete isolation, while silence and secrecy surrounded other dramatic events and personal tragedies. Young men killed in the Soviet war in Afghanistan in 1979–1989 were brought home in zinc coffins, with complete silence and prohibition of any information whatsoever. The last partisans to resist the Soviet occupation blew themselves up in the woods – but again nobody talked about it. Romas Kalanta set himself alight – a rapid post-mortem psychiatric diagnosis was announced and political repression intensified. Catastrophes took place that had huge death tolls and many witnesses, such as a fire on a passenger train at Žašliai railway station in 1975 and the collapse of the pontoon bridge in Vilnius in spring of the same year - any information was hidden from society. Finally, the disaster at Chernobyl nuclear power plant in spring 1986 was always accompanied by secrecy and disinformation.

And what was hiding behind the silence?

RESISTANCE (ALTRUISTIC) SUICIDES

Resistance suicides are altruistic suicides, as defined by Durkheim. These are opposite to egoistic suicides, which are determined by extreme individualism. Pure altruistic suicide is linked with strict morals and strong social integration. In particular, heroic suicides – ‘with the spirit of renunciation and abnegation as their immediate and visible cause’ (Durkheim, 1979, p. 239) – and military suicides are attributed to this category: ‘Some may doubtless be said to have yielded to altruistic motives, such as soldiers who preferred death to the humiliation of defeat [...] or unhappy persons who kill themselves to prevent disgrace befalling their family’ (p. 228). It is true that sometimes there is a tendency to argue that some suicides committed under oppression conditions are rather *fatalistic* – in other words, determined by a bid to escape from an unbearable social situation (see, for example, Lester, 2014). However, suicidal behaviour is also frequently related to a desire to change an intolerable situation, which makes it quite altruistic (Park, 2004). Furthermore, not every nuance motivating suicidal behaviour is always easy to understand.

Partisan suicides. With the second Soviet occupation approaching in 1944, a well-organised armed resistance began in Lithuania and guerrilla warfare lasted for more than a decade. This practically ended in 1953 when Soviet forces detained chief partisan commander Jonas Žemaitis, who was executed the following year. For several years afterwards, there were individual resistance actions and the last partisans were exterminated. In this respect, Lithuania differed from the other Baltic states – Latvia and Estonia – where armed resistance was weaker. This is considered one of the main reasons why fewer colonists from Soviet Russia arrived in Lithuania rather than Latvia and Estonia. Meanwhile, guerrilla warfare destroyed the myth stemming from

Soviet propaganda that Lithuania voluntarily joined the Soviet Union (Gaškaitė, Kuodytė, Kašėta, & Ulevičius, 1996; Gaškaitė, 1997; Daumantas, 2005; Gailius, 2006). It is known that the last surviving Lithuanian partisan shot himself dead in 1965, after being surrounded and refusing to surrender alive.

The oath of Lithuanian partisans – not to surrender alive in order to avoid betraying others – was fulfilled in frequent cases (Gaškaitė, 1997; Baliukevičius, 2002; Daumantas, 2005).

‘Firing back, he tried to withdraw but was wounded. Refusing to surrender alive, he pulled the pin of the grenade and lifted it up to his face. **Thousands of Lithuanian partisans blew themselves up in this way** (bolded by the author – D.G.), to prevent the MGB from prosecuting their families, they tried to choose a death that would leave their bodies unrecognisable’ (Gaškaitė, 1997, p. 47).

It was more complicated for partisans’ liaisons, or female liaisons in most cases, because they were usually unarmed and therefore unable to use a weapon at the crucial moment. They therefore had to make preparations for this eventuality in advance: for example, Nina Nausėdaitė, after noticing that she was being followed, ‘placed poison inside her collar, thus getting ready not to surrender alive’ (Gaškaitė, 1997, p. 72).

Not all suicide attempts successful. After being captured, freedom fighters underwent interrogation and torture, and some kept looking for ways to take their own lives.

‘For example, in 1951, the partisans’ liaison in Dzūkija, Monika Plytnikaitė-Turskienė, tried to shoot herself after being surrounded. But the shot was not lethal. She was taken to Alytus hospital with a head injury. Chekists wanted the partisan to recover in order to interrogate her. Monika Plytnikaitė, after regaining consciousness, ate a thermometer while the guard was not watching and ended her heroic life’ (Gaškaitė, 1997, p. 73).

After the restoration of independence in Lithuania, a large-scale quantitative study was conducted on the long-term psychological consequences of the Soviet and Nazi repressions. About 1,500 respondents randomly chosen from the official list of repressed people took part. The study supported the opinion that participants in armed resistance were more frequently exposed to critical situations: they indicated attempted suicide twice as often than both exiles and participants in the comparison group who were not subjected to repression (9.7%, 5.0%, and 4.2%, respectively; Gailienė & Kazlauskas, 2004).

Partisans were aware of the moral dilemmas associated with suicide, which were also often considered by theology experts in the West (Saulaitis, 2001). For example, partisan chaplain Justinas Lelešius-Grafas, who in 1947 blew himself up together with a few other freedom fighters in a partisan bunker surrounded by the enemy, wrote in his diary:

‘Many people looking through the pages of history will probably be appalled by our warfare, saying that in the cultured world suicide is unacceptable and an insult to the human essence. But we are fighting against barbarians. Of

course, this is not allowed by Christian doctrine... but let's leave it in the hands of the gracious Lord' (Lelešius-Grafas, 1994, p. 103).

Even today in Lithuania, the topic of partisans taking their own lives is often raised when discussing whether suicide is justifiable (see, for example, Eimontas & Gailienė, 2014). It should be noted that the motive for such actions – the same as in all altruistic suicides – is not a desire to die, but a pursuit of other goals. In the events discussed, the aim was to avoid betraying comrades-in-arms.

Little information is available on suicides by *executioners*. Despite facts about individual executioners' suicides being known – including NKVD and KGB executioners, members of destruction battalions (*stribai* in Lithuanian), Nazi helpers who collaborated in the German Holocaust during the occupation (colloquially called "Jew shooters"), and traitors of partisans who shot themselves – no data have been uncovered on the more systematic suicidal tendencies of executioners and traitors. Professor Algis Norvilas is probably right when he says that the 'executioner is much less affected, and suffers much less than the victim. The victim must endure the insult, while the executioner suffers from remorse only'. All kinds of measures can be used to soothe conscience, including belittling, objectifying and blaming the victim, as well as denial and rejection of responsibility (Norvilas, 2009). Perpetrators often try aggressively to use the tactics of discrediting the victim and forgetting the past (Herman, 1992).

In the context of *resistance* suicides, those in cases of **political protest** in Lithuania have had distinctive features, such as the public self-immolation of 19-year-old high-school student Romas Kalanta in 1972. In general, cases of self-immolation in Western culture are rare, and it is not even separated out as a method for taking one's own life among suicide statistics in Western countries (Maris, Berman, & Silverman, 2000). For example, famous US suicidologist Ronald Maris states that during 30 years of work in forensic suicidology, he has encountered only two cases of self-immolation among 125 investigated suicides (Maltsberger, 2003). The practice originates from Buddhist and Hindu traditions. A wave of public self-immolation as political protest started in Vietnam after Buddhist monk Thich Quang Doc publicly burned himself to death in Saigon in protest of the political regime of Ngo Dinh Diem. His model was followed by at least seven more monks (Maris et al., 2000). This form of political protest also reached countries with communist regimes. In 1969, Czech student Jan Palach committed an act of public self-immolation in Prague in protest against the soviet military invasion aimed at suppressing the Prague Spring uprising. A few months earlier, in September 1968, philosopher Ryszard Siwiec set himself on fire in Warsaw stadium in Poland, in protest against the events in Czechoslovakia and communist oppression in Poland; in 1969, mathematics student Ilja Rips attempted self-immolation next to the Freedom Monument in Riga, Latvia; in 1970, East German pastor Oskar Brüsewitz committed self-immolation; and in 1972, the same act was carried out by Lithuanian high-school student Romas Kalanta. This latter deed

was followed by intensification of the spirit of political protest in Lithuanian society. The occupation authorities attempted to hide and belittle such action using all possible means. A post-mortem psychiatric examination of Kalanta was conducted in a rush and he was diagnosed with mental illness.

This form of protest suicide was reflected in a slightly ironic form in the later independent Lithuania. In spring 1996, a deputy of the Seimas (Parliament) of the Republic of Lithuania announced his intention to commit public self-immolation in the centre of the capital city on a certain day if his political demand for early election to the Seimas was not satisfied. For two weeks, the topic of suicide gained increased attention in society, the mass media and among the public. However, all finished quietly: no early election was held, and the deputy did not set himself alight but continues to participate in political activities. Nonetheless, indirect data implies that the deputy's action induced a number of copycat suicides (Gailienė, 1998). Altruistic suicides can therefore have quite a strong impact on public views.

THE ROLE OF THE CHURCH AND RELIGION

Suicide as a moral issue is named in all monotheistic religions and is considered immoral and unjustifiable. Christianity is a very important cultural foundation in Lithuania (Streikus, 2002). According to the country's 2011 census, 94% of the population consider themselves as belonging to a religious community, 77% of whom to the Roman Catholic Church (Lithuanian Department of Statistics, 2013). The part played by the Church in considerations of the acceptability and morality of suicidal behaviour is therefore very important. Practical aspects, such as whether church funeral services are available, are also considered important by people.

In the period between the world wars, Lithuanian society 'before encountering the Soviet regime was hardly secularised and was almost religiously homogeneous (Streikus, 2002, p. 8), with religion a very important part of ethnic identity. Some 85% of the population considered themselves Catholic, making Lithuania the most heavily Catholic country in territories occupied by the Soviet Union in 1939–1940 (Streikus, 2002).

It is therefore understandable that the Church represented a powerful potential opponent for the occupation regime. Throughout this period, it preserved its independence, resisted the regime, established underground seminaries and secret convents, and was at the centre of the most important dissident press. The Soviet authorities therefore made immense efforts to reduce the influence of the Church, make society atheistic in a systematic manner, and isolate the Catholic Church of Lithuania from its spiritual and administrative centre in the Vatican (Streikus, 2002). This meant that the Church was squeezed into the narrow box of a religious cult, with little opportunity to participate in the life and important discussions of the universal Church.

'A conflict lasting almost half a century with the Soviet regime was won by the Church, but it had certain consequences. Interference with priests' training and control of communication with the external world slowed down the Church's renewal process. Due to the latter, and because of atheistic propaganda conducted at a national level and isolation of the Church from society, there was a lack of conditions favourable for live and conscious faith. Traditional loyalty to the persecuted religion, the same as to the Lithuanian language, constituted the core of national identity, so the number of formal Catholics among the Lithuanian population decreased little, but most of them had to search for ways to the real faith' (Streikus, 2002, p. 320).

Because of the occupation regime, Lithuania was therefore hardly reached by the changing views of the universal Church on the state and moral responsibility of a suicidal person. These views were changing with the development of religious science, psychology, anthropology and other sciences. The modern teaching of the Church talks about so-called conscious suicide: 'real conscious suicide would be reasonably measured death, considered to be the goal of the act, as well as the measure or method for achieving that goal' (Saulaitis, 2001, p. 39). Conscious suicide and involvement in it are a sin. Priests frequently hear from people about how this view has stopped them from attempting suicide.

But both the canon law of the Catholic Church and moral theology writings discuss circumstances that encumber free conscious self-determination and therefore mitigate an individual's responsibility. Such circumstances can include an impaired mental state and confusion of values, as well as an attempt to run away from torture and pain, or sacrifice for others. If there are any doubts about the conscious will of a suicide victim no sanctions can be applied and a church funeral must be provided. Condemnation of suicide and a refusal to give a church burial to people who died by suicide are incompatible with the Church's modern teaching. Suicidal behaviour can be a way to distance oneself from a complicated situation and pain. A priest's job is not only to pray for suicide victims, but also to comfort their bereaved family and friends, and to help them accept their heart-breaking situation (Saulaitis, 2001).

'Based on the old and present canon law of the Catholic Church, suicide victims not only can, but actually must, be given a church burial. Separate plots in the old cemeteries allocated for suicide victims and unbaptised babies will exist only as witnesses of hurtful misunderstanding' (Saulaitis, 2001, p. 41).

Unfortunately, the echoes of these sorrowful misunderstandings have survived and are still present in today's Lithuania. Despite the Church's official preaching, reality differs and misunderstandings and hurtful situations still occur. Sometimes, priests ignore the Church's modern teaching, instead following archaic views, treating the families of suicide victims in an unreasonably strict way, condemning the deceased in public and refusing to hold masses for them or give them a church burial. A survey of survivors (i.e. families and friends of suicide victims) shows that they had both good and bad experiences with

respect to churches and priests. Some said that when mourning a suicide victim, they sought help from a priest and received it: for example, they were heard, comforted and able to discuss matters that were relevant to them. Others experienced a strict stance by priests, who, for instance, refused to hold a mass for suicide victims or give them a church burial (Geleželytė, 2014). Some respondents highlighted the importance of faith in God when mourning family members and friends who died by suicide. They stated that the bereavement gave more strength to their faith, and that they discovered a need to pray and attend church services more frequently (Klimaitė, 2015).

Some survivors' comments also revealed that the Church's attitude of unconditional condemnation of suicide made their bereavement even more unbearable, intensifying their feelings of guilt, shame, exclusion and stigma. The belief that suicide deserves condemnation can be fairly widespread among churchgoers, with mourners feeling sinful and 'guilty without guilt' because of a suicide (Geleželytė, 2014).

People's misguided views and expectations also give rise to misunderstandings. It appears that even those who are not believers still need church services and rituals. Church becomes important during critical moments in life, but is treated as a service institution. Misunderstandings arise because of the lack of comprehension of the essence of religious life and the principles of religious community. People often follow stereotypes and rumours, and are disappointed when reality fails to satisfy their expectations.

In Lithuania, it is important that the Church takes a modern attitude to suicide victims and those bereaved by suicide. A matter to address in further study is why religious denomination no longer serves as protection against suicide.

PSYCHOSOCIAL STRESS AND MALE SUICIDES

Historical traumas and social transformations have had a much stronger impact on men than women (Figure 1). Rather big fluctuations in male suicide rates show that men are more vulnerable to social changes compared to women.

Suicide rates in rural areas of Lithuania increased 9–10 times since the pre-war period, while urban areas have undergone much smaller changes. Between 1970 and 1980, the suicide rate increased by 75% in rural areas and 20% in cities (Gailienė, 1998); and in 1990–2002, the suicide rate in urban areas increased by about 50%, whereas it rose by about 72% in villages (Gailienė, 2005).

Between the world wars, suicide rates in Lithuanian urban areas were twice as high as those in rural ones. During the Soviet occupation, this ratio went in the opposite direction and has remained like that until now, with rates in rural areas 1.5–2 times higher than those in cities.

It can be stated that rural areas – particularly men living in those regions – suffered from the Soviet occupation regime more strongly than others. The foundations of the traditional social structure, in which the male was the head of the household and family, were shaken. People were deprived of private property and were forced to join *kolkhoz* (collective farms). There was no space for economic, cultural or political initiatives, with everything regulated by the regime. There was also an absence of any non-formal communities such as parishes and free organisations, which were all banned and destroyed. The ideological upbringing of children was taken over by the state, which dictated the concepts of historical and life values to be instilled into the growing generation. The strongest men – large-scale farmers and their adult children, teachers, priests and other educated people – were exiled or went into the woods to join the partisans; a great majority of them were killed, while the survivors were frightened and passive. Alcohol consumption seemed the only free choice available, especially as it was encouraged by state policy.

Lithuania fought against the binge-drinking policy already in tsarist Russia. Tsarist authorities made systematic efforts to increase the availability and consumption of alcohol, but Samogitian bishop Motiejus Valančius organised strong resistance and launched a broad-scale sobriety movement in 1858. In the parishes, sobriety brotherhoods were established that attracted an increasing number of followers, and alcohol consumption dropped by as much as eight times within two years. Tsarist Russia fiercely opposed this because it resulted in the collection of decreasing amounts of excise duties and rising civic awareness. The regime interfered with the movement using all possible means, and in 1863 Vilnius governor-general Mikhail Muravyov banned sobriety preaching and declared it dangerous to the Russian Empire. Growth in vodka production and consumption resumed, but alcohol use in Lithuania was nevertheless two times smaller than in Russia in 1906 (information from the State Mental Health Centre).

After World War II, alcohol in Lithuania became an important means of coping with stress. The diaries of that time contain dramatic testimonies about a sudden vigorous spread of binge drinking. For example, a record from 1949 in the diary of Lionginas Baliukevičius-Dzūkas, chief of the Dainava County partisan squad, reads:

‘...overwhelming poverty! Not a ray of hope for a more beautiful life. The only entertainment is drinking samogon [moonshine], often followed by a drunken brawl. The village is completely overtaken by samogon. It is brewed and drunk by everyone, even children. Drowned in a sea of blood, tears and black despair, the nation seems to have found its only solace and temporary comfort in samogon. How many idiots, criminals, degenerates, embezzlers, prostitutes and morons will these goddamned years bring to Lithuania?’ (Baliukevičius-Dzūkas, p. 112).

The same situation is described in the diary of underground nun

Ksavera Veriankaitė from 1951: ‘... I don’t know any more how to cure Lithuanians from drinking. It’s everywhere and advertised in every step. If this goes on much longer, those who have survived the bullets and Siberia will be exterminated by drinking...’ (Veriankaitė, 2009, p. 134).

From 1955:

‘And what else to do? According to them [youths, D.G.], nothing else but “boozing”. The most cultured leisure entertainment is cinema, but it is stuffed with propaganda. Neither Church, nor nation has survived. There are no books free of poison either. Absolutely nothing to do, the only choice is the pub. And what can break an individual quicker than a pub? Maybe it is a conscious plan’ (Veriankaitė, 2009, p. 246).

Forced collectivisation and almost total destruction of private property shattered the very foundations of rural people’s existence, tearing apart traditional community–family relations, promoting alcoholism and pushing people into desperation. In addition, villages during the Soviet period were further psychologically impoverished when members of collective farms tried to push their children towards towns, which they associated with better opportunities in life. More extensive research should reveal the impact of this cracked tradition and reduction of the male role on subsequent generations. Some of our data shows the importance of relationships with fathers in suicidal behaviour among adult males (see the chapter *Presumptions about men suicidal ideation*).

Demographic studies show that even after the restoration of independence, the ‘Soviet’ mortality model prevails in Lithuania. The characteristic features of this include a very high rate of premature mortality and a rising contrast between mortality in urban and rural areas: differences in average life expectancy reached their peak in 1999 (5.8 males and 3.3 females). Suicides still have a strong impact on the difference in average life expectancy between urban and rural populations, in particular among men. In 1988–1999, the contribution of suicides to the difference in life expectancy between urban and rural male populations increased by about 1.8 times (from 16% to 28%; Jasilionis, 2003). Demographers indicate that the rates of external causes of death, in particular, represent the major obstacle for Lithuania in attempting to get rid of the „Soviet“ mortality model (Stankūnienė & Jasilionis, 2011).

MENTAL-HEALTH POLICY

Numerous studies and practices in many countries show that suicide rates can be constrained and reduced through adequate preventive measures by the state. However, this has not yet taken place in Lithuanian health policy. Despite the country’s suicide rates having stayed at the top of the global table for two decades now, no preventive measures have

yet been established by the state. A very important reason for this is the attitude of politicians towards the problem. Research on Lithuanian, Norwegian and Swedish politicians' attitudes towards suicide has showed that Lithuanian politicians more often consider suicide as an acceptable solution to problems. Furthermore, they more often believe that the suicide rate will decrease once the economic situation starts to improve and have little faith in the importance of specific assistance for people at risk of suicide (Knizek, Hjelmeland, Skruibis, Fartacek, Fekete, Gailienė, Osvath, Renberg, & Rohrer, 2008; Skruibis, Gailienė, Hjelmeland, Fartacek, Fekete, Knizek, Osvath, Renberg, & Rohre, 2010).

These factors partly determine another problem: an inadequate mental-health policy. When dealing with public-health issues, no success has yet been achieved in the implementation of a modern biopsychosocial model in Lithuania. A few important steps were made in the early years of independence through a reform to the mental-health system, with specialists managing to secure political approval not only for a national suicide prevention strategy but also for a state mental-health strategy – however, neither of these has been implemented. A biomedical model, in which most mental-health resources are assigned to compensation of medicines and the maintenance of huge psychiatric hospitals, has gained a foothold. In contrast with Estonia, where a fairly young and pro-Western political elite was carrying out serious health-care reforms, change in Lithuania was rather slow, biased and geared towards satisfying the interests of individual groups (Gudžinskas, 2012). An analysis of today's mental-health system shows excessive medicalisation, a lack of transparency and poor management (Pūras, Šumskienė, Veniūtė, Šumskas, Juodkaitė, Murauskienė, Mataitytė-Diržienė, & Šliužaitė, 2013).

Thus, on the one hand, the problem of suicide remains surrounded by secrecy, stigma and the attitude that each person must heroically cope with his or her difficulties on their own, and on the other hand, by psychiatrisation and lack of appropriate and progressive policies regarding mental and public health.

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THE STIGMA OF SUICIDAL BEHAVIOUR

Paulius Skruibis, Odeta Geleželytė, and Said Dadašev

Since the restoration of independence (i.e. from 1990 until 2013), 32,000 people died by suicide in Lithuania (data from the Lithuanian Department of Statistics and Institute of Hygiene). According to suicidologists, every suicide affects at least 6–10 people who were closest to the person that died by suicide (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004). This makes the problem relevant for another few hundred thousand people. We do not have accurate annual statistics on suicide attempts, but according to the World Health Organization, one suicide can come after up to 20 previous attempts (World Health Organization, 2014). We are again talking about hundreds of thousands of suicide attempts in the last few decades. For a tiny country with a population of just 3 million, these figures are enormous. But the issue is about more than just statistics: we, who are involved in suicide-prevention activities, regularly find that when we start talking about the subject in a larger group, there are several people who have been strongly affected by suicide-related experiences.

This issue was not born in an independent Lithuania. Suicide rates started growing at a fast pace during the Soviet occupation and reached an unprecedented scale before the restoration of independence (Gaillienė, 1998). In Soviet Lithuania, the topic of suicide was not discussed in public – not because the issue did not exist, but because it did not fit the idea of people living happily under socialism. After independence was restored, a broad discussion of the suicide issue was brought into the open. Today, everyone who is at least slightly interested in public life in Lithuania must have heard that the suicide rate in our country is the highest in Europe and among the highest in the world.

But does public discussion of suicide mean that people with personal experience of the problem talk about it openly? Are they joining self-help groups for people bereaved by suicide or demanding that changes are made in the health-care system? None can be seen. There are only a few groups for people bereaved by suicide in Lithuania, while changes in suicide prevention are usually requested only by individual mental-health professionals. Maybe these observations are unreasonable and biased, and do not describe the actual situation? Our study, during which we conducted 44 in-depth interviews with individuals who attempted suicide and who are bereaved by suicide, gives a more systematic answer to all of these questions.

Are experiences related to suicidal behaviour and its consequences more easily discussed in other countries, at least in the West? On the basis of research findings and personal observations, suicidologists in different countries describe suicidal behaviour as strongly stigmatising (De Leo, 2010; Dyregrov, Grad, De

Leo, & Cimitan, 2013; Lester & Walker, 2006; World Health Organization, 2014). Both individuals who have attempted suicide and who are bereaved by suicide often experience shame and feel that people around them avoid everything related to suicide and try to stay away. Avoidance is also a feature among those who have attempted suicide and those bereaved by suicide. Nevertheless, Lester and Walker (2006) have noted that people bereaved by suicide in the US are often fairly active, uniting into organisations and raising money for such bodies or for suicide research, while there is much more of a stigma surrounding those who have attempted suicide.

The notion of a stigma refers to the negative reaction of a substantial part of general public towards a group of people with particular characteristics (such as psychiatric disorders) or behaviour such as seeking help (Reynders, Kerkhof, Molenbergs, & van Audenhove, 2014). According to Link and Phelan (2001), a stigma exists when labelling, stereotyping, separation, status loss, and discrimination are all present within a power situation that facilitates the occurrence of a stigma. For example, people associated with suicidal behaviour may be perceived (and perceive themselves) as mentally ill suicide victims (labelling) who are unstable, selfish failures and asocial (stereotyping and status loss), and who are best avoided or deserve condemnation, as well as inferior health-care services or exclusion from some religious services (discrimination).

Despite the stigmatisation of suicidal behaviour being a fairly universal phenomenon, a few presumptions exist that may make this stigma even more strongly manifested in Lithuania. Christian culture considers suicide a sin, while the Church used to condemn such behaviour and suicide victims were buried without any church service. During the Soviet period, the Church was persecuted and isolated, so was not reached by the modernising views of the universal Church (see the chapter *Suicides in Lithuania. Sociocultural Context*). Such attitudes about suicide could therefore exist despite even the old canon law of the Catholic Church (1917) – let alone those in present times – not expressly stating that church burials were prohibited for suicide victims, according to priest Antanas Saulaitis: ‘Separate plots in the old cemeteries allocated for suicide victims and unbaptised babies will exist only as witnesses of hurtful misunderstanding’ (Saulaitis, 2001, p. 41).

Attitudes towards mental-health issues and suicidal behaviour underwent major changes in the second half of the twentieth century (Bille-Brahe, 2000; Feldman, 2014), but it took a long time for these transformations to reach Lithuania behind the iron curtain of the Soviet Union. This could explain some of the attitudes characteristic of Lithuania between the world wars (1918–1940) being preserved in time and therefore remaining fairly widespread today. In a survey of the members of Vilnius and Kaunas municipal councils, one politician gave the following answer when asked how the issue of suicides should be dealt with: ‘General condemnation of suicide. Our ancestors even refused to bury suicide victims, and a special

person, when nobody was watching at night, used to take the body to a swamp to bury in an unblest corner of the cemetery. I believe that this could have a psychological effect on people with suicidal thoughts and thus stopped at least 50% of suicides. I think the saying that all are equal in death does not apply here' (Skruibis, 2004, p. 46). Ten years later, a similar opinion was voiced by the vice-minister of health: 'If a sorrowful event happens, when a well-known person dies by suicide, we tend to extol it strongly. Even when thinking back to old times, the Church stated very clearly that this cannot be done and is a sin. But there are priests who describe it as a mere mistake. Such negligence gives rise to similar cases' (*Lietuvos sveikata*, 11 September 2014, p. 14).

The Soviet occupation also shaped attitudes towards mental illnesses, suicidal behaviour and openness in general. Using psychiatry as a tool to deal with people who criticised the political system was common practice (van Voren, 2013). Such treatment itself was almost exclusively medication-based in the Soviet Union, with activity concentrated in large psychiatric hospitals and social exclusion imposed on patients (patients need to be isolated). Changing the system by introducing contemporary mental-health principles has been hard to accomplish until now (Pebenito & Germanavičius, 2011). All of these factors led to mistrust in psychiatry and reluctance in seeking professional help, a tendency that can survive even changes in situation. For example, a survey conducted in Israel showed that immigrants from the territory of the former Soviet Union tended to seek professional assistance for their children less frequently than the local population in Israel (Shor, 2006). The most common reason cited was mistrust in mental-health professionals.

Estonian researcher Aareleid-Tart (2006) analysed biographical stories of people who lived during the Soviet period and noted that they had to cope with a constant feeling of fear about being betrayed and brought into the focus of repressive structures. Gailienė (2008) describes the same situation referring to feelings of insecurity and vulnerability characteristic of the occupation period, when people hid their experiences for fear of being punished for what they said.

Mistrust in each other and in social and political institutions by the Lithuanian population and people in many other post-communist countries is also evident in a social-cohesion study (Dragolov, Ignacz, Lorenz, Delhey, & Boehnke, 2013) conducted in 34 countries (mainly EU Member States). It was established that a lower degree of trust is related to a worse economic situation and greater inequalities in income in a country. Sapsford and Abbott (2006) link the lack of trust not only to the experience of occupation but also to the fall of well-established norms that followed the change in the political system after the Soviet Union's collapse.

The purpose of our research is to determine how and why people who attempted suicide and who are bereaved by suicide avoid talking about their experiences with the people around them.

METHODOLOGY

Respondents

A total of 44 respondents participated in the research study: 23 bereaved by suicide and 21 people who attempted suicide.

Bereaved by suicide:

- gender: 20 (87%) females and 3 (13%) males;
- age: from 24 to 60 years old (average of 42);
- residence: city/town – 16 respondents (70%), small town/village – 7 respondents (30%);
- the bereaved: child ($n = 7$; 30%), mother ($n = 6$; 26%), spouse ($n = 6$; 26%), sibling ($n = 3$; 13%), father ($n = 1$; 5%);
- gender of the suicide victims: 14 (61%) males and 9 (39%) females;
- all people bereaved by suicide came from different families;
- the interview was conducted at least one year after the suicide and within a maximum of two years (average of 17 months).

People who attempted suicide:

- gender: 14 (67%) females and 7 (33%) males;
- age: from 18 to 62 years old (average of 32);
- residence: city/town – 16 respondents (70%), small town/village – 4 respondents (30%), unknown – 1 (5%) respondent;
- contact details received from: psychiatric hospitals ($n = 15$; 71%) and general hospitals ($n = 6$; 29%);
- number of suicide attempts: one ($n = 12$; 57%), two ($n = 3$; 14%), three ($n = 4$; 19%), four or more ($n = 2$; 10%);
- suicide methods: drug overdose ($n = 8$; 38%), use of sharp objects ($n = 3$; 14%), jumping from a height ($n = 2$; 10%), hanging ($n = 1$; 5%), electrocution ($n = 1$; 5%), a combination of several methods at the same time (e.g. drug overdose and alcohol, or drug overdose and use of sharp objects; $n = 6$; 29%);
- interviews were conducted a maximum of one month after suicide attempt, and when the person's physical condition was stable and their mental state was fit for contact.

People bereaved by suicide were summoned to take part in the survey using several methods. A brief invitation about the research in progress and the search for respondents was distributed in several Lithuanian cities (in locations including universities, outpatient clinics, and institutions providing psychological consulting and psychotherapeutic services), online and in the press. Individuals who were willing to take part in the study could contact the organisers by phone or email. Only three people responded to this invitation. Two more participants were recruited by snowball sampling, using personal contacts of researchers and people bereaved by suicide taking part in the study.

Given the limited number of respondents, we applied to the Police

Department under the Ministry of the Interior for help. The department's management provided researchers with the opportunity to contact the bereaved through police officers who were initial investigators of suicides. These officers asked the bereaved if they would be willing to participate in the study conducted by Vilnius University. If they gave a positive answer, we were provided with their contact details and could get in touch with them directly. This method increased the number of participants to 18, but it can be seen that the total number of people who agreed to take part in the study is rather small. The police officers provided us with contact details for 111 bereaved altogether, but 30% did not satisfy the research criteria (they were not members of a nuclear family, or too little or too much time had passed since a suicide). A further 22% of potential participants either did not answer calls or were unreachable at all. Some 27% of those whose contact details were provided to us by police officers refused to take part in the study because they were reluctant to talk about it, had no time, misunderstood the information provided by the officers in the belief that they were being offered assistance rather than participating in research, or failed to appear at the agreed meeting venue.

People who attempted suicide were invited to participate in the study through cooperation with general and psychiatric hospitals. With regard to general hospitals, 30 people who attempted suicide left their contact details after doctors invited them to take part, and we managed to reach 6 (20%) of them. But like with the research involving bereaved, we do not know the exact number of people who were introduced to our research by doctors and how many refused to pass on their contact details. There is therefore a high probability that less than 20% of patients to whom this opportunity was introduced in general hospitals agreed to take part.

In psychiatric hospitals, the research was introduced to 18 patients, 15 (83%) of whom agreed to take part. We think that the big difference in the number of people who agreed compared with general hospitals can be explained by contrasting research procedures. Doctors at general hospitals asked patients if they would agree to take part in the research, but because of their very short stays in hospital, we contacted them upon their return home. The difference in psychiatric hospitals was that research was carried out while patients were still in hospital. Patients usually had nothing to do there and were bored, so that could explain their greater enthusiasm. Furthermore, the research results suggest that people usually want to forget about their suicide attempt as soon as possible when they return home from hospital, and try not to think or talk much about it.

Procedure

All interviews were conducted by PhD students (Vaiva Klimaitė and Said Dadašev) and graduate students (Jolanta Latakienė, Indrė Dapševičiūtė, Antanas Grižas, Ieva Janulytė, Odeta Geleželytė and Aušra Stumbrytė) of the Department of Clinical and Organisational Psychology at Vilnius University, and researchers (clinical psychologist Dovilė Grigienė). The interviewing process was

supervised by Dr Paulius Skruibis and postgraduate students Vaiva Klimaitė and Said Dadašev.

The interviewing principles are described in the *Research Methodology* section.

The bereaved were asked to share their experiences with regard to the following aspects: What kind of event (suicide) was it? What was their immediate reaction on hearing the news and their subsequent reactions (events and experiences)? How did they manage to go back to their daily routine and resume social communication? How did their feelings change over time? What meaning and sense does the event hold for them? What are the negative and positive consequences of their loss? What help did they seek from people around them and professionals, what help did they receive, and how do they evaluate it? What impact does the situation in the country (social, political and economic) have on close people's life, suicide, bereavement? Respondents were asked also to remember the experiences relating to Soviet times and the restoration of independence.

People who attempted suicide were asked to share their experiences with regard to the following aspects: What happened in their life before the suicide attempt? How did their suicidal thoughts start and how have they changed? What help have they received from others when facing difficulties (what help did they want, pursue and receive, and how do they evaluate it)? How do they let people who are close to them find out about their suicidal intent? What message can a suicide attempt bring to people who are close to them? What were the most important experiences and events that followed the suicide attempt? What impact does the situation in the country (social, political and economic) have with regard to a suicide attempt, and on the lives of the respondent and his or her family members? Respondents were also asked to remember their experiences relating to Soviet times and the restoration of independence.

Respondents who attempted suicide were also asked to fill in a quantitative-data questionnaire for this study (see the *Research Methodology* section). The bereaved did not complete the latter questionnaire because their part of the research started slightly before the final version was prepared.

RESULTS

The study's quantitative-data questionnaire contains a question asking respondents how often they seek help from family members or friends when they face difficulties. The average value of answers given by people who attempted suicide was the lowest among all the research groups, at 0.79 (where 0 means 'never', 1 'rarely', 2 'sometimes', 3 'quite often' and 4 'very often'). It shows that people who attempt suicide when they face difficulties are not inclined to seek help from their family or friends. It must be noted that the averages among other groups of respondents are not high either, varying between 1.28

(Chernobyl clean-up workers) and 2.02 (the youngest generation). This showed that the respondents seldom sought this type of help.

Help sought from health professionals is even rarer, with the averages of all research groups varying between 0 (family members of the victims of Lithuania's January Events) and 0.87 (people who attempted suicide). The average among the group of people who attempted suicide was naturally highest (although even the highest average related only to the answer 'rarely'). 71% of respondents in this latter group filled in the research questionnaire while in a psychiatric hospital.

Having analysed the interview data, topics related to reluctance to talk, tell others about difficulties or seek help were distinguished that recur in both samples: self-reliance, distrust of others and suicidal behaviour as a negative social mark. We will briefly discuss each distinguished topic.

Reluctance to seek help from others on the basis of **self-reliance** reflects a self-perception that problems have to be dealt with on one's own, weaknesses cannot be shown and others cannot be burdened with these problems (12 respondents in the group of the bereaved and 15 among people who attempted suicide, or 61% of the total sample altogether).

Some respondents expressed their beliefs that they have to deal with their difficulties themselves, without seeking help from others:

'[Interviewer, hereinafter referred to as I: What help did you want from others when facing difficulties in life?] Nothing at all, none: I myself have to deal with it. Same as always – I have to do everything myself. Actually, I did not want any help.' (Person who attempted suicide, hereafter referred to as AS);

'I did not tell anyone what I was going through, I ... (3s) Me... I live inside myself, and on my own. I regulate. I'm not willing to talk about things; in general, I am reserved.' (AS);

'Well, obviously I wanted help simply to sort out, all that out, but I am on my own. [I: mhm] I can sort out my family's, who would do for me, nobody – nobody will come and put in front. [I: mhm] I must do everything by myself.' (AS);

'I've never felt ashamed for life being so hard on me, [I: mhm] that I want to kill myself. I simply don't want others to know about it. I don't want people around me judging me, whether good [I: mhm] or bad, as it is none of their business: it is my own personal life. [I: mhm] and and and it is up to me to deal with that problem rather than letting people around me discuss it.' (AS);

'Well, I am somehow used to relying on myself.' (the bereaved, hereafter referred to as B);

'No, I will get over it by myself.' (B);

'You understand that if you don't manage to cope with it yourself, then nobody will be able to help you. Nobody will stay next to you forever, and you still somehow try to get over it yourself.' (B).

Some respondents expressed a belief that ordeals put pressure and a burden on the people around them, indicating an unwillingness to make their problems a burden or cause those around them to have any unpleasant feelings:

'I simply don't like to put my problems on others, as everyone has their own lives and their own families.' (B);

'I would not tell my mum, as I would feel sorry for her [l: mhm] because she loves me dearly, and I... I would feel deeply sorry... to hurt her.' (AS);

'At work, you cannot load your emotions onto others. I mean, you have to pretend that you are fine, while inside you are shrieking and shouting.' (B);

'Well, I talked with my friends, but you simply cannot load so many things onto your friends. It is very complicated. Of course, they listen, but somehow I do not want to put too much on them because it is very difficult to accept and to listen.' (B).

At the same time, respondents indicated their reluctance to reveal their true feelings because they considered them as something negative and that they would be looked at as weak by the people around them; they also mentioned the intention of maintaining the image of a strong personality:

'Well, that's how I am. I don't like admitting that I am weak, and in general I have noticed one thing: the merrier people are on the outside and the stronger they look, the more broken they are deep inside.' (AS);

'Before, I couldn't understand. I was probably thinking that it was very shameful to show my feelings [l: mhm] so openly. [l: Why do you think that showing your feelings is shameful?] I don't know: because I always wanted to be strong and I thought that if I start showing my... er... weaknesses, it will probably make me no longer look that strong... [l: mhm] They would probably not accept me, would start belittling me, and...' (AS);

'For example, at the funeral I tried my best not to show my tears to the others. And me, no – not even a tear, nothing <...> Well... and later I admit that I regretted failing to say goodbye to him. I was pretending in front of someone... others... I didn't want to cry, though I probably should have – it probably would have been easier then.' (B).

Another feature characteristic of both people who attempted suicide and the bereaved is **distrust of others** (7 respondents in the bereaved group and 10 among those who attempted suicide, or 39% of the total sample altogether). The respondents indicated their mistrust in the opportunity of receiving help from others, believing that the latter could not or would not be willing to help, or probably do not want to hear about the problems of the suffering person:

'Well, who will ever help you? Everyone has their own life; nobody will help you.' (AS);

'I was thinking that it was my personal problem; that's why I never wanted, never expected and never thought that someone from my family or friends could help me.' (AS);

'I hate showing it. You just put some mask on and it seems that everyone who doesn't know me thinks that I'm the happiest person, that I'm absolutely fine – that I'm doing well. Because you have that mask on, why should others see you crying or upset? They'd rather accept you as happy.' (B).

Some respondents also reported a lack of confidence in the ability of people around them who had not had a similar experience to understand and

endure the pain they were suffering:

'I'm not willing to talk... I'm not keen on talking because I think I won't be understood. That's how it is. Who would ever understand?' (B).

It must be noted that distrust of others was sometimes associated by respondents with previous negative experiences of communication:

'At first, I tried to communicate and tried to discuss my problems. But I noticed that nobody actually cared, nobody listened, nobody tried to get a deeper understanding. So I simply gave up; I stopped doing it.' (AS);

'Well, for me – well, until then nobody, for sure. [I: mhm] They say it's your problem, [I: mhm] yours. [I: mhm] Nobody ever cares about anybody.' (AS).

Respondents also often voiced their distrust of people in general:

'I don't know – some kind of fear that something will become public. Because, you know – there are all kinds of people.' (AS).

The third topic is **suicidal behaviour as a negative social mark** (13 respondents in the bereaved group and 14 among those who attempted suicide, or 61% of the total sample altogether). All kinds of negative views surrounding suicidal ideation seemed to induce respondents to hide their emotions, provoking feelings of shame and guilt. For example, in the bereaved group almost half the respondents mentioned hiding the fact of suicide from the people around them:

'Well, I told my closest friend, but I tell others that the heart simply stopped.' (B);

'I was told to lie that she had a stroke or something like that.' (B);

'I feel ashamed to tell anyone the cause of death. Only a few people know how my mum died.' (B).

Some respondents thought that revealing the truth would bring a negative reaction from others:

'When you think that everyone knows that it happened to you, that's what I'm saying – all you want to do is to run far away from this kind of sympathy. I don't need it.' (B);

'Well, they would have called me daft and an idiot, or they simply would have sneered.' (AS).

Others believed that opening would bring accusations or reproach from others:

'Maybe they would have reproached me about why I did this or [I: mhm] that, or why you didn't call, didn't, didn't come. It's the fear fear of that reproach [I: mhm] that's there. because... because... well, there's such a f-f feeling that they will probably shout at you or something like that.' (AS);

'I was afraid to call anyone. I was very ashamed that they would start saying "What are you doing, you silly woman?" I was afraid, and there was also a strong feeling of fear.' (AS).

Some respondents experienced insulting behaviour from others, marked by social stigma and condemnation:

'no, they didn't see my foolish plan seriously. Just – you are stupid, he he ha ha.' (AS);

'And them saying how selfish I am and that I don't think about others. It was

very strange to me and I always used to say back: "Why do you never think about how I am feeling and how I am actually doing?" (AS);

'So now I feel like after that I am sort of extraordinary, because it happened a few times to me that people said: „That's the woman whose son hung himself.' (B);

'Then, of course, everyone says how silly you are, why did you did that. Well, I did what I did: what else is there to say?' (AS);

'My family took it very, very badly. [I: mhm] I mean, it was a huge shock for them that I decided to do what I did, and I heard all kinds of accusations: that I'm selfish, that I was making things up, and that aaahh... and that is one and the other thing, and it was hard.' (AS).

Among the bereaved instances of stigmatisation were observed that relate to Christian culture, which considers suicide a sin:

'The mother of my friend's husband also buried her son. Her son was 48 years old, but he was still her son. So the family pays for a mass every single month, and she of course knows that I don't do that, so she thinks that it's bad for him. According to her, I should pay for a mass for [NAME] almost every other week because he left the world in this way.' (B);

'Well it means, that probably it will not be my children, right, who will get into trouble, let's say, my children's children. It means in seventh generation, it means. If nothing like that happens, like a curse, something like that. It is a suicide after all: it is not only a disgrace, but also a sin. <...> So I don't know if it is as people say; I don't have the knowledge to explain that. And and I don't understand. But but disgrace, let's say, I feel it. That it's like, as people say, guilt without guilt. It's not your fault, but it's outside my control, outside my control.' (B).

DISCUSSION

People who have attempted suicide and who are bereaved by suicide are not identical groups, and their experiences differ greatly. Nevertheless, an analysis of the interviews with members of both groups highlighted many similarities, which reaction to their experiences those people expect from the others. For this reason, a decision was made to present the results of both groups in the same article, especially because we are more interested in identifying the reasons for their reluctance to speak about their experiences with people around them rather than determining the nuances of differences between the groups.

In presenting the results, we firstly mentioned aspects of reluctance to seek help from others associated with **self-reliance**. More than half the respondents expressed a belief that they must deal with the difficulties they face themselves and that they do not want to burden others with their problems or be perceived as weak and vulnerable, with the aim of giving the impression of a strong personality.

The question arises of why appearing strong is so important to these

people. This image is probably important for both self-esteem and concern about the opinions of others. Self-reliance may contribute to better self-esteem, even if such a method for coping does not help to sort out problems or overcome suffering. ‚Saving face‘ and sustaining social status can also be pursued through self-reliance.

Self-reliance among respondents is also associated with a distrust of others (*‘At first, I tried to communicate and tried to talk, but I noticed that nobody actually cared, nobody listened, nobody tried to get a deeper understanding. So I simply gave up; I stopped doing it’* - AS; *‘You understand that if you don’t manage to cope with it yourself, then nobody will help you’* - B) and with the stigma of suicidal behaviour (*‘I simply don’t want others to know about it. I don’t want people around me judging me, whether good [I: mhm] or bad, as it is none of their business: it is my own personal life’* - AS; *‘When you think that everyone knows that it happened to you, that’s what I’m saying – all you want to do is to run far away from this kind of sympathy’* - B). If there is no trust in others’ generosity, people have to rely on themselves.

The study of three generations revealed that people often cope with their problems on their own and without any help from others, and this trend is even better defined among those who attempted suicide. The ‘tradition’ of keeping their suffering to themselves and hiding their feelings can also be associated with the history of Soviet occupation. At that time, traumatic experiences stayed within a family, or even an individual, because sharing them was dangerous. People had to live in constant fear of being betrayed and brought into the focus of repressive structures (Aarelaid-Tart, 2006; Gailienė, 2008). Despite Lithuania being independent for more than 20 years now, the habit from the long occupation period of hiding heartbreaking experiences is changing only slowly and with difficulty.

Distrust of others was distinguished as another topic associated with a reluctance to talk. This involved mistrust in the opportunity of receiving help from others, who are perceived as people who are not able or willing to help.

Such results can also reflect a negative previous experience of communication with others, when the respondent was misunderstood, insulted or accused (*‘Well for me, well, until then nobody for sure. [I: mhm]. They say it’s your problem, [I: mhm] yours. [I: mhm]. Nobody ever cares about anybody’* - AS).

Facing a person who attempted suicide or a bereaved person can also be a serious challenge for others because they do not know how to communicate with them, how to help or what to say in such a situation. This may induce avoidance of the person and the suicide issue – inappropriate reactions that can hurt the sufferer’s feelings. Grad et al. (2004) refer to the social helplessness of other people in communication with the bereaved.

The situation is hard not only for people around them, but also for medical staff. Sethi and Shipra (2006) found that the reaction of health

professionals who provide emergency medical help to people who attempt suicide often involves avoidance, rejection, hostility, anxiety, fear and a lack of belief in their competence to provide help. Those authors believe that this kind of reaction stems from the difficulty other people have in accepting their own feelings when communicating with people who have attempted suicide – for example, avoiding the acknowledgement of rising anxiety, as well as guilt for a supposed inability to help, results in avoidance of talking about the topic of suicide itself.

An attitude is also observed that arises even before a person tries to seek help or faces unacceptable behaviour (*'I don't even want to talk about it, because I don't think they will understand me.'* – S; *'But maybe they would have reproached me, <...> because... because... well, there's such a f-f feeling that they will probably shout at you or something like that.'* – AS. It can be stated that people go silent even before they start talking. According to Maple et al. (2010), the phenomenon of suicide does not comply with universal beliefs and cultural standards, so the bereaved (and we consider this also applicable to people who have attempted suicide) who dread social rejection tend to hide the facts and experiences surrounding the death of their family member or friend. Fear of social rejection and related behaviour actually increase the probability of people around them keeping away or at least offering no support. Sufferers find themselves in a kind of a vicious circle.

The perspective of suicidal behaviour as a **negative social mark** was observed in more than half the respondents' answers. The bereaved and people who attempted suicide talked about hiding the fact of suicide, feelings of shame, and fear of negative attitudes and accusations. Some respondents actually experienced condemnation and were mocked by others.

Empirical research conducted by Vogel, Wade, and Hackler (2007) showed that an awareness of stigma prevailing in society contributed to critical self-evaluation by research participants, negatively impacting their views with regard to seeking help and their willingness to do so.

Instances of stigmatisation related to Christian culture, which considers suicide a sin, were also observed. The stories of the bereaved show that beliefs that suicide is condemned and is considered a sin and a disgrace can contribute to one's experience of stigma. The belief that suicide should be condemned is rather widespread, and the bereaved feel sinful. One respondent referred to this as feeling 'guilty without guilt'.

When analysing the research results, different aspects of the phenomenon of social stigma arise. It seems that this concept in particular can help to combine and understand most of the research results.

One reason that respondents avoided talking about their experiences was anxiety about a possible loss of their social status: *'I don't like admitting that I am weak'* (AS); *'I hate showing it. You just put some mask on and it seems that everyone who doesn't know me thinks that I'm the happiest person, that I'm absolutely fine – that I'm doing well'* (B). We can further discuss the degree to

which an unwillingness to burden others with a problem reflects care about others or serves simply as a rational, socially acceptable explanation that disguises the same unwillingness to lose social status. We tend to consider respondents' self-reliance as one way to control stigma (Frost, 2011).

Stigma elements perceived by others can also be found in respondents' stories (Link & Phelan, 2001), including anxiety because of potential rejection (*'Because you have that mask on, why should others see you crying or upset? They'd rather accept you as happy'* – B), a perception of labelling (*'Well, they would have called me daft and an idiot'* – AS; *'That's the woman whose son hung himself'* – B), or separation (*'So now I feel like after that I am sort of extraordinary'* – B). Suicidal behaviour by participants in the research is perceived as a negative social mark that may cause feelings of shame, distrust of others and a desire to hide experiences (*'I feel ashamed to tell anyone the cause of death. Only a few people know how my mum died'* – B).

There is therefore sufficient evidence to show that people who attempt suicide and the bereaved feel that this act and suicidal behaviour are stigmatised phenomena. Stigmatising attitudes that are widespread in society can induce people in a crisis situation to start thinking that they have certain vices and bad qualities, which can further aggravate their emotional state. Shame and fear of potential negative reactions from others also contribute to reluctance in seeking help from others. It should be noted that modern researchers (Link & Phelan, 2001; Frost, 2011) describe stigma as a two-way phenomenon, embracing both the attitude towards the stigmatised group in society, and the self-perception and expectation of this group about being – or not being – accepted ('perceived stigma').

We can presume that stigma determines the reluctance of the bereaved and people who attempted suicide to seek professional help, as well as the very complicated and slow formation of self-help groups. Professional help that failed to satisfy expectations also contributed to the reluctance of people who attempted suicide to seek help (*'Well, no, nowhere. (3 s) I used to go to see a psychiatrist, but I've been three times, afterwards, and decided I don't need it.'* – AS). Perceived stigma can also be used as an explanation for the voices of these people hardly being heard in the public space, although the scale of the suicide problem means that we may expect the bereaved or people who attempted suicide to voice their expectations for suicide prevention and health and social-security systems.

It should be noted that our conclusions on the stigmatisation of suicide and people's reluctance to discuss experiences related to suicidal behaviour are based on the interviews conducted. However, the vast majority of people who attempted suicide and the bereaved refused to take part in the research. The specific nature of the ways in which participants were recruited – with the involvement of police officers and doctors – makes it difficult to determine the exact size of this group. But there were certain subjective elements to the research: we encountered major difficulties with getting

people who attempted suicide and the bereaved to take part in the research. We believe that this also reflects how strongly suicide and suicidal behaviour are stigmatised. Obviously, we cannot forget the fact that sharing painful experiences can be very hard in general, which may also be one of the reasons for refusal to participate in the research.

The results of this study do not provide the opportunity to compare stigma about suicidal behaviour in Lithuania with that of other countries. Nevertheless, the results and our observations based on clinical experience show that this stigma is strong. How can it be explained? Reynders et al. (2014) established that spread of suicides is linked to internationalised stigma and shame with regard to suicidal tendencies and negative attitudes to seeking help.

The fact that the problem of suicides 'did not exist' in general during the half-century-long Soviet occupation, because it did not fit the idea of a citizen happily living under socialism, does not make the situation any easier. As already mentioned in the introduction of this article, the attitude to suicide even before the Soviet occupation was not favourable because of the negative attitude of the Catholic Church.

According to Link and Phelan (2001), changing stigma is not easy because it acquires a number of forms. Individual interventions can bring some results, but these tend to disappear rather quickly. Multiple interventions at several levels are therefore needed to try to change fundamental attitudes that lead to labelling, stereotyping, separation and discrimination. We believe that stigmatisation of suicidal behaviour would be curtailed by a deeper understanding in society about suicide as a phenomenon, the experiences of people who attempted suicide and the bereaved. Social promotion, educational campaigns, books and films would be highly beneficial in pursuit of this goal. We should not forget that stereotypes affect not only the general public, but also professionals such as general practitioners, emergency staff, psychiatrists, psychologists, social workers and police officers. It is therefore important to pay sufficient attention to building an understanding of these problems and adequate reactions to them, as well as help in the training of professionals who have frequent encounters with suicidal behaviour at work.

Another option is to try to change the balance of powers by curtailing the power of predominant groups. For example, in the absence of specialised help for people who have attempted suicide, such people are referred to psychiatric hospitals or treated as manipulators by exhausted doctors. In both cases, presumptions are created that can lead to stigmatisation. The weight of these could be at least partly reduced by treating suicidal behaviour in a broader sense than simply as a consequence of mental disorders and thus developing specialised interventions that empowers people who attempted suicide to cope with crisis situations. Changes to the Lithuanian mental-health system are therefore needed to move from a predominantly biological attitude (under which interventions based on medication are carried out) towards a

biopsychosocial attitude.

The voice of people who face these problems is hugely important. For example, a self-help movement for the bereaved and speaking in public about their experiences could help in curtailing the stigma attached to suicidal behaviour. For this reason, initiatives for the bereaved should be supported in all possible ways.

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PRESUMPTIONS ABOUT MEN SUICIDAL IDEATION

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INTRODUCTION

When comparing Lithuanian suicide rates with those in the overall European Union (EU), male suicides stand out. In 2011, the male suicide rate in the EU (EU-28) was 19 deaths per 100,000 members of the population, while the rate was 61 in Lithuania (Eurostat, 2015). Male suicide rates are higher than those among females in many countries, but the difference is extremely large in Lithuania. In the EU (EU-28, 2011), men die by suicide 3.9 times more often than women, while in Lithuania this figure is 5.2 times more.

The trend of accomplished suicide attempts being more frequent among men than women is observed almost everywhere in the world, but in general there are more suicide attempts among women than men (Beautrais, 2006). These differences have been referred to as the gender paradox of suicidal behaviour by authors (Canetto, 2008). One explanation for this paradox lies in the varying methods of suicide chosen. Women frequently choose methods that do not tend to be fatal, while men often choose more brutal, aggressive methods (Lester, 1995).

One of the broadly researched presumptions about suicidal behaviour is traumatic experience followed by distressing events. Stein et al. (2010) conducted international research during which data provided by more than 100,000 respondents were analysed and deeper insight was formed into the connection between traumatic events and risk of suicide. The authors discovered that various traumatic experiences – in particular, sexual and interpersonal abuse – are related to increased suicide risk (as well as suicidal ideation and suicide attempts). They also found that experienced events were a stronger forecast of suicidal thoughts than the features of higher suicide risk (suicide attempts). It was further noticed that the number of traumatic experiences is important: the more traumatic events, the higher the probability of attempting suicide.

Traumatic events can cause all kinds of mental health issues, and represent the main cause of post-traumatic stress disorder (PTSD). Potentially traumatising experiences affect 60–80% of people in their lifetimes, while PTSD was diagnosed among 1% of the European population in 2012. The symptoms of this disorder include emotional, cognitive, physiological and behavioural reactions that impair a person's functioning (Kazlauskas, 2013). After conducting

a meta-analysis, Krysinska and Lester (2010) stated that, according to the majority of studies, PTSD was associated with a greater probability of suicidal thoughts and attempts.

According to Värnik, Tooding, Palo, and Wasserman (2003), the overall suicide rate in Estonia, Latvia and Lithuania – which were formerly part of the Soviet Union – grew fairly steadily during the period of sociopolitical stagnation (1970–1984), whereas there were drastic fluctuations in the rate during the time of sociopolitical and economic change (1985–1997). An analysis of suicide dynamics during the period of transformation shows that social changes have a stronger impact on the male rather than the female population. The *perestroika* period in the Soviet Union was followed by a decrease in the male and female suicide rates by 14% and 1.4%, respectively, in Lithuania. After the restoration of independence, the male rate experienced a greater increase than the female one, rising by 2.5 times between 1990 and 2002 (Gailienė, 2005).

A fair number of studies that analyse the links between the economic crisis in 2008 and changes in the suicide rate show that economic hardship affects men more than women. Chang, Stuckler, Yip, and Gunnell (2013) analysed the dynamics of suicide rates among the adult population in 54 countries. A summary of the findings shows that the rate in 2009 increased in the male sample in the majority of countries studied (in European nations, it was an average of 4.2% higher than expected according to previous trends, and in America 6.4%). However, female suicide rates did not change in Europe, while a slightly smaller increase than the male rate was observed in America (2.3%). The growing number of suicides was linked with a higher unemployment rate, particularly in countries that had low levels of unemployment before the crisis. The impact of the economic crisis on suicide rates is also described in other studies (Pompili, Vichi, Lester, Yang, De Leo, & Girardi, 2014; Lopez, Gasparrini, Artundo, & McKee, 2013).

Émile Durkheim, the creator of the classical sociological theory of suicide (1897/2002), explained the fluctuations in suicide rate during social changes by presenting the idea that it is important for the desires of every member of society to have limits, because only then does the achievement of an individual's goals become possible. This in turn gives the individual the ability to see meaning and a certain order in life. Because people cannot set the limits for themselves, an external (social) force is needed to regulate every individual's aspirations through various rules, norms and values that prevail in the society in question. But when society is in crisis and experiences drastic changes, it is no longer capable of sustaining that order and the suicide rate goes up. During such a crisis, some people find themselves in a worse social situation and have to restrain their needs, and they may find it difficult to accept the change. In contrast, once limits for aspirations vanish, the doorway to illusions – and, at the same time, disappointments – opens. This type of suicide process, which is caused by social regulation that is too weak, was called 'anomic' (of disarranged order) suicide by Durkheim (2002).

Feigelman, Rosen, and Gormanet (2014) established the presence of complex links between the economic situation – with relation to factors such as unemployment and financial problems – and suicide. They made a presumption that suicide happens as a perfect storm at a certain time: that when more vulnerable individuals with suicidal thoughts face difficulties that they do not believe they can overcome, they choose the other way out and take their own life. This could also explain the impact of sudden political changes and economic crises on drastic rises in suicide rates.

When talking about the phenomenon of male suicide, it is necessary to examine possible links with masculine identity. As with femininity, masculinity is a dynamic and manifold construct that changes depending on the situation. Different people also express it in varying ways (Pechter, 2003). Farrimond (2012) notes that masculine identity also changes in response to the surrounding social environment at a given moment, such as whether we are socialising with colleagues, friends or people similar to us. According to Pechter (2003), masculinity and femininity develop through a learning process because children and teenagers learn the forms of manliness and womanliness that prevail in their environment. This allows us to think about cultural differences in the passing of certain deep-rooted perceptions of manliness through generations.

A culturally developed perception of manliness can be related to men's reluctance to seek professional help from mental-health specialists (Möller-Leimkühler, 2002). When analysing male health problems, Dolan (2014) suggests embracing the broader context – such as the social and economic situation – rather than limiting ourselves to the concept of masculinity. Male respondents surveyed by Dolan indicated that they felt talking about their emotional experiences was unmanly, but admitted that not talking led to greater problems and made them feel worse.

In an analysis of interviews with the respondents, Dolan (2014) suggests that men's reluctance to show their emotions or acknowledge hardship to their female partners may be a strategy that helps them to sustain power in their relationships and present themselves as the dominant partner. We can presume that for a man with this coping method who faces a traumatic event and suffers major stress, not talking about his experiences turns into an obstacle in coping with the trauma. Herman (2006), like many other psychotherapists who treat traumatised people, states that challenging experiences can be overcome through their integration into the narrative of a person's life story. Farrimond (2012) analyses how men seek help and can show a different masculine identity: instead of being a 'Neanderthal man', a man can be someone who takes action and tries to be a healthy member of society when facing problems. This reflects a changing masculine cultural identity.

Cultural processes play a particularly important role in the concept and development of manliness. Tereškinas (2004) defines manliness as the rules and standards that are 'acceptable to male behaviour'. Manliness is best described by heterosexuality, economic independence, the ability to provide for one's family,

physical strength, rationality, the suppression of emotions, concern about 'sexual conquests', and refraining from acts that are considered feminine; courage, aggressiveness, and strength of body and mind are emphasised. In a representative poll conducted in Lithuania, the most important qualities of a 'normal' man were identified as the ability to earn money (72% of respondents rated this important), do household duties (67%), provide for children, look after them and bring them up (67%), and take care of a woman (66%). Males who considered themselves as fitting the image of a 'normal' man accounted for 77% of male respondents. The portrait of a very hard-working, bread-earning man was emphasised.

Modern development theories highlight the importance of father-son relationships in male development (Tyson & Tyson, 1990). Insights about the father figure's importance in the suicidal process can also be found in psychoanalytical literature (Perelberg, 1999). An unsuccessful early relationship with a father, who may be perceived as weak, unapproachable, menacing and cruel, can complicate a male's psychological separation from their mother (Campbell, 1999; Schachter, 1999). A dependent relationship with a mother and encumbered separation (complicated separation-individualisation) can cause anger. In suicidal fantasies, the image of an engulfing mother splits into images of an idealised mother and 'bad' mother. Because one's own body is identified with the 'bad' mother, it needs to be destroyed in order to unite with the idealised mother, who is represented through images such as a 'permanent sense of peace' and 'becoming one with the universe'.

After studying the causes of young men's suicides and talking with their families and friends, Rasmussen (2013) concluded that the main factor leading to such suicides is the disparity between the ideal and actual 'I'. She believes that the young men concerned compensated for their low self-esteem by overestimating the significance of successes. Their self-esteem based on external achievements was therefore extremely vulnerable when encountering rejection in close relationships or perceived failures in other areas of life. Rasmussen further concluded that such vulnerability can be shaped through a relationship with an uncaring or critical father (father figures) and dependence in a relationship with the mother. Suicide victims seemed to be stuck in their dependent relationship with their mother and futile relationship with their father. Dependence on their mother made them feel ashamed (and such men usually tried to deny that feeling), while a failed relationship with a father caused anger.

When analysing differences between men with and without suicidal ideation in our poll, we are seeking any possible explanations for why cultural, social and economic changes have such a strong impact on male suicide rates in particular. The analysis of relationships with fathers reflects characteristics of relationships with parents formed back in childhood, which may induce suicidal ideation. An analysis of external factors, such as employment, income and the financial situation, is also important because it relates to the country's economic situation and potentially traumatising events and their consequences, thus reflecting distressing experiences encountered by men.

METHODOLOGY

An analysis was conducted with data from the representative sample, with 259 men and 324 women polled in total. This ratio is identical to the present proportion of men to women in Lithuania. For more detailed information about the respondents, see the chapter *Research Methodology*.

Respondents were asked: When life is hard for you, how often do you think you could die by suicide? The possible answers were: never, almost never, sometimes, fairly often, or very often. After answering this question, the respondents were divided into two groups – one consisting of those who answered ‘never’, and the other of respondents who gave any other reply. The male group was thus split into two subgroups: one with 218 respondents (84%) who never experienced suicidal ideation and 41 (16%) who did. The same procedure was performed with the female sample, with the group divided into 282 women (87%) who experienced no suicidal ideation and 42 (13%) who did.

The analysis was carried out by comparing the male groups with and without suicidal ideation. If needed, this was deepened by comparing the corresponding female groups because such gender-based analysis gives a better understanding of the characteristics specific to the male group rather than the whole population.

The following questionnaire data were analysed: Parental Bonding Instrument; Life Events Checklist (LEC); and Trauma Screening Questionnaire (TSQ). A more comprehensive description of the questionnaires is provided in the chapter *Research Methodology*. The questionnaire contained demographic questions about employment status and average monthly household income per family member. Incomes were divided into intervals and turned into estimates in a 5-point rating scale. Respondents were further asked to rate their financial situation from ‘very bad’ to ‘very good’ in a 5-point scale.

The questionnaire finished with an open-ended question: ‘The restoration of Lithuanian independence in 1990 was a significant historical event. Could you please have a think and say how life in an independent Lithuania has affected you as a person?’ Following the principles of thematic analysis by Boyatzis (1998), we compared the two groups of male and female respondents with suicidal ideation and determined the similarities and differences between them. The thematic-analysis method is described in detail in the chapter *Research Methodology*.

RESULTS

Parental Bonding Instrument (PBI)

When comparing men with and without suicidal ideation in terms of relationships with their parents, only one component of the PBI differed: the

level of care from the father (see Table 1). Men with suicidal ideation tended to give this a lower rating than those without such thoughts. Fatherly care in the questionnaire is expressed through the following statements: 'spoke to me in a warm and friendly voice'; 'enjoyed talking with me about everyday things'; and 'frequently smiled at me'. No statistically significant differences were recorded in the other PBI components.

Table 1. Comparison of the PBI component means of men with and without suicidal ideation.

	Men without suicidal ideation	Men with suicidal ideation			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i>	<i>df</i>	<i>p</i>
Caring mother	7.12 (1.91)	6.46 (2.23)	1.437	251	0.152
Controlling mother	4.17 (2.20)	4.31 (2.40)	-0.349	252	0.727
Authoritarian mother	2.81(1.90)	3.03 (1.87)	-0.643	251	0.521
Caring father	5.77 (2.28)	4.35 (2.71)	3.382	234	0.001
Controlling father	3.77 (2.26)	3.22 (2.35)	1.356	233	0.176
Authoritarian father	3.17 (2.12)	3.89 (2.14)	-1.893	233	0.060

We can presume that there is a role played by bonding with the father in the development of suicidal ideation among men. The care displayed by a father can be linked with the importance of a father figure or male authority during the development of masculine identity and suicidal ideation.

Traumatic events (LEC) and post-traumatic stress symptoms (TSQ)

Men with suicidal ideation tend to have experienced more potentially traumatising events and suffer from more symptoms of post-traumatic stress disorder than those without such ideation (see Table 2). It can be presumed that men with suicidal ideation have not only suffered from a larger number of traumatic events, but have also not sorted out or coped with them. Traumatic experiences and unresolved traumas are significant in suicidal behaviour (Dyregrov, Cimitan, & De Leo, 2014). Traumatic events and unresolved post-traumatic stress can therefore be risk factors in male suicides. When looking at the TSQ, we can try to imagine what men with higher TSQ ratings experience: for example, irksome and depressive memories of a traumatic event, irritability, fits of anger, nervousness, and sleep and concentration problems.

To determine how characteristic the significance of potentially traumatising events and post-traumatic stress disorder is for men, we conducted an analogous comparison in the female sample. As can be seen from the results of this analysis presented in Table 2, women with suicidal ideation do not differ from those without such ideation in terms of their level of symptoms of post-traumatic stress disorder. However, when looking at the number of potentially traumatising experiences, women with suicidal ideation differ from the other female group in that they tend to have more of them.

Table 2. Comparison of LEC and TSQ means between the groups with and without suicidal ideation.

	Without suicidal ideation	With suicidal ideation					
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i>	<i>df</i>	<i>U</i>	<i>Z</i>	<i>p</i>
Men							
LEC	4.37 (2.5)	5.56 (2.91)	-2.728	254			0.007
TSQ	0.81 (1.75)	2.68 (3.24)			3034.5	-3.924	0.000
Women							
LEC	3.12 (2.07)	3.86 (2.42)	<i>-2.101</i>	<i>316</i>			0.036
TSQ	<i>1.31 (2.3)</i>	<i>1.45 (2.47)</i>			<i>5631.5</i>	<i>1.563</i>	<i>0.554</i>

A comparison between males and females therefore allows us to see the links between suicidal ideation and traumatic experiences characteristic of men in particular. Post-traumatic experiences represent a risk factor for suicide among all people, as illustrated by the results of research on this area (Stein et al., 2010; Kryszinska & Lester, 2010), but our research shows that traumatic experiences in Lithuania represent a bigger suicide risk for men than for women. This presumption requires a more thorough examination of the links between PTSD and suicide, and the relevance of these for men and women.

Employment and income

To analyse the link between male suicidal ideation and economic situation in the country, we compared the groups of men with and without suicidal ideation by employment status, income and its subjective judgements (see Tables 3 and 4). The results show that subjective judgements on financial situation rather than actual levels of earnings distinguish the group of men with suicidal ideation: members of this group have poorer opinions about their financial situation. The professional status of men with and without suicidal ideation does not show significant statistical differences, but we can see that the level of significance is very close to the limit of 0.05. Such a result means that this factor should be the subject of more thorough research because it may be a significant factor in male-suicides.

In both analysing traumatic experiences and discussing the impact of the economic situation, the question arose of whether significant links are relevant only to men, or whether this trend is observed in the whole of society irrespective of gender. However, analysis revealed that women with suicidal ideation do not differ significantly from those without it in any aspect that we researched. In contrast with men, suicidal ideation among females is therefore not associated with their subjective judgements on their financial situation.

Table 3. Comparison of income and subjective judgement of financial situation between respondents with and without suicidal ideation.

	Without suicidal ideation	With suicidal ideation			
	<i>M(SD)</i>	<i>M(SD)</i>	<i>t</i>	<i>df</i>	<i>p</i>
Men					
Income	2.89 (1.28)	2.5 (1.16)	1.720	224	0.087
Subjective judgement of financial situation	3.14 (0.72)	2.85 (0.80)	2.105	248	0.036
Women					
Income	2.61 (1.12)	2.57 (1.26)	0.202	285	0.840
Subjective judgement of financial situation	3.16 (0.73)	3.02 (0.84)	1.121	312	0.263

Table 4. Comparison of employment status between respondents with and without suicidal ideation.

		Without suicidal ideation	With suicidal ideation			
				χ^2	<i>df</i>	<i>p</i>
Men						
Currently employed	yes	60.3%	43.9%	3.780	1	0.052
	no	39.7%	56.1%			
Women						
Currently employed	yes	49.1%	33.3%	3.632	1	0.057
	no	50.9%	66.7%			

Factors predicting suicidal ideation

On the basis of the comparison between men with and without suicidal ideation, a presumption can be made that fatherly care, potentially traumatising events in the past, the presence of symptoms of post-traumatic stress disorder, and subjective judgements on financial situation can be considered as factors predicting suicidal ideation among men. Consequently, a logistic regression analysis was conducted to measure the degree to which certain variables can predict whether someone falls into one group or the other: in our case, into the group with or without suicidal ideation (Pallant, 2005).

Based on indicators from logistic regression analysis, the model can be used to predict male suicidal ideation ($\chi^2 = 5.289$; $df = 8$; $p = 0.726$). The proportion of accurate predictions is 84.3%, and the model explains data from 15.6 (Cox & Snell R^2) up to 25.7 (Nagelkerke R^2). The model variables are presented in Table 5.

Table 5. Factors predicting male suicidal ideation.

	OR	p
Caring father	0.790	0.015
LEC	1.100	0.297
TSQ	1.390	0.000
Subjective judgement of financial situation	0.751	0.327

As can be seen from Table 5, male suicidal ideation is predicted by the level of fatherly care and the presence of symptoms of post-traumatic stress disorder. The less that fatherly care is expressed and the more prevalent the symptoms of post-traumatic stress disorder cited by a male, the greater the chance that they belong to the group with suicidal ideation. The role of potentially traumatising events and subjective judgement on financial situation are not statistically significant in the model.

All of the model's variables are important when analysing suicidal ideation among men, as shown by the comparison of groups discussed above. However, the level of fatherly care and symptoms of post-traumatic stress disorder overshadow the experience of potentially traumatising events and men's subjective judgement of their financial situation. This means that how men cope with traumatic events plays a much more important part than the actual number of such experiences.

The question arises of whether fatherly care and the presence of symptoms of post-traumatic stress disorder are interrelated variables, under the presumption that a greater level of fatherly care could provide men with the resources to cope with traumatic experiences more effectively. However, correlative analysis of fatherly care and TSQ ranges shows an absence of interdependence between these variables; in other words, they have no correlative relationship of statistical significance ($r_s = 0.004$; $p = 0.953$).

Thematic analysis of the open-ended question

We analysed the answers to the open-ended question ('The restoration of Lithuanian independence in 1990 was a significant historical event. Could you please have a think and say how life in an independent Lithuania has affected you as a person?') by comparing two groups: those of males and females with suicidal ideation. The comparison of answers between genders allows themes to be highlighted that are characteristic of men in particular.

Both positive and negative assessments of present life in Lithuania can be observed in the answers of each group. Both suicidal men and women cited difficulties they encountered throughout the period of independence, as well as favourable aspects that brought them positive feelings. But several important aspects were observed that distinguished male from female answers.

During the study, references by men to their **financial situation and professional status** outnumbered those of women. We noticed that statements by women about financial hardship and problems finding employment contained

a strong emotional charge, with their statements more personal and related to the way they felt: for example, *'Hardly anything changed for me. It was hard then, but now it is even harder to make ends meet. All these financial troubles made me ill with depression. <...> I lived from one payment (disability benefit) to the next, counting every penny. It humiliates me as a Lithuanian citizen and gives me a feeling of insecurity.'* Men's statements carried a smaller emotional charge, such as: *'Life now is much harder than during Soviet times. There is no stable employment, and you can have money today but be penniless tomorrow. Life in a village was better with the Russians in power.'* It can be observed that women talked more about their financial problems, while men spoke more about financial instability. Males also tended to differ from females in their responses to the employment theme: men mentioned the changed attitude to work, the freedom to choose occupation, problems in finding a job, and the former environment of wild capitalism. In summary, it can be stated that men talked more than women about the impact of independence on professional activities, and new opportunities to start a business and aspire towards better pay. Considering the results of the quantitative-data analysis, which show the differences in subjective judgement of financial situation rather than actual earnings in the male group, it can be presumed that men's opinions about their financial achievements are more important than their actual earnings. Furthermore, male respondents talked about more diverse aspects of professional activities rather than just difficulties and problems: this may show increased focus on financial provision, job searching and the creation of professional activities. They also talked about positive changes, including a changed attitude to work, freedom to choose professional activities, and business opportunities. This presumption is also supported by the fact that men, in contrast with women, talked little about aspects of opportunities and freedom that were not related to professional activities or finances: for example, *'Many changes took place after the restoration of independence. In the beginning, we found ourselves in a period of wild capitalism. Lots of opportunities to make money emerged. Later, windows to Europe and new business plans emerged. Finally, once the situation settled, I found peace in Lithuania.'* The fact that men had a broader kind of perspective to work and related aspects than women – and noticed not only difficulties but opportunities as well – can also be associated with perceptions of manliness. Dolan (2014) links the significance of employment and unemployment for men with the fact that men perceive their status and how they are considered by others with regard to this aspect.

When analysing the data, differences can also be observed in manifestations of **national identity and relationship with the state** between male and female answers to the open-ended question. Women's perception of national identity was more closely related with their own identity: for example, *'We have become freer through our work and actions. <...> We are bolder... I think that I am free as a person... I have grown up together with all state changes... I like thinking that both me and the state of Lithuania are the same age; I feel like I belong to a very important, active part of society.'* In the answers, we can see identification with Lithuania, use of the pronoun 'we', and reference to the feeling of belonging. When reading

men's answers, we can see a different perception of national identity. For example, *'I think that independent life allows for a broader personality to develop, which is very important for a modern person... growing up in a free Lithuania, I could build my world outlook and expand my horizons without being restricted by any censorship... the main aspect that I believe is the basis for development of personalities of all people with liberal views is freedom of speech and the press... from a USSR citizen, I turned into a real Lithuanian citizen.'* Men's answers contained either formal expressions of national identity, such as *'I became a Lithuanian citizen'*, or descriptions of the state situation as an environment that has an impact on the development of personality but is not part of that personality. We presume that for women their relationship with the state is more intuitive, natural and incontestable, whereas for men this is more related to the external environment, which either helps or hinders the development of a better personality. Men are more focused on rational, external criteria, and the development and presentation of themselves as individual personalities.

In general, the analysis of answers to the open-ended questions revealed that men were less inclined to establish internal, intuitive, emotional relationships, with the latter either more weakly perceived, or simply less reflected, in men's statements. Women's answers tended to be more emotional and negative, containing feelings of dissatisfaction and disappointment in the government and state, and with inner sufferings revealed. Men's answers were more business-like and laconic, and less emotional. For example, one female's answer was: *'Without a penny, you are nothing. Those in power cling to their seats, while decisions are made on site <...> And in Seimas (Parliament) they are sleeping and picking their noses. I am disgusted to watch their sessions and decisions. Yuck.'*; and a man's answer: *'Life now is much harder than during Soviet times. There is no stable employment, and you can have money today but be penniless tomorrow. Life in a village was better with the Russians in power.'* We can hypothesise that such differences in male and female answers are caused by a male tendency to step back from emotional experiences, allowing him to feel that he is a stable person who is protecting his family and is the dominant partner, as described by Dolan (2014). Further studies are needed to determine whether the same male narratives prevail in Lithuania.

CONCLUSIONS

The significance of fatherly care in the development of suicidal inclinations is the key finding of the quantitative part of our research study. This is related to the conclusion of Rasmussen (2013) that a major factor in male suicide may be the contrast between the ideal and actual 'me' and the measurement of self-esteem through external achievements, possibly formed through a relationship with an inattentive or condemning father. In our case, suicidal risk and ideation among males can be impacted by a perceived contrast between one's own personality and the requirements stereotypically applied to men. Men try to

compensate for the low self-esteem that can result from this through external attributes of masculinity, such as earnings and achievements. Such self-esteem is very vulnerable and when facing failure or social, political or economic changes in society, men can become extremely sensitive indicators of the consequences of such changes. This could at least partially explain the rise in number of male suicides during periods of change. Men with suicidal ideation may have had less caring fathers and therefore might have become more sensitive to external judgements, with an unstable situation of social change making it even worse.

The significance of the intensity of symptoms of post-traumatic stress disorder was revealed in the prognostic analysis. This may be explained by considering male identity: the manifestation of symptoms can be perceived as unmanly and lead to lower self-esteem. The inclination not to talk or reveal emotions – which is also considered manly – can meanwhile hinder coping with trauma. In cases in which men lacked fatherly care, deep inside they tend to mistrust their manliness and try to maintain it through external achievements. They then become more vulnerable to both economic difficulties and strong emotional experiences.

A subjective judgement of the financial situation is more relevant for men than for women. In contrast with suicidal women, such men tend to have lower esteem about their financial situation than men without suicidal ideation. We can perceive a suicidal man as being full of negative emotions, which in turn affects judgement of the financial situation and this is seen in darker colours. But the question arises as to why no such difference is recorded between suicidal and non-suicidal females. The analysis of open-ended answers also shows that topics related to employment and the financial situation are more relevant to men than women. This can be associated with the experience of masculinity in Lithuania. The results of the representative poll conducted in Lithuania show that the ability to earn money and financial achievements are perceived as attributes of masculinity (Tereškinas, 2004). The possibility of making more money is therefore perceived by men as a form of self-realisation, which is probably associated with self-esteem and perception of manliness. However, subjective judgement of one's financial situation is considered as a weaker prognostic factor than an inattentive father and symptoms of post-traumatic stress disorder.

With regard to symptoms of post-traumatic stress disorder, suicidal men differ from non-suicidal men, whereas no such difference is recorded between women. A stronger manifestation of symptoms of post-traumatic stress disorder, an inability to fully cope with the trauma yet, are related with possible suicidal tendencies in men in particular. On the basis of broad studies by other authors (Stein et al., 2010; Krysinska & Lester, 2010), post-traumatic symptoms can be expected to be linked with a higher suicidal risk in both groups, but our data did not demonstrate this. Gender differences probably exist with regard to sensitivity to PTSD symptoms, but these have been subject to few studies. The study by Steyn (2012) showed that suicidal ideation for each gender is predicted by different symptoms: increased agitation of the autonomic nervous system is the strongest symptom for men, whereas for women it is the irksome and

repeated experience of the same event in their memory. It can be presumed that some other factor that potentially affects the link between PTSD and suicide (depression, for example) had different manifestations in men and women who participated in our study (Krysinska & Lester, 2010).

Masculine features are revealed by analysing male and female answers to the open-ended question. Men's answers were more rational, showing a more or less tangible benefit from the restoration of independence (such as the possibility of developing a broader-thinking personality), the answers speak of the result, fact – it could describe male reaction to changes. According to Tereškinas (2004), the demonstration of emotions is stereotypically perceived as female behaviour and equivalent to the showing of weakness. An explanation for the fear of demonstrating weakness may be that a man who was deprived of fatherly care finds it more difficult to separate himself from his mother and can be afraid of his femininity. He may also identify himself with the 'bad' mother and try to destroy her through a suicidal act (Perelberg, 1999; Campbell, 1999; Schachter, 1999).

The results of our study allow us to formulate some recommendations that are relevant in developing programmes for prevention and intervention. First of all, the health system should focus special attention on men who have suffered from traumatic events (such as traffic accidents, other types of accident, assaults and losses). General practitioners should be able to identify situations that can result in post-traumatic stress disorder and refer patients for qualified help.

With regard to methods for helping men with suicidal ideation, one idea is that the benefits of such help need to firstly be explained to men and understood by them. The purpose of such help should be clearly formulated, along with its relevance for health and well-being. Furthermore, the help offered should be structured, with a clear format, order and course that would give men a stronger feeling of control. According to the concept of masculinity, an understanding among men that it is their own decision to help themselves and they are not being weak in that situation is also important.

The broader goals of preventive programmes could be the application and development of fatherhood programmes and an increase in their availability. Special attention could be given to fathers who are bringing up sons. For boys, development requires special attention –in terms of development of self-esteem and manliness in the context of masculine culture – through participation in manly activities with male teachers or mentors. This could partly compensate for any lack of fatherly care. Self-esteem is related to bullying as well, so the prevention of bullying by peers and teachers at school is important.

In summary, our study shows guidelines for further research into male suicides in Lithuania and potential directions for their prevention. The father's role in the formation of suicidal ideation, as well as traumatic experiences among men and their link to self-esteem, manliness and an increased number of suicides, can be further researched. When examining the impact of the country's economic situation on male suicides, the link with professional activities should be more broadly analysed and include a greater diversity of such activities.

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WHEN IT IS DIFFICULT TO TRUST AGAIN. *EXPERIENCING DISAPPOINTMENT AFTER THE SUICIDE OF A LOVED ONE*

Vaiva Klimaitė and Odeta Geleželytė

INTRODUCTION

The scale of the suicide problem in Lithuania is immense. The number of people who have died by suicide in our country is three times higher than the European Union average. Nearly 50 years ago, the prominent suicidologist Edwin S. Shneidman (1973) noted that 'a person's death is not only an ending: it is also a beginning – for the survivors.' (Dyregrov, 2011) It had traditionally been thought that each suicide directly affects approximately six next of kin. Shneidman was the first to put forward this estimate in 1972 (Dyregrov, 2011). Modern researchers lean towards a larger number, maintaining that the event also has painful repercussions for friends, partners, colleagues, and neighbours (Dyregrov, 2011). According to Dyregrov (2009), in Western culture we could list 10–15 people as being severely affected by the suicide of someone close to them. If we were to try to roughly calculate the number of people in Lithuania painfully affected by suicide over the course of one year, it would be in excess of 15,000.

Mourning after suicide is the entirety of physiological, psychological, behavioural and social reactions which manifest when an individual loses an important person in this way (Dunne, Dunne-Maxim, & McIntosh, 1987; Dyregrov, Nordanger, & Dyregrov, 2003). In studies of people bereaved by suicide, considerable attention is given to the complex challenges these individuals go through after their loss. Shock, irritability, shortness of temper, severe anxiety, depression, feelings of insecurity, uncertainty, confusion, fear and guilt, and emotional and physical stagnation are all common (Dyregrov & Dyregrov, 2008; Dyregrov, Cimitan, & De Leo, 2014; Pitman, Osborn, King, & Erlangsen, 2014). The bereaved also tend to lose interest in activities that they once enjoyed, have a difficult time concentrating on work, and fall out of their daily routine (Dyregrov et al., 2014). All of these repercussions as well as their abundance and intensity reflect the complexity and diversity of the impact of bereavement by suicide on an individual.

After carrying out a study during which we conducted 23 in-depth interviews with suicide survivors, we noted that after the suicide of a loved one, it was typical for the bereaved to react with a sense of disappointment. According to Zeelenberg, van Dijk, Manstead, and van der Pligt (2000), disappointment occurs after events which are not in line with a person's expectations. These events are usually caused by another person or occur as a result of circumstances which cannot be controlled by the disappointed person. Disappointment is accompanied by sadness and feelings of passivity and helplessness. If the object of disappointment is another person, it is often accompanied by anger. When individuals feel disappointment in the people

who surround them, they often develop a desire to alienate themselves or even sever ties completely. Challenges of this sort which are frequently repeated are particularly dangerous, as they can have a paralysing effect which induces extreme passivity and helplessness (van Dijk & Zeelenberg, 2002). A more frequent subject of analysis in scientific literature is disappointment experienced by suicide survivors in the people who surround them; this disappointment can be related to either the inappropriate behaviour of members of their social network (family, friends, colleagues, etc.), and/or to the high expectations of the bereaved themselves.

It is not uncommon for various difficulties to arise in social interaction between the bereaved and the people around them. Grad, Clark, Dyregrov, and Andriessen (2004) describe the *social helplessness* of the community in trying to help the bereaved or reacting in situations of social intercourse. Social helplessness can be manifested in a lack of support and care, avoidance (of the bereaved person or the topic of suicide), inability to tolerate the pain of mourning, meaningless and painful statements ('don't take it so hard, you still have two other children', 'he's with God now'), or inappropriate advice ('you have to try to forget this and move on'). Speaking about inappropriate behaviour with suicide survivors, Feigelman, Gorman, and Jordan (2009) analyse the accusation of the deceased or a loved one; Dransart (2013) adds intrusive searches for reasons to explain why the person died by suicide; and Maple, Edwards, Plummer, and Minichiello (2010) describe the pressure to stop mourning as soon as possible. After a suicide, relatives often also have to deal with stigmatisation¹⁷, which is accompanied by distrust, stereotyping, shame and avoidance (Cvinar, 2005). Dyregrov (2002) as well as Barney, Griffiths, Christensen, and Jorm (2006) claim that stigmatisation spurs self-isolation and a tendency to avoid turning to other people for help. This sort of stigmatisation and social helplessness felt by the people surrounding the bereaved – and often by the bereaved themselves – may be closely related to feelings of disappointment and further increase the gap between them. Grad, Clark, Dyregrov, and Andriessen (2004) believe that the community's sense of social helplessness can be reduced by the suicide survivor's readiness to talk openly about the event. This can improve the emotional state of the bereaved, and can also help the members of their social circle learn how to interact with them.

However, disappointment in one's social circle can emerge not only because of inappropriate behaviour displayed thereby, but also because of the high expectations the grieving person has in regard to his or her social environment. Researchers have observed a certain discrepancy in interactions between people bereaved by suicide and the individuals around them. Studies often reveal that people bereaved by suicide feel a greater need for assistance than they receive (Dyregrov, 2002; Wilson & Marshall, 2010). William Feigelman et al. (2009) argue that the bereaved may feel offended, abandoned or hurt as a result of unfulfilled expectations regarding the concern and care of the people surrounding them. Due to the acute sensitivity of a person who has just lost a loved one to suicide,

¹⁷ Stigma is the negative attitude of a large portion of society towards a specific group of people who stand out for specific characteristics or behaviour (Reynders, Kerkhof, Molenberghs, & van Audenhove, 2014).

even isolated instances of inappropriate behaviour within that person's social circle can be regarded as extremely painful (Feigelman et al., 2009). When speaking about disappointment in the help rendered by acquaintances after a loss, the connections of this construct with the characteristics and expectations of the survivor's emotional state should therefore be kept in mind.

In this article, we will present a more detailed analysis of experiences of disappointment after the suicide of a loved one as revealed in narratives of bereaved relatives. Scientific literature is a bit more focused on disappointment in the reactions of people who surround the bereaved, as well as on the phenomenon of social helplessness discussed above. However, the data obtained during the study reveals that disappointment following the suicide of a loved one involves and affects more diverse spheres of the survivor's life.

METHODOLOGY

The study included 23 family members of people who died by suicide. The age of the participants ranged from 24 to 60, with a mean age of 42. More women ($n=20$) participated in the study than men ($n=3$). Seven of the participants lost a child, while six lost their mother, six lost their spouse, three lost a sibling, and one lost a father. The deceased included 14 men and 9 women. All of the study participants were from different families. The time elapsed since the suicides ranged from one to two years, with an average of 17 months. Interviews were conducted in Vilnius, Kaunas, Šiauliai, Jonava, Anykščiai and Zarasai.

The participants were asked to share the following aspects of their experience: what was the nature of the event (the suicide)? What was their reaction when they found out and later (events, difficulties)? How are they doing as far as returning to their everyday jobs and restoring social interaction? How did their suffering change over time? What meaning is given to the event? What are the negative and positive consequences of the loss? What kind of help did they reach out to acquaintances and professionals for? What help did they receive and how do they feel about it? What influence did the current social, political and economic situation in the country have on the life of the deceased, the suicide, and the mourning process? (For the last question, the participants were asked to also recall experiences related to the Soviet period and the restoration of independence.)

In this article, we present the results related to reactions of disappointment which emerged after the suicide of a loved one, as brought to light during interviews.

RESULTS

Analysis of the research results revealed various aspects of the manifestation of disappointment after the suicide of a close family member: in the loved one who died by suicide, members of the person's immediate social network (family, friends, colleagues, etc.), the state system, public institutions and higher powers. We will briefly discuss the results of each of these groups.

Disappointment in the person who died by suicide

During interviews, it was observed that the research participants tended to feel disappointment in the loved one who died by suicide for resorting to such behaviour and not communicating the difficulties that he or she was going through to friends and family. The bereaved wondered why the person died by suicide rather than asking for help or saying something about his or her problems (9 participants, 10 quotations). In their accounts, the participants expressed a longing to find out why their loved ones decided to take their own lives; some turned to psychics to find these answers or even communicate with the deceased.

In retrospect, the survivors recall signs that their loved ones had been preparing for this step in advance: *'But later I had this feeling that he planned it.'* (Lauryna, who lost her brother) The fact that a loved one planned a suicide rather than seeking help caused both disappointment and anger among the participants: *'Somehow really, that's probably the thing that makes me the angriest. That you're planning it, when somehow maybe a person could look for other help.'* (Lijana, who lost her mother) Disappointment was also evoked by the thought that the loved one left unfinished business without any concern for the survivor: *'And to do something like that.... to this day I keep saying, how could he have just left us like that, left everything, and me alone with two children and a huge debt to pay off.'* (Jolita, who lost her husband) The fact that a loved one chose to take his or her own life also led to reactions of disappointment (8 participants, 12 quotations): *'Here this person is faced with difficulties for the first time and doesn't know how to deal with them. So he solved his own problems without even thinking about anyone else.'* (Diana, who lost her son) A common sentiment was that people taking their own life fail to take their loved ones into account. Analysis of the research data reveals that the bereaved often try to attribute the suicide to a conscious desire to hurt loved ones, and this may be linked to the anger and disappointment in the deceased (4 participants, 5 quotations): *'Or she just got this idea to do it on purpose, I mean, they say they all do it on purpose for their loved ones.'* (Janina, who lost her mother).

Disappointment in one's social circle

The research participants often felt disappointment after the suicide of a loved one due to inappropriate reactions and behaviour displayed by the people around them. This also roused anger, discontent, sadness, and a tendency to consider these people insensate.

A significant part of the research participants shared examples of inappropriate reactions within their social circle (17 participants, 53 quotations). For instance, Jolanta, who lost her husband, said: *'His one brother, well maybe he was jealous or something. After my husband had already died, he said to me, "You could have done more, helped him better."'* Aukse, whose son died by suicide, noted: *'Somehow they don't understand me; they said, how can I be so upset when he was such a bad kid – he didn't have a job, he was boisterous, he drank.'* Sometimes the participants mentioned that they think the people around them are unable or unwilling to help and understand; they felt a lack of support and concern, and noticed that people who have not experienced such a loss themselves are unable to understand how they feel and the pain they are going through.

It was also observed that for some of the bereaved, this help was not always appropriate. The feeling that their grief was not understood was also fuelled by behaviour and comments of people surrounding the bereaved which were intended to help, but which actually had the opposite effect on the research participants and resulted in disappointment (six participants, seven quotations): *'And the best is when they say "You know, you'll forget..." Good Lord, what are you suggesting I forget? My child?'* (Laima, who lost her son)

A sense of disappointment in others' reaction to the situation of loss can also be felt: it is difficult for the bereaved to grasp that it is only their own reality that was so significantly altered by the loss, and that the lives of the people around them did not change, or only changed slightly. Clear disappointment was observed in the isolation that developed between the research participants and the people who surround them (21 participants, 127 quotations). This is illustrated by Irma's account of the difficulties that came up in interacting with the people around her after her son's suicide: *'Once I went back to work, it was hard for me to go, really. Somehow I just didn't want to see the people there. And of course it was worse when I saw that it was hard for them too, that they didn't have anything to say to me, didn't know what to say. But the ones that don't pay any attention to it at all, it's like, you know, that's something, it really makes you think.'*

Inappropriate behaviour was perceived by some of the research participants as being stigmatising, hurtful, and related to the stereotypes which surround suicide (five participants, eight quotations). Among the research participants, such stigmatisation and inappropriate comments and reactions sparked anger, irritation, a desire to blame the people around them, and disappointment related to sadness, helplessness or meaninglessness. In speaking about the efforts of her loved ones to conceal the cause of her mother's death, Jurga said: *'What are people going to think, that I didn't take care of my mother; and to hide the very important fact that someone was suffering psychologically.... To say that the person had a stroke and forget about it. You can't do that. Because everyone who dies by suicide goes through torment.'*

It is, however, important to mention that in their accounts, the research participants also expressed positive feelings and gratitude to the people around them who helped by both supporting them and taking care of everyday matters; thus, social interaction after the suicide of a loved one includes both positive and negative aspects, one of which is the disappointment in others' reactions and behaviour being analysed in this article.

Disappointment in the state and system

As already mentioned, the results of the study also revealed that the bereaved felt disappointment in the country's system and state institutions. A total of 12 research participants shared negative experiences. Aspects related to both the restoration of Lithuanian independence and the current situation in the country were mentioned. Although in this article we will only analyse disappointment that developed after the suicide of a loved one, it is important to note that a general disappointment in the state and individual systems thereof (such as the educational and health systems) was also observed. With regard to the country's system or public life, the research participants shared

considerably more negative experiences than positive.

Some of the bereaved (6 participants, 20 quotations) believe that the current situation in the country influenced the suicide. Several research participants underscored the difficulties that the person who died by suicide had to deal with when Lithuania became independent (loss of employment, changes in social status), and linked them to the beginning of the suffering which eventually led to suicide. For example, Adelė, who lost her husband to suicide, said: *'And everything seemed to improve; he did a great job and was this big honcho, so to speak, and all that ... everything was fine, but when the independence movement began, when it was over, the collective farms fell apart, and he really took it hard, and just like that the depression set in.'* Some link the suffering that led a loved one to die by suicide to the shortcomings of the current situation in the country, particularly financial instability and unemployment: *'For a person to live off a hundred litas or so per month and ... not have any hope, well this is dignity, I mean, for a person's dignity, I don't know, how hurt and hopeless he has to be, I mean, this is complete hopelessness and meaninglessness of life.'* (Justė, who lost her brother)

During interviews with the research participants, disappointment in the current situation in the country concerning events related to the suicide of the loved one (5 participants, 18 quotations) was also detected. Of note was disappointment in the law enforcement system: *'It's really disgusting, the way they behave. Just disgusting. They let him fall there, you see. So disrespectfully. With such disrespect. Just terrible.'* (Irma, who lost her son); in the lack of access to help for suicide survivors and the behaviour of the media: *'And the press was flooded. Comments, articles, there were all kinds.... I read some amazing stuff.... Yeah, so the media. No morals, whatsoever.'* (Lauryna, who lost her brother); and in the country's politicians and government, which isn't taking measures to deal with the suicide problem.

Disappointment in higher powers

Analysis of the research data reveals disappointment among the bereaved in the world and the meaning of life. Some of the research participants felt disappointed in higher powers; the suicide upset their perception of world order (five participants, nine quotations): *'It's like you think about all those gods, and when you read those books it just seems so unfair, why can't people who want to live just live if there really is someone taking care of that universe of ours.'* (Antanina, who lost her daughter) Others expressed thoughts that life after the suicide of a loved one has become aimless, meaningless, worthless (6 participants, 14 quotations): *'My life has become tasteless, odourless and colourless. I do everything I need to. But I don't feel anything, anything at all.'* (Irma, who lost her son) The suicide has become a serious threat to the expectation that there is justice and order in the world, and that life is meaningful.

DISCUSSION

The results of this study reflect experiences of disappointment after the suicide of a loved one. The feeling of disappointment proved to be associated with feelings of guilt and accusation, anger, dissatisfaction, distrust, self-pity, helplessness

and senselessness. This shows the complexity of the experiences that the bereaved go through. In considering why such a diverse feeling of disappointment is characteristic of people bereaved by suicide, we singled out a few possible explanations.

First of all, the study results show that the disappointment felt by suicide survivors is often linked to social interaction. The feeling of disappointment in one's social circle may be related to social helplessness felt by both the bereaved and the members of his or her social circle. This leads to a tendency among the bereaved to avoid speaking about what they are going through, and among others – to ask about it; it also becomes difficult to tolerate the pain of mourning. As a result of this perceived helplessness, people may react to the bereaved in an inappropriate manner: by blaming them, avoiding them, encouraging them to stop mourning, sharing bad advice and stigmatising (Feigelman et al., 2009; Maple et al., 2010; Cvinar, 2005). Disappointment in one's social circle evokes a desire to withdraw and isolate oneself. Furthermore, the results of the study reveal that family members of people who have died by suicide feel disappointment in their social circle or society not only because they have actually encountered inappropriate, stigmatising behaviour, but also because the expectations that they had for their social environment were not met. A lack of support, care, and ability to understand can also reflect the desire of the bereaved that the people surrounding them always understand them correctly and respond to their needs. Research done in other countries also shows that people bereaved by suicide often feel a greater need for help than they receive (Dyregrov, 2002; Wilson & Marshall, 2010), and therefore feel neglected, rejected and misunderstood (Feigelman et al., 2009). Disappointment in loved ones or society therefore depends not only on the adequacy of the behaviour of the people surrounding the bereaved, social helplessness or the ability to live with feelings of mourning, but also on the expectations held by the bereaved for the people around them, as well as their readiness to talk about their difficulties. Readiness of the suicide survivors to speak openly about how they feel can result in an improved mutual understanding between the bereaved and the members of their social circle; it can improve the emotional state of the bereaved themselves, and also help other people learn how to interact with them (Dyregrov, 2004).

As our research results show, it is not unusual for the bereaved to feel disappointment in the deceased loved one as well. This disappointment is related to the nature of such a loss, i.e. the fact that the death was voluntary. Loss through suicide is often perceived by the bereaved as an act of alienation, or a certain form of betrayal; this leads to anger towards the deceased and a desire to blame him or her (Dyregrov & Dyregrov, 2008). The survivors who participated in the study felt anger and disappointment that the loved ones who died by suicide did not say anything about how they were feeling, that they did not look for other solutions, and that they behaved selfishly. Within these feelings, grief, reactions to the trauma and the pain of separation are intertwined. Since the relationship with the deceased is broken off after suicide (interaction is no longer possible), the bereaved no longer have a chance to restore trust in the person who died by

suicide. The desire to do away with this sense of disappointment is evidenced by the need to answer the question of why the loved one died by suicide. Several research participants even turned to psychics for help on this matter (something which we had not come across in reviews of previous studies). People who experience this kind of loss contemplate not only the reasons and motives behind the suicide of the loved one, but their own world view, beliefs and values as well. It may be that this attempt to reconcile one's world view with the situation at hand – as well as the realisation that reality is unchangeable – leads to disappointment in the world and higher powers (Park, 2008).

The study also revealed a tendency among suicide survivors to be disappointed in state institutions and the country's system. The significance of financial instability, which has an impact on both the fulfilment of basic needs as well as life satisfaction and quality of life, was emphasised. In thinking over the loss and the life of the deceased, causal relationships were found between the quality of life in the country, social transformations and the suicide. Examination of the lives of the deceased and the potential reasons behind their suicides reaffirms the importance of systemic aspects (such as financial standing and security, employment, sudden negative social changes, etc.) for the prevention of suicide. We called attention to the fact that in analysing the data, a general disappointment in the state and its institutions in various systems was observed; however, the participants did not link this disappointment to the suicide. Various studies of post-communist countries reveal that a general disappointment and distrust in social and political institutions is common among residents of countries which were subject to Soviet oppression (Mishler & Rose, 1997). Nevertheless, the research data we have obtained does not allow us to answer the question of whether general disappointment and pessimism is more affected by the occurrence of suicide.

The research results reveal that after a suicide, the sense of disappointment experienced by the bereaved becomes a barrier which prompts them to refrain from interacting with others, keep to themselves, and withdraw from society. Zeelenberg and van Dijk (2002) assert that frequently repeated experiences of disappointment are dangerous, as they can lead to extreme passivity and helplessness. Our research shows that after the suicide of a loved one, the bereaved experience disappointment in various areas: in the person who died by suicide, in the members of their social circle, in state institutions, and in higher powers. This multifaceted disappointment can become a serious challenge in restoring the confidence of the bereaved in the environment. On the other hand, it was also observed that survivors who feel disappointment often find themselves in a vicious circle. Disappointment induces isolation from one's social circle and decreased expectations with regard to the members thereof. This lack of hope that one will receive understanding and support gives rise to an even greater desire to withdraw. The bereaved thus begin to feel increasingly insecure in their environment, and by interacting less with the people around them, they lose their source of help and support.

CONCLUSIONS

The feeling of disappointment mentioned by the suicide survivors who participated in the study is not clear-cut: disappointment was experienced in the loved one who died by suicide, the social environment, society, the state, public institutions and higher powers. These results reflect that after the suicide of a loved one, the feeling of trust may waver in other (social, public, spiritual) areas as well. While there is a need for help after the suicide of a loved one, the feeling of disappointment can cause the bereaved to isolate themselves from the people around them and lose trust in society, the state and public institutions. Unfulfilled expectations rouse feelings of insecurity, loneliness and helplessness. These results reveal the importance of restoring a feeling of trust among the bereaved in the social, public and spiritual domains.

Analysis of disappointment after the suicide of a loved one revealed the complexity and diversity of reactions among the bereaved. Only upon becoming acquainted with the complex experiences the bereaved go through can we better understand them and try to help them and respond to their needs. The study revealed that the decision of a loved one to die by suicide stirs reactions of disappointment and anger directed at the deceased, with whom there will never again be the opportunity to communicate. Therefore, the efforts of specialists and people surrounding the bereaved in tolerating their desire to find answers and reasons as well as helping them come to terms with such an unchangeable and irreversible situation of uncertainty are significant. Also of importance are efforts made in restoring the survivor's feeling of trust in world order and stability, thus attempting to reduce the insecurity and hopelessness he or she is experiencing. In interacting with people bereaved by suicide, both acquaintances and specialists should try to understand the emotional state they are in as well as the increased frequency of negative reactions such as anger and irritability; they should also not avoid expressing their concern and readiness to help – especially if they notice that the bereaved person is avoiding interaction and become isolated. Such avoidance behaviour does not necessarily signal a need for solitude. Rather, it can signal negative feelings such as disappointment and anger. We can see how important it is for the bereaved to talk about what they are going through, as this is the only way the people around them can understand their difficulties and try to help them in a way that best meets their needs. The importance of attention given by various professionals (such as police, journalists, health specialists and employees of other institutions) to the emotional state of people who have lost loved ones to suicide can also be observed: due to their state of mind and increased irritability, the bereaved can be oversensitive to the reactions of those around them; they can overemphasise what others might believe to be neutral or even supportive reactions, and take them as being insulting, hurtful or disappointing.

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FINAL REMARKS

The impact of cultural trauma on a person's psychological development is complex and multi-layered. First and foremost, it manifests itself in the collapse of collective identity, and this is also a threat to personal identity. In Lithuania, cultural traumas caused by past periods of occupation and historic upheavals have affected society as a whole, as well as each person and family; these consequences have been long-term and complex. The study conducted was an attempt to reveal the connection between people's current state of psychological well-being and historical experiences, as well as the subjective evaluation thereof.

An analysis of a representative sample of **three generations** of Lithuanian residents in 2013–14 indicated that in all three age groups, assessments of social transformations that took place after the restoration of independence are generally positive. The youngest generation rated the social transformations most favourably.

Evaluations of changes are linked to personal resources, such as an individual's education or subjective assessment of his or her financial situation. Assessments of social changes are predicted not by income, but by an individual's subjective appraisal of his or her financial situation. This indicates that although objective resources are important, the meaning that a person attaches to them is as well. Prognostic factors with regard to the evaluation of social transformations differed by generation: in the oldest generation, the main factor was identification with family history; in the middle generation, it was subjective assessment of one's financial situation; and in the youngest generation, education and subjective assessment of one's financial situation. This outcome allows an assumption to be made about the impact of each generation's stage of development on their perception of changes in the country. Qualitative research has shown that representatives of the middle generation emphasise the importance of freedom and liberation from Soviet oppression, regardless of whether they assess their financial situation as positive or negative. Those who evaluated their financial situation negatively also mentioned despair, lack of stability and personal devaluation. Those who evaluated their financial situation positively stressed the importance of personal responsibility: they mentioned the emergence of new opportunities and concern for values, and recounted the feeling of being a part of history in the making.

In all three generations, there is a relationship between positive assessments of social transformations and identification with one's country and **family history**. Interestingly, a family's historical experience of repression had a greater impact on evaluations of changes that came with independence in the youngest generation than in the middle or oldest generations. It would seem that this should be more significant for older generations, because these people or those around them were more directly affected. However, research data show that it is the youngest generation that links family experiences with their evaluation of the restoration of independence, and the feelings of power and pride inspired by stories about their family history encourage them to see the broader significance of such an event. The results of the study contribute to the growing body of scientific data on the strength of afflicted families and psychological resilience of subsequent generations. A

comparison of families that were victims of Soviet repression with those that were not found that although both groups exhibited similar states of psychological well-being and levels of post-traumatic symptoms, representatives of victimised families showed greater psychological resilience, optimism and hope for the future. Significantly, knowledge of political repression experienced by family members, identification with family history, and certain aspects of parent–child relationships (greater care on the part of the father and less overprotectiveness on the part of the mother) help to create the superior psychological resilience, optimism and hope characteristic of descendants of victimised families.

On the basis of the research results, an assumption can be made about the importance of **paternal authority** on men's psychological well-being in Lithuania. Qualitative research has revealed the significance of the father figure in the formation of men's identity and integrity. A father's inability to talk about traumatic historical experiences has been seen to hinder the development of a close father–son relationship. A quantitative analysis of the representative sample sheds light on the significance of paternal care in the formation of suicidal tendencies. This problem could serve as a pathway for further research that would enable a deeper and more comprehensive overview of the emotional state of men in Lithuania in relation to experiences of paternal authority or masculinity, which might have also been affected by the communist system.

Encounters with traumatic experiences – especially cultural trauma – also have an impact on **national identity**. The study showed that social transformations posed a considerable challenge for ethnic minorities and essentially forced them to review the experiences, events and stories of their lives. When independence was restored in Lithuania, conditions emerged for openly fostering national identity, forming ethnic communities and taking responsibility for one's own status and rights. Independence also brought the opportunity to travel freely and maintain a closer relationship with one's country of ethnic origin. The ethnic minorities that we studied in Lithuania now take pride in their nationalities and nurture their national identities, which they link closely to their country of residence. People who actively contributed to the restoration of Lithuanian independence are often a source of pride. Ethnic minorities try to foster civic engagement: they care about Lithuania's prosperity and future because the country is as dear to them as their homeland. They pay particular attention to learning the Lithuanian language.

In exploring their national identity, ethnic minorities have had to reconsider their answers to questions on the relationship between nationality and citizenship. Confusion with regard to national identity is not uncommon, especially if one's connection with the native language is lost; feelings of fear and danger emerge in revealing one's identity. In such cases, ethnic communities play an important role in filling the void and providing security. The study revealed that social transformations also force us to rethink discriminatory experiences in both Soviet and independent Lithuania. Hypocrisy was commonplace during the Soviet period, when discrimination was disguised under declarations of solidarity and friendship among nations. Lithuania's independence brought more freedom, but it also brought more open encounters with insults and intolerance, which are considered discrimination. Interestingly, the different ethnic minorities expressed slightly varying interpretations

of discrimination: Poles saw it as an obstacle to their careers or social achievements, whereas research participants of Jewish ethnicity perceived it as a physical danger. These differences are predetermined by contrasting historical experiences.

The cultural and individual levels are very clearly intertwined within the experience of **specific traumas** related to historical circumstances. The experiences of the Chernobyl clean-up workers can be considered a cultural trauma. If Lithuania had not been occupied, these men would not have gone to Chernobyl and worked against their will. If Lithuania had not restored its independence, they would still be Soviet heroes. And if society itself had been healthy, it would have provided them with comprehensive assistance. However, historical processes in Lithuania complicated all that. The Chernobyl clean-up workers were left on their own with their trauma and the knowledge that they were exposed to radiation against their will. How they dealt with this situation depended solely on their personal efforts and characteristics. The Chernobyl clean-up workers have conflicting feelings with respect to Lithuanian independence. On the one hand, they are more patriotic than other men their age and truly cherish the idea of an independent Lithuania; in numerous interviews, they mentioned that the way the country is today guarantees that the coercion they experienced at Chernobyl will not be repeated. On the other hand, they feel anger towards Lithuanian society, the government and individual politicians. The Chernobyl experience was one of force, which is why even today they often have feelings of injustice and being wronged towards the people around them. The Chernobyl clean-up workers also display post-traumatic symptoms such as increased anxiety and anger, a sense of alienation, a continuing feeling of danger and helplessness, and avoidance of the topic of Chernobyl, or a strong emotional reaction when it is alluded to.

In a historical sense, the January Events of 1991 are already part of the state's past. But from a psychological point of view, the people who were injured or lost loved ones as a result have yet to put it behind them, because they are continually faced with various difficulties in adapting. Coping with the trauma of these events has been an ongoing process for the past 24 years, and for some it continues to this day. Some of the research participants overcame traumatic experiences through internal resources and the support of loved ones, but this was not enough for others, and the latter did not receive the professional help they needed in a timely manner. Victims of the January Events – both injured defenders of independence and the families of those who were killed – often display symptoms of post-traumatic stress disorder. These include recurrent recollections of the traumatic experience and emotional distress in places that remind them of it, leading to an avoidance of such places and memories in an effort to stave off negative feelings. More than 40% of the injured independence defenders displayed a significant incidence of PTSD symptoms. Among all of the groups studied, they were the most likely to use antidepressants and sedatives (except for participants who attempted suicide and were studied as inpatients). The study therefore shows how a destroyed cultural context becomes a significant precondition for the problems caused by traumatisation to become chronic.

The problem of **suicidal behaviour** and the uncommon spread of suicides took hold in Lithuania under the Soviet regime, during which the suicide rate

increased 8–10 times; the male population was particularly affected and rural suicide rates increased significantly as well. However, all data were concealed. During the Soviet period, the attitude towards suicide was one of *taboo* and *psychiatrisation* – the belief that only mentally ill people could attempt suicide, so the act of suicide was a purely psychiatric concern. It was also one of *stigmatisation*, because the stigma associated with mental illness in society was very strong. After the restoration of independence, no modern mental-health reforms or public suicide prevention measures were implemented, and assistance is still very medicalised and institutionalised. The study also showed that suicide in Lithuanian society is still heavily stigmatised. Despite the magnitude of the suicide problem, it was very difficult to find people who were willing to talk about their experiences after they attempted suicide or lost a loved one to it. When confronted with such issues, many people choose not to talk about them: they often do not trust the people around them and think that they have to overcome their difficulties on their own.

People who are bereaved by suicide often experience disappointment – in the deceased, their social environment, assistance rendered by mental-health professionals, society, the state and its institutions, and God (as understood by them). These people need public support and proper assistance to get back on their feet after what they have gone through. Stigmatising attitudes that affect the desire of people who have attempted suicide or been bereaved by it to ask for help must be changed from the ground upwards: within society, understanding must be improved of the phenomenon of suicide and the ordeals of people it touches. It is also important that all professionals who come into contact with suicide survivors in their line of work (such as police officers, physicians, psychologists and journalists) are familiar with the distinctive features of grief after suicide and are sensitive to the needs of the bereaved. Finally, it is very important to support and encourage the emerging self-help movement for people bereaved by suicide.

Qualitative research indicated that *attempted suicide* is followed by a severe life crisis. Their evaluation of their attempted suicide is based on the assessments of the people around them, so they expect and fear condemnation and criticism. They therefore avoid the people around them and try to leave hospital as soon as possible and forget about the event. Mental-health professionals can help these people prepare for how others may react; they can also create a safe space for them to talk about what they are going through, help them make sense of it and identify the sources of aid that are available. Information about potential assistance must be provided in such a way that the individuals maintain a feeling of self-responsibility and accept it as part of their ability to take care of themselves, without being pushed into the 'weaker' position. The role of professionals is also very important in helping the loved ones of people who have attempted suicide.

The research conducted therefore revealed some of the effects that cultural trauma has on individuals and groups of people, as well as their efforts to cope with the difficulties that traumatic events lead to. The current emotional state of people in Lithuania is determined by many factors, including historical family experiences, resources, acquired skills, and different contexts of personal development that form contrasting attitudes, experiences and abilities.

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The monograph presents the results of complex psychological research. The purpose of research was to identify what effects social transformations that took place after 1990, when Lithuania regained its independence, had on Lithuanian society – general population and specific population groups, such as ethnic minorities, the victims and relatives of those killed in the January Events, the clean-up workers of Chernobyl nuclear disaster and people bereaved by a loved one's suicide or affected by suicide attempt. The team of researchers present their findings, practical recommendations and guidelines for future research.

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LITHUANIAN FACES AFTER TRANSITION Psychological Consequences of Cultural Trauma

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So what can we detect in people today? How do they feel, how do they assess what happened, and what meaning do they give to it? How are particularly vulnerable social groups doing – ones who have experienced a specific trauma or severe personal traumas? What about those who were faced with greater cultural trauma challenges because of their minority status and who had to form a new identity after a breaking point? Will their identity find a place in the new cultural identity or identities?

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