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Research report

Depression, anxiety and loss of resilience after multiple traumas: an illustration of a mediated moderation model of sensitization in a group of children who survived the Nazi Holocaust

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ABSTRACT

Background: Depressive and anxiety disorders (DAD) have become a major public health problem. Multiple trauma is known to increase the risk of DAD through a sensitization mechanism. We investigate the hypothesis that resilience is a mediator of this mechanism.
Methods: Former Hidden Children (FHC), the Jewish youths who spent World War II in various hideaway shelters across Nazi-occupied Europe, were compared with a control group. In each group, we measured the presence of multiple traumas, the resilience with the Resilience Scale for Adults, which has a six factors solution, and the DAD with the Hopkins Symptoms Checklist. We test a mediated moderation model with childhood trauma as the predictor; Later trauma as the moderator; Resilience as the mediator; and DAD as the outcome variable.
Results: Results are consistent with a sensitization model of DAD mediated by resilience: confrontation with a primary trauma during childhood followed by secondary trauma(s) after childhood damages resilience, which, in turn, results in higher level of DAD.
Limitations: We are unable to differentiate if the sensitization process is a consequence of the nature of the trauma endured by FHC (long-standing exposure to extreme external events) or a consequence of the fact that this first trauma occurred during childhood.
Conclusions: Resilience construct is multi-factorial and a limited damaging of some of the factors is sufficient to lead to DAD even if other factors remain unaltered. Resilience can be altered by multiple traumas and, therefore, needs to be bolstered in therapy sessions.
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1. Introduction

Depressive and anxiety disorders (DAD) have become a major public health problem in Western countries. In the USA, the lifetime prevalences of depressive and anxiety disorders are 28.8% and 20.8%, respectively. In Europe, DAD result in 6% of the burden of all diseases with respect to disability-adjusted life years (DALYs) and are projected to be the disease with the second highest number of DALYs in 2020 (http://www.nimh.nih.gov/index.shtml). Therefore, an accurate understanding of the risk factors leading to DAD is of crucial importance for both medical and economic reasons.

Several authors have emphasized the genetic, biological, societal and psychological components of DAD (Beck and Alford, 2009; Kroenke et al., 2007). This paper focuses on the societal and psychological factors. First, several authors (Mollica et al., 1993; Scholte et al., 2004; Veling et al., 2013) emphasized a link between the presence of a trauma during lifetime and DAD. But, more specifically, trauma endured during childhood is known to increase the risk of DAD in adulthood (Terr, 1991; Wingo et al., 2010). Moreover, given that 34% of men and 25% of women in the general population have experienced two or more traumatic events during their lifetime (Kessler et al., 1995), understanding how people cope with multiple trauma is of particular interest. Many studies converge to a sensitization model (Breslau et al., 1999; Green et al., 2000; Sullivan et al., 2009), which implies a reduction in resistance to additional stress following previous exposure to trauma.

In the present paper, we further explore this sensitization mechanism by proposing a model based on the concept of

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resilience. Resilience is defined as the process of adapting to significant sources of stress or trauma (Luthar, 2006; Schoon, 2006; Windle, 2010). International research on resilience has increased substantially over the past two decades in relation to the potential influence of this characteristic on well-being, quality of life and health (Windle, 2010). Resilience correlates negatively with DAD and predicts fewer DAD following stressful life events (Friborg et al., 2006; Hjemdal et al., 2006; Pietrzak et al., 2010; Roy et al., 2007; Wingo et al., 2010). Wingo et al. (2010) highlighted the moderating effect exerted by resilience on the relationship between childhood trauma and depressive symptoms in adulthood. They stated that their study was the first to explore a vastly understudied phenomenon and called for further investigation.

We propose to address two issues in the continuation of this study. First, Wingo et al. (2010) evaluated resilience using the 10-item Connor–Davidson Resilience Scale, which proposes a single factor underlying the construct of resilience (Campbell-Sills and Stein, 2007). However, individuals may vary in resilience characteristics, and resilience in one domain does not necessarily confer resilience in other (Gartland et al., 2011; Tusaie and Dyer, 2004). Therefore, the evaluation of resilience with an instrument that assesses protective mechanisms within multiple domains (i.e., resources from the individual, family and community levels) offers a more efficacious approach (Friborg et al., 2003; Windle et al., 2011).

Second, Wingo et al. (2010) and other authors (Friborg et al., 2006; Hjemdal et al., 2006; Pietrzak et al., 2010; Roy et al., 2007) have considered resilience as a moderator that modifies the relationship between trauma and DAD and as a construct that remains unaltered by the trauma. Nevertheless, in accordance with the sensitization model, resilience could be considered a mediator between trauma and DAD. Indeed, facing multiple traumas could damage the ability to be resilient, which, in turn, could result in a higher level of DAD. To our knowledge, this concept of damage to the ability to be resilient is under-addressed in the literature. We were only able to identify one study that addresses this concept: in 2007, Bonanno et al. showed that fewer past prior traumatic events were positive predictors of resilience 6 months after the September 11 terrorist attack.

At this point in our introduction, we have emphasized the respective link between, childhood trauma, trauma sustained after childhood, and multiple trauma and DAD. Moreover, we have described the sensitization model. We have also described the multi-factorial model of resilience, the relationship between resilience and DAD, and the hypothetic relationship between cumulative trauma and resilience. Therefore, six major hypotheses emerge from our theoretical approach (Fig. 1).

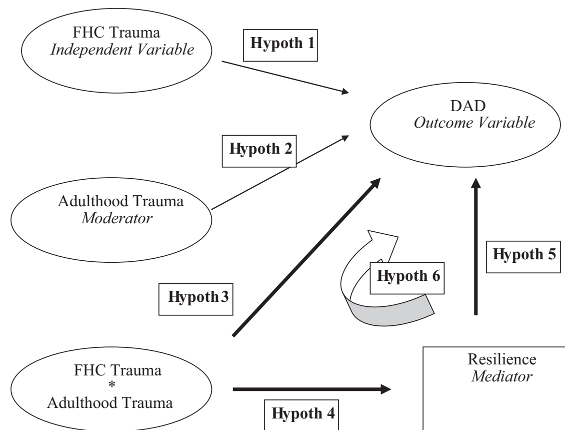

Fig. 1. Hypotheses sustaining the mediated moderation model.

1.1. Hypotheses

(H1) In line with Terr (1991) and Wingo et al. (2010) childhood trauma will result in DAD; (H2) in line with Scholte et al. (2004) and Veling et al. (2013) trauma sustained after childhood will also result in DAD; (H3) in line with the sensitization model (Breslau et al., 1999; Green et al., 2000; Sullivan et al., 2009) multiple traumas will result in a synergetic level of DAD; (H4) in line with the same sensitization model, multiple trauma will damage resilience, either globally or partially; (H5) a global damaging of all of the dimensions of resilience is not necessary to result in DAD; and (H6) the sensitization between traumas and DAD will be mediated by resilience.

2. Method

2.1. Participants

To assess the impact of a first trauma during childhood, we considered a sample of Former Hidden Children (FHC). FHC were the Jewish youths who spent World War II (WWII) in various hideaway shelters across Nazi-occupied Europe. The wartime circumstance of Nazi persecution included the traumas of forced separation from family and friends, many of whom were killed (Krell, 1993); poor caretaking; impairment in development; and a return to a hostile and anti-Semitic environment after WWII (Valent, 1988). The situation of FHC represents a valid operationalization of both the childhood trauma and multiple trauma variables that we operationalize here as a combination between a first childhood trauma followed by a later trauma during adolescence or adulthood. FHC faced a homogeneous and long-lasting trauma during childhood, and due to their old age, the probability that they were exposed to additional traumas during adulthood is quite high.

We recruited voluntary participants in Belgium through an announcement in the Belgian Bulletin of the Hidden Children (www.servicesocialjuif.be). All of the participants lived independently in the community and were Jewish, born between 1931 and 1942, who had been hidden during the Nazi occupation in a Catholic Institution, in a Catholic foster family or with their parents under the protection of a Catholic family. We recruited all volunteers who fit the above criteria. The study sample consisted of 65 participants and included 25 women (38.5%) and 40 men (61.5%). The participants' ages ranged from 65 to 80 years old (mean=73.28 and SD=3.74).

FHC were compared with non-Jewish subjects born in Belgium to parents who were also born in Belgium and who had lived in Belgium as children during WWII. Given the consistent association between resilience, male gender and level of education (Bonanno et al., 2007), these two demographic variables were counterbalanced in the two groups. Comparison participants were recruited through the senior citizen department of a borough in Brussels and consisted of 65 participants, including 25 women (38.5%) and 40 men (61.5%). Their ages ranged from 67 to 82 years (mean=74.17 and SD=4.03). All participants provided written informed consent after the procedure had been fully explained to them.

The first author of this paper, administered the questionnaire for each participant under identical conditions and answered their questions. We asked FHC to complete a semi-structured interview that was conducted in 1–1.5 h face-to-face recorded sessions. We inquired about their experiences during WWII and gathered information regarding their lifespan. The interviews also explored specific items regarding the war to evaluate the severity of the trauma endured by FHC, including whether they were hidden with

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