

Integration under Conditions of Ongoing Trauma: Toward a Model of Net Healing Gain

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Abstract

Contemporary trauma theory commonly assumes that the establishment of inner and outer safety constitutes a necessary prerequisite for psychological healing. However, a number of empirical observations suggest that processes of integration and development may also emerge under conditions of persistent adversity. This paper proposes a theoretical model describing how experiences of trauma and chronic adversity may gradually become integrated through processes of representation, symbolization, and meaning-making, supported by regulatory processes and collective integrative practices that foster coherence and regulatory capacity within individuals and communities. Over time, repeated integrative processes may contribute to the formation of what is here termed resilience memory, a culturally and psychologically embedded reservoir of symbolic knowledge, narratives, and practices that shapes how future experiences of adversity are interpreted and integrated. Several empirical phenomena appear consistent with aspects of this framework, including developmental studies of children growing up under war conditions, research on Indigenous cultural continuity and youth suicide, and the immigrant health paradox, which illustrates how the erosion of cultural and social protective structures across generations may lead to declining health outcomes even when material conditions improve. The proposed framework therefore suggests that healing processes may, under certain conditions, continue to develop despite ongoing adversity, and should be understood as a theoretical proposal intended to encourage further empirical investigation into the mechanisms through which integration and development may unfold under such conditions.

Introduction

Over the past decades, trauma research has significantly advanced the understanding of how severe and chronic adversity affects psychological development. A central assumption within many contemporary approaches to trauma therapy is that the establishment of inner and outer safety constitutes a necessary prerequisite for processes of trauma integration. Therapeutic models commonly emphasize stabilization and the reduction of ongoing threat before deeper trauma processing can occur (Herman, 1992; van der Kolk, 2014; van der Hart, Nijenhuis, & Steele, 2006). These perspectives reflect robust empirical findings demonstrating the harmful effects of chronic stress and repeated re-traumatization on psychological functioning. However, many individuals and communities worldwide live under conditions in which such safety cannot be fully established. Situations of war, structural violence, poverty, cultural disruption, or prolonged social marginalization often expose individuals to persistent adversity. These realities raise an important theoretical question: how can processes of psychological integration and development occur when traumatic conditions persist rather than resolve?

Empirical observations from several fields suggest that the relationship between adversity and psychological development may be more complex than a strictly linear trauma–damage model implies. In this paper, the term adversity refers to conditions involving significant and often traumatic stressors, including war exposure, structural violence, cultural disruption and chronic social marginalization. Longitudinal studies of children exposed to war and chronic stress, for example, have documented that developmental trajectories may continue despite persistent adversity, with some individuals showing increasing psychological organization over time. Research on Indigenous communities has further demonstrated that collective cultural structures—such as shared narratives, institutional continuity, and symbolic practices—can play a crucial role in maintaining identity coherence across generations even under conditions of severe historical and ongoing trauma. Similarly, the well-documented

Immigrant Health Paradox describes the counterintuitive observation that first-generation immigrants often show relatively favorable mental and physical health outcomes despite significant socioeconomic stressors. However, these advantages frequently decline in subsequent generations, a pattern commonly attributed to processes of acculturation and the erosion of social and cultural protective factors. Together, these findings suggest that psychological and cultural integration processes may play a central role in shaping health trajectories under conditions of adversity. The present paper refers to this dynamic as net healing gain under conditions of ongoing trauma. The term describes situations in which processes of psychological integration, coherence formation, and regulatory reorganization gradually expand over time despite the continued presence of adverse conditions.

While these findings are usually interpreted within frameworks of resilience or protective factors, they also raise a broader theoretical possibility: that processes of integration and cultural organization may continue to develop even in contexts of ongoing adversity. Despite these observations, theoretical accounts rarely describe the mechanisms through which integrative capacities might expand under conditions of persistent adversity. Existing frameworks often conceptualize resilience primarily as the presence of protective factors that buffer individuals from the negative effects of stress. While this perspective has generated important insights into how individuals maintain or regain psychological functioning under conditions of adversity (Masten, 2001), it has focused primarily on adaptive stability or recovery. Less attention has been given to situations in which processes of psychological integration themselves appear to continue developing despite ongoing exposure to adversity. Rather than conceptualizing resilience primarily as protection against the damaging effects of adversity, the present model proposes that processes involved in psychological integration of adverse events may lead to increasing coherence and regulatory reorganization even under conditions of ongoing adversity. Within this framework, cultural narratives, collective integration practices, and relational regulation can support the

accumulation of integrative experience over time, contributing to what is termed here a net healing gain under conditions of ongoing trauma. The proposed framework conceptualizes integration as a dynamic process involving several interrelated mechanisms.

Experiences of adversity may become progressively integrated through representation, symbolization, and meaning, resulting in the development of regulatory capacities and increasing coherence within relational and cultural contexts. Over time, these processes can contribute to the consolidation of what may be described as a form of resilience memory—a culturally and psychologically embedded accumulation of integrative experiences, narratives, and practices that support adaptive responses to adversity. Importantly, such processes are not limited to individual psychological functioning but may unfold across collective and generational levels through shared rituals, cultural narratives, and community-based practices. From this perspective, healing is not solely dependent on the complete removal of adverse conditions but may emerge gradually through ongoing processes of integration within them.

Theoretical Background

Integration as a Process of Psychological Organization

A central concept underlying the present model is psychological integration. Within psychological and trauma-related literature, integration refers to the gradual organization of emotionally significant experiences into coherent psychological structures that link past, present, and anticipated future. Rather than merely involving the recollection of events, integration describes how experiences become incorporated into stable systems of meaning and regulation within the broader context of the self.

From this perspective, integration can be understood as a multi-level process involving several interconnected psychological mechanisms (Figure 1). First, experiences must become mentally represented, meaning that they become accessible to conscious awareness and psychological organization. Second, these representations may become symbolized, allowing

experiences to be expressed and communicated through language, narrative, artistic expression, ritual, or other culturally mediated symbolic forms. Third, processes of meaning-making enable experiences to be placed within broader interpretive frameworks that connect past, present, and anticipated future. Finally, the affective and physiological responses associated with these experiences may become increasingly regulated, contributing to greater psychological coherence and stability.

In the context of traumatic experience, this integrative process may become disrupted at multiple levels. Traumatic events can overwhelm existing frameworks of meaning, fragment autobiographical memory, and challenge regulatory capacities. As a result, experiences may remain insufficiently integrated. In some cases, experiences may be only weakly represented, persisting primarily as diffuse affective states, bodily sensations, or implicit memory traces. In other cases, experiences may be mentally represented but remain insufficiently symbolized, limiting their integration into narrative and autobiographical memory structures. A central construct relevant to adaptive responses to traumatic experiences is Antonovsky's concept of sense of coherence (SOC). SOC describes a global orientation reflecting the degree to which individuals perceive their internal and external environments as comprehensible, manageable, and meaningful. A meta-analysis including 47 samples (N = 10,883) found a substantial negative association between sense of coherence and PTSD symptom severity, indicating that higher levels of coherence are associated with lower post-traumatic stress symptoms (Schäfer et al., 2019). In the present model, traumatic events are understood as aversive experiences that occur at the level of an individual person, and initially exceed an individual's existing capacity for psychological integration. Accordingly, the immediate psychological processing and integration of traumatic experiences take place primarily at the individual level. However, the Pathways through which such integration unfold, involve both, individual and collective forms of processing and may result in the accumulation of a likewise collective resilience memory.

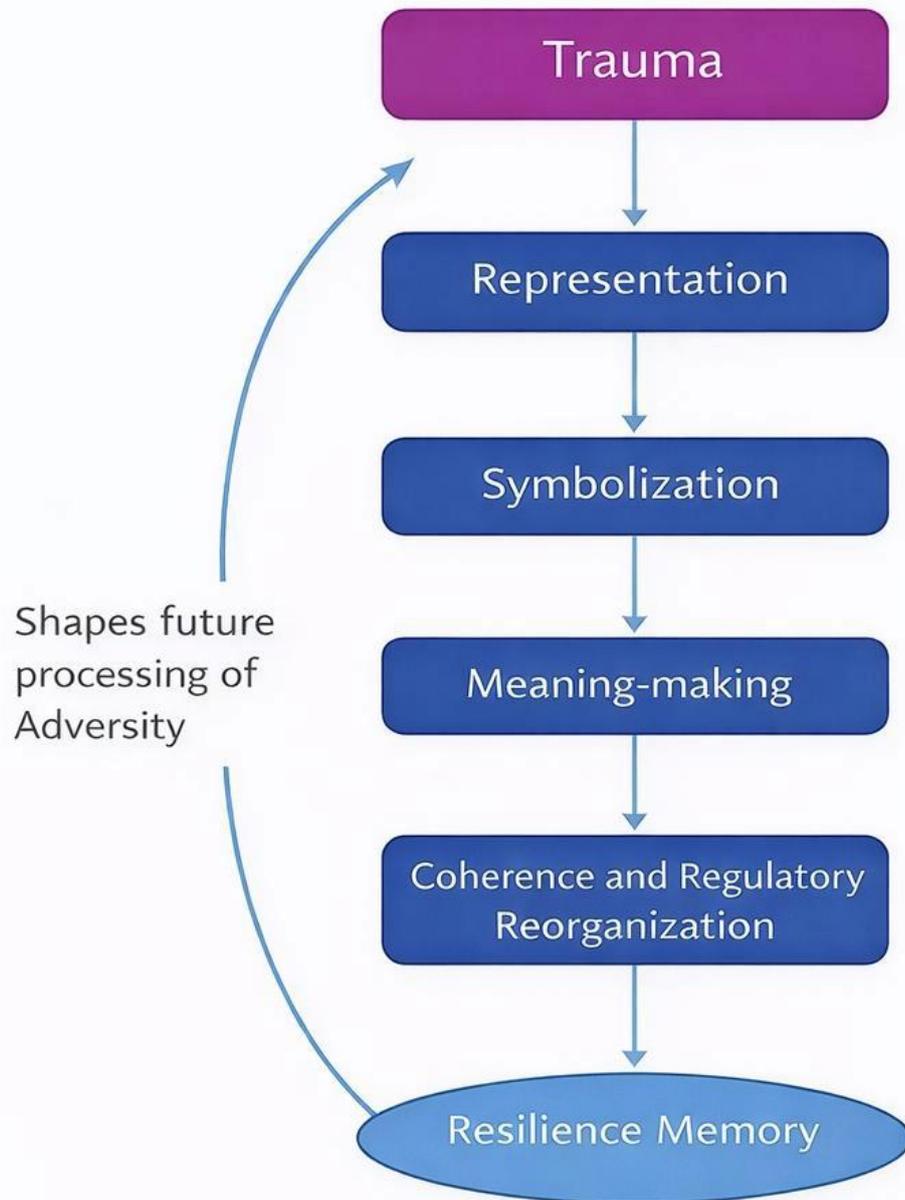


Figure 1

Conceptual model of trauma integration illustrating sequential processes of representation, symbolization, meaning making, and regulatory reorganization leading to the formation of resilience memory

Building on these findings, the present model conceptualizes trauma integration as a gradual process in which representation, symbolization, and meaning-making contribute to increasing coherence and regulatory reorganization over time. Individual meaning-making is strongly shaped by relational and cultural contexts. Individuals rarely interpret experiences in isolation; rather, experiences are organized within shared narratives, symbolic frameworks, and culturally transmitted systems of meaning. Anthropological and sociological research has long emphasized the importance of cultural memory in maintaining continuity of meaning across time. Cultural memory refers to collectively shared systems of narratives, symbols, rituals, and institutional practices through which societies preserve and transmit interpretations of historical experiences (Assmann, 2011).

These cultural structures can provide symbolic resources through which individuals and communities organize experiences of suffering, loss, and adversity. Through rituals, commemorative practices, artistic expression, and collective storytelling, difficult experiences may become symbolically integrated rather than remaining psychologically or socially fragmented. In this sense, integration can unfold not only within individuals but also within cultural and social systems that shape how experiences are symbolized and interpreted. Research on community resilience further highlights the importance of social and cultural structures in shaping responses to adversity. Community resilience frameworks emphasize that adaptive responses to crises are often supported by shared social resources, collective narratives, and institutional continuity that enable communities to maintain coherence and meaning in the face of disruption (Norris et al., 2008; Ungar, 2011). Similarly, sociological approaches to collective trauma describe processes of cultural repair, through which societies symbolically process traumatic events in order to restore social cohesion and interpretive continuity (Alexander, 2012).

Building on these perspectives, the present paper introduces the concept of resilience memory. Resilience memory refers to the accumulation of culturally and psychologically embedded

experiences of successful integration, meaning-making, and adaptive response to adversity. Rather than representing a static set of protective factors, resilience memory reflects the gradual consolidation of symbolic practices, narratives, and interpretive frameworks that support the organization of experience over time.

Importantly, resilience memory is not limited to explicit historical knowledge. It may also be embedded in ritual practices, moral narratives, artistic traditions, and culturally transmitted ways of responding to adversity. Such structures can function as reservoirs of integrative knowledge that shape how individuals and communities interpret and respond to new experiences of adversity.

From this perspective, integrative capacities may not only develop within individuals but may also accumulate within cultural systems across time. Cultural narratives, rituals, and collective practices can support the transmission of symbolic frameworks that enable individuals of subsequent generations to interpret and integrate experiences of adversity. These dynamics suggest that integrative capacities may develop cumulatively within cultural systems, providing a foundation for understanding how processes of psychological organization may continue to evolve even under conditions of persistent adversity.

The Net Healing Gain Model

The theoretical considerations outlined above suggest that processes of psychological integration may unfold not only within individuals but are also shaped by cultural structures and resources. Building on these insights, the present paper proposes a conceptual framework describing how integrative capacities may gradually expand even under conditions of persistent adversity. This process is referred to as net healing gain under conditions of ongoing trauma.

In contrast to models that primarily conceptualize resilience as protection against the harmful effects of adversity, the present framework focuses on the developmental dynamics of

integration itself. The central assumption is that processes of representation, symbolization, meaning-making, and regulation can continue to evolve even when adverse conditions remain present. Rather than requiring the complete removal of adversity as a prerequisite for psychological development, integration may emerge gradually through ongoing processes of interpretation, symbolic expression, and relational regulation.

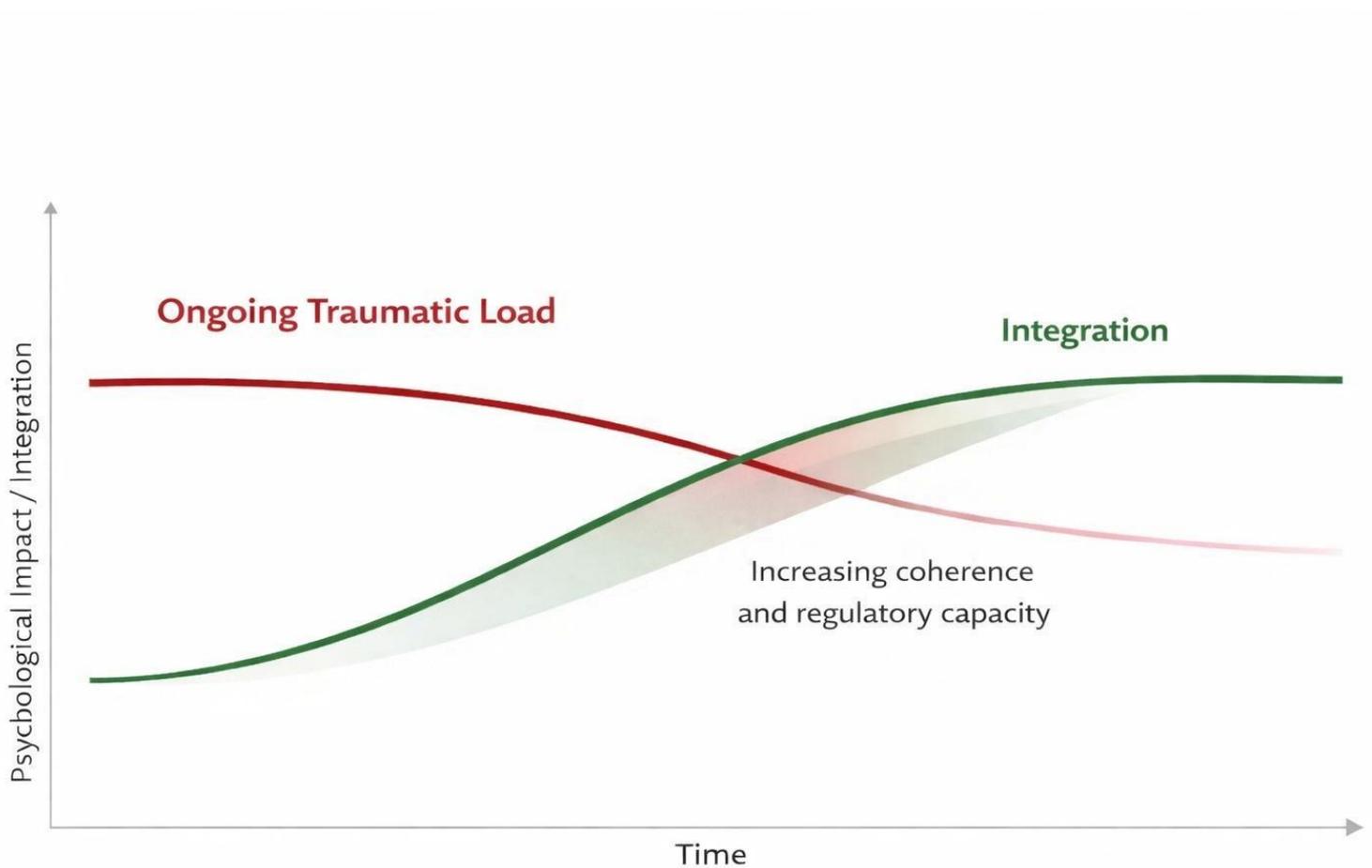


Figure 2

Conceptual model of integrative development under persistent adversity illustrating the dynamic relationship between ongoing traumatic load and increasing integrative capacity.

Within this framework, experiences of adversity initially enter the psychological system in the form of affective and sensory states. Through processes of representation and symbolization, these experiences may gradually become accessible to narrative, symbolic, or culturally mediated forms of expression. As experiences become increasingly symbolized, they may be organized within broader frameworks of meaning that connect personal experience with collective narratives and cultural interpretations. As illustrated in Figure 2, these integrative processes may gradually increase coherence and regulatory capacity, which may in turn contribute to a gradual reduction of traumatic load itself, for example by decreasing the likelihood of repeated re-traumatization. At the same time, successful processes of integration may become embedded within shared narratives, rituals, and social practices, contributing to the accumulation of resilience memory within cultural systems.

From this perspective, resilience memory functions as a cumulative repository of integrative knowledge. It contains symbolic interpretations, cultural narratives, and practical forms of responding to adversity that have emerged through previous processes of meaning-making and adaptation. When new experiences of adversity occur, these cultural and psychological structures can shape how such experiences are interpreted and integrated.

Importantly, this dynamic introduces a feedback process between experience and interpretation. As resilience memory accumulates over time, it may influence how subsequent experiences of adversity are represented, symbolized, and interpreted. In this way, cultural systems may gradually develop increasing integrative capacities that shape collective responses to adversity across generations.

This perspective allows for the possibility that, under certain conditions, processes of integration may expand over time even when adverse conditions persist. The concept of net healing gain therefore refers to a developmental trajectory in which integrative capacities increase despite ongoing exposure to adversity. Rather than implying the absence of suffering

or distress, this concept describes situations in which psychological and cultural processes of organization gradually strengthen over time.

Such dynamics may be particularly visible in contexts of collective adversity, where cultural narratives, rituals, and community practices provide symbolic frameworks that support processes of meaning-making and emotional regulation. These structures can contribute to the preservation and transmission of integrative capacities across generations, allowing communities to maintain coherence even under conditions of prolonged stress.

Empirical Indications

Although the model proposed in this paper is primarily theoretical, several empirical observations from different research domains suggest that processes of psychological organization and development may occur even under conditions of persistent adversity. These observations do not constitute direct empirical confirmation of the present framework. However, they indicate that the relationship between adversity and psychological development may be more complex than a strictly linear model of trauma-induced deterioration would imply.

One relevant body of research concerns longitudinal studies of children growing up under conditions of war and chronic stress. Several investigations have documented that developmental trajectories may continue despite ongoing exposure to severe adversity. Children exposed to armed conflict, displacement, and prolonged instability have been shown in some cases to maintain developmental progress across multiple domains, even when external conditions remain highly challenging. Within developmental psychology, such findings are often interpreted within the framework of resilience research. Masten (2001), for example, has described resilience as the operation of “ordinary adaptive systems” that allow development to proceed despite exposure to significant adversity. From this perspective,

protective relational, cognitive, and social systems may buffer individuals from the most severe developmental disruptions.

While resilience frameworks provide an important explanation for adaptive functioning and partly normal development (“ordinary magic“) under adversity, they do not necessarily specify the mechanisms through which experiences of adversity become symbolically organized and integrated into coherent systems of meaning. In other words, resilience research often describes the conditions under which development can continue, but less frequently addresses how processes of integration themselves may evolve under persistent adversity.

Research on cultural continuity within Indigenous communities provides important insights into this question. In a widely cited study, Chandler and Lalonde (1998) examined youth suicide rates across Indigenous communities in British Columbia and found striking variation between communities exposed to broadly similar historical and socioeconomic conditions. Communities that maintained higher levels of cultural continuity—including self-governance, preservation of language, cultural institutions, and community-controlled education—showed dramatically lower suicide rates among youth. Chandler and Lalonde interpreted these findings as evidence that structures supporting continuity of collective identity may play a critical role in maintaining psychological coherence. These results suggest that culturally embedded systems of meaning, narrative continuity, and institutional stability may function as mechanisms supporting integrative processes even within contexts marked by historical trauma and ongoing structural adversity.

A third relevant empirical phenomenon is the well-documented Immigrant Health Paradox. Numerous studies have shown that first-generation immigrants often display relatively favorable physical and mental health outcomes despite significant socioeconomic challenges, migration-related stressors, and exposure to social disadvantage. Interestingly, these advantages frequently decline in subsequent generations, a pattern commonly attributed

to processes of acculturation and the erosion of social and cultural protective factors. From the perspective proposed in this paper, this pattern may represent an inverse dynamic of the mechanisms described in the net healing gain model: Figure 3 illustrates this inverse dynamic. The accumulation of cultural coherence and integrative structures may support psychological organization under adversity, their erosion may contribute to declining health trajectories across generations.

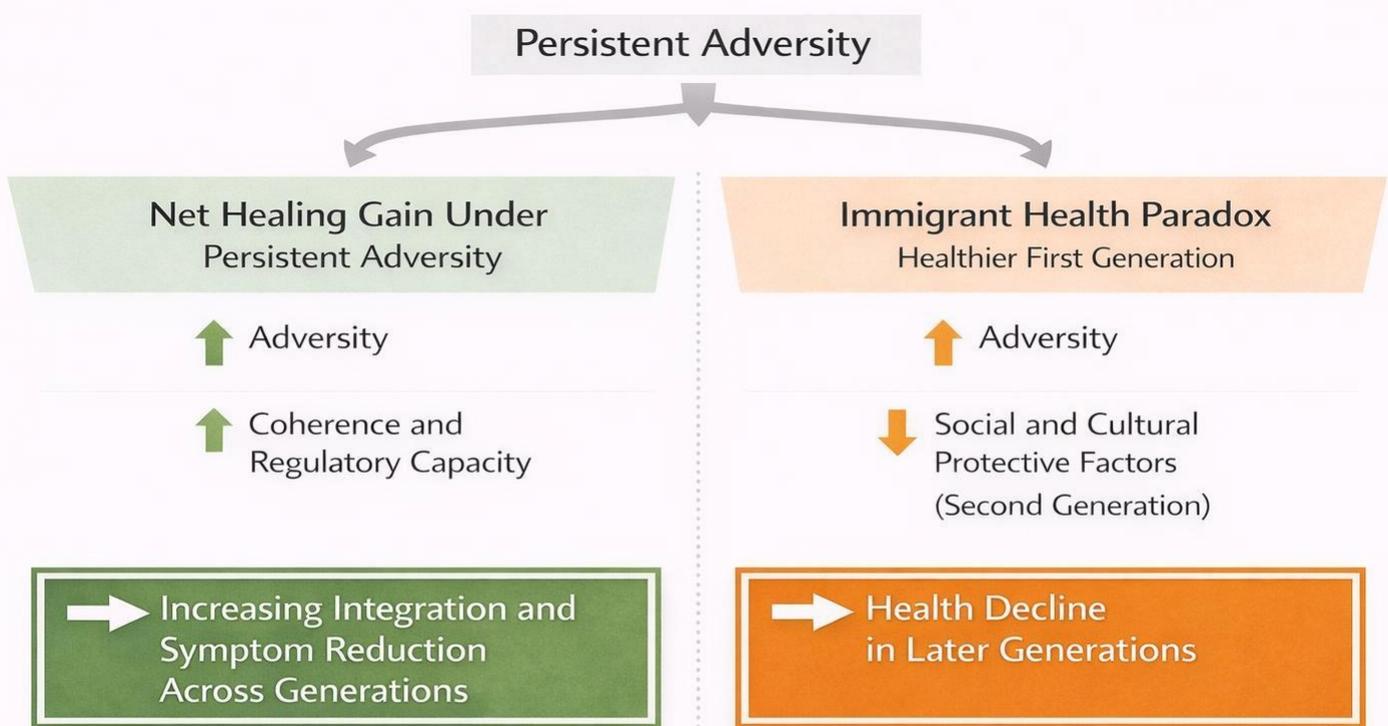


Figure 3

Conceptual contrast between net healing gain under persistent adversity and the immigrant health paradox across generations.

Taken together, these empirical observations suggest that processes of development, integration, and psychological organization may continue to evolve even in contexts where

adversity persists. While these findings arise from distinct research traditions and address different phenomena, they converge in indicating that adaptive processes may unfold through mechanisms that involve symbolic organization, cultural meaning-making, and the maintenance of coherent interpretive frameworks over time.

Implications for Trauma Theory and Clinical Practice

The theoretical framework proposed in this paper has several implications for both trauma theory and clinical practice. Much of contemporary trauma treatment is based on the assumption that the establishment of inner and outer safety constitutes a necessary prerequisite for processes of psychological integration. Stabilization and protection from ongoing threat are therefore commonly regarded as essential conditions for therapeutic work with trauma survivors. This perspective reflects well-established findings regarding the detrimental effects of chronic stress and repeated re-traumatization.

However, the observations discussed in this paper suggest that processes of integration may not be entirely dependent on the complete removal of adverse conditions. In many real-world contexts, individuals and communities continue to face persistent adversity that cannot be immediately resolved. Situations involving structural violence, chronic social marginalization, poverty, or ongoing conflict often provide limited opportunities for establishing stable external safety. In such contexts, the question of how integration may nevertheless emerge becomes particularly relevant.

From the perspective of the net healing gain model, therapeutic work may focus not only on the reduction of external stressors but also on the facilitation of integrative processes within ongoing conditions of adversity. This perspective emphasizes the potential role of symbolic expression, meaning-making, relational regulation, and culturally embedded practices in supporting psychological organization. Rather than assuming that integration must be postponed until adversity has fully subsided, therapeutic approaches may seek to

support processes of representation, symbolization, and interpretation even within imperfect or unstable environments.

This perspective may be particularly relevant in fields such as addiction treatment, where individuals frequently continue to experience challenging social conditions even during recovery. In such contexts, behaviors that appear maladaptive at first glance may sometimes represent attempts to establish alternative forms of regulation or meaning. Recognizing these behaviors as potential efforts toward psychological organization may shift the therapeutic focus from correction toward the facilitation of emerging integrative processes.

At the same time, this perspective may carry an important psychological implication for both patients and clinicians. If processes of integration are understood as potentially emerging even under imperfect or ongoing adverse conditions, therapeutic work no longer depends entirely on the prior establishment of ideal external circumstances. Such a perspective may reduce the sense of therapeutic stagnation that can arise when external conditions cannot be rapidly changed. For patients, this view may support a more hopeful understanding of their own developmental capacities. For clinicians, it may encourage a therapeutic stance that focuses on recognizing and supporting emerging integrative processes rather than waiting for complete stabilization before meaningful development can occur. Importantly, the present model does not imply that exposure to adversity is beneficial or desirable. Rather, it suggests that processes of integration may, under certain conditions, continue to develop despite ongoing adversity. From this perspective, therapeutic work may involve supporting the symbolic, relational, and cultural processes through which individuals and communities organize and reinterpret difficult experiences.

Conclusion

The present paper proposed a theoretical model describing how processes of psychological integration may continue to develop under conditions of persistent adversity.

While much of trauma theory has emphasized the necessity of establishing safety as a prerequisite for healing, the observations discussed here suggest that integrative processes may also emerge in contexts where adverse conditions remain partially unresolved. Empirical findings linking higher levels of sense of coherence to lower post-traumatic stress symptoms further support the central assumption of the present model that increasing coherence and regulatory capacity constitutes a key mechanism of trauma integration.

The proposed model conceptualizes integration as a multi-step process involving representation, symbolization, and meaning-making, supported by processes of regulation and embedded within relational and cultural contexts. Over time, repeated integrative processes may contribute to the formation of what is here described as resilience memory—a culturally and psychologically embedded reservoir of symbolic knowledge, narratives, practices, and regulatory strategies that can influence how future experiences of adversity are interpreted and integrated.

Several empirical phenomena appear consistent with aspects of this framework. Developmental studies of children growing up in war contexts indicate that adaptive development can occur despite prolonged exposure to stress. Research on Indigenous cultural continuity suggests that the presence of cultural narratives, institutions, and practices supporting identity coherence is associated with markedly improved mental health outcomes. In a different but complementary way, the immigrant health paradox demonstrates that the erosion of cultural and social protective structures across generations can lead to worsening health outcomes even in environments where material conditions improve.

Taken together, these observations suggest that processes of psychological integration may continue to develop even under conditions of persistent adversity. Rather than assuming that healing can occur after the complete removal of traumatic stressors, the proposed framework highlights the potential role of symbolic, relational and cultural processes in facilitating ongoing integration.

The present model should therefore be understood as a theoretical proposal rather than a definitive empirical explanation that aims to encourage further empirical investigation into the mechanisms through which integration and development may emerge under conditions of persistent adversity.

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