Intergenerational transmission of trauma

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Topics

- Current theoretical approaches, research of trauma and its impact on families across generations
- Epigenetic findings in the field of trauma
- Clinical implications working systemically with PTSD, depression and other anxiety disorders including the multi-generational experiences which transferred trauma and resilience
Current approaches in trauma theory

- Concept that trauma creates a wordless fear which makes the person “freeze” dividing or destroying identity.

- “A traumatic event disrupts attachments between self and others by challenging assumptions about moral laws and social relationships that are connected to specific environments. The primacy of place in the representations of trauma anchors the individual experience within a larger cultural context, and organizes the memory and meaning of trauma” (Balaev; 2008)
• Wide consensus among theorists on the definition of trauma, and a strong debate about specific aspects of trauma in relation to memory.

• Everyone seems to agree that a traumatic event “overwhelms the ordinary human adaptations to life…traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death” (Herman 1992).

• A neurologically based definition: a traumatic event produces an excess of excitation in the brain, which is not able to fully assimilate or “process” the event, and responds through psychological numbing, or shutting down of normal emotional responses.
• In situations of extreme stress, a dissociation takes place: the subject “splits” off part of itself from the experience.

• Humans have forgotten how to naturally reset from the frozen state to the flow of life. Without help we often don't fully return from the trauma. We continue our lives but part of our energy stays tied up in the nervous system where these unresolved energies create symptoms such as anxiety, depression, confusion and stress. (Ulsamer, 2003)
• Judith Herman as well as Bessel van der Kolk, believe firmly in the theory of dissociation, which is related to (though not identical with) the concept of repressed memory, or traumatic amnesia.

• The more horrific and prolonged the trauma, the more the subject has a tendency to dissociate and therefore have no conscious memory of the traumatic event. Only by finally remembering the repressed trauma can the patient move on to recovery, “mastery” and healing.
Continuous Traumatic Stress Disorder (CTSD) was introduced into the trauma literature by Gill Straker (1987). It was originally used by South African clinicians to describe the effects of exposure to frequent, high levels of violence usually associated with civil conflict and political repression. Impact on families.
Psychoanalysis

- Freud: Trauma conflict Eros/Thanatos. Human tendency towards destruction, sometimes self-destruction. Pathology transcending and telescoping the generations, 1923. Traumatic events, compulsion to repetition is an effort to accept the fact of death. Realistic, moral and neurotic anxieties.

Denial, repression as a defence mechanisms

Pierre Janet (1929) neurotic mechanism. Catastrophic thoughts “separated life” fixed/frozen, not influenced by superior functions. Expression: body, fantasies, affect.

- Lacan: "The Real" had a traumatic quality external to symbolization
Psychoanalysis was used to explore the effects of the annihilation of culture and how this leads to a loss of identification with a collective subjectivity and triggers catastrophic symptoms including loss of collective hope, the rise of addictive and self-destructive behaviours, and the intergenerational transmission of trauma among Indigenous Australian communities.

Proposes restorative educational interventions for young Indigenous children to engage them with ancestral memory, cultural narratives, and a sense of purpose so that healing from historically transmitted trauma may be initiated and a grounded sense of subjectivity restored.
Psychotherapy Treatments

- Evidence based with more control studies:
  - EMDR
  - CBT: Prolonged Exposure and Cognitive Processing Therapy
  - Narrative Exposure Therapy (NET) emotional exposure to the memories of traumatic events and the reorganisation of these memories into a coherent chronological narrative. Working through the biography integration and understanding of schemas.

Others: ACT, Gestalt Therapy and Art Therapy for individuals and traumatised families
Psychotherapy Treatments

- Somatic Experiencing: Peter Levine's body oriented trauma work
- Dance/Movement Therapy. Use of movement to further the emotional, cognitive, physical and social integration
- EFT (Emotionally focused therapy) and EFFT to repair, instigate, and restore attachment bonds between the family members for trauma survivors.
- Neurofeedback: evidence of neuroplastic changes occurring after brainwave training, teaches brain self-regulation
- Brain spotting (Grand 2003) Trauma is “stored” in the body and can alter the way the brain works. A brainspot is an eye position that tends to activate a traumatic memory or painful emotion. Works primarily on the limbic system.
“Personal trauma work its one wing of the bird. In order to fly we need the second wing…” Berthold Ulsamer, 2003

The DSM definition excludes transgenerational trauma, or trauma that is passed down from one generation to another (Dass-Brailsford, 2007). This type of trauma occurs without direct traumatic stimulus but is instead transmitted from a parent who has experienced a traumatic event (Davidson & Mellor, 2001; Nagata, 1990). Transgenerational trauma is often overlooked by clinicians (Burstow, 2003; Danieli, 1998; Kira, 2001).
• Family System Theory. Systemic approaches for understanding the interdependence of individuals and their families assume that relational patterns are learned and passed down across generations (Bowen, 1978; Kerr & Bowen, 1988).

Family consequences of refugee trauma

- Changes in family roles and obligations, parents depending on children, less family time, challenges to patriarchalism
- Family memories bring pain and adults want to forget, children don’t talk about the past, fear of burdening others
- FAMCORT. Family consequences of Refugee Trauma work. Family as the focal point (Weine; et al; 2004)
Epigenetics Findings

- Reduced cortisol levels in adult children of Holocaust survivors were attributed to living with a parent who was depressed or anxious. Vicarious traumatisation rather than “transmitted”

- Studies published after September 11, 2001 found pregnant women passed markers of PTSD to their unborn babies through transgenerational transmission (Yehuda, 2005) including uterus effect in the 3rd trimester and cortisol programming.
Biological impact of violence and abuse

- Excess reactivity of neural and endocrine systems increase individual vulnerability to stress related disease.
- Exposure to stress during critical developmental periods result in hyper reactivity and physiological responses to stress.
- Genetically susceptible individuals are at increased risks of stress related disease (Gretchen et al., 2010).
Intergenerational Mental Illness

- Debate which mental health illnesses create a genetic predisposition (Pettit, 2008) and about varying inherent resilient factors as not all children are affected by parental mental illnesses to the same extent (Fraser & Pakenham, 2009)

- Children do not have the skills, knowledge to adopt functional parenting practices and may repeat the cycles of intergenerational disadvantage unless they are supported by services (Boursnell, 2011)
Maternal Stress

Quality of prenatal and postnatal environments influence infant brain developments (Buss, Entringer, Swanson and Wadhwa; 2012)

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<tr>
<th>Prenatal perturbations</th>
<th>Alterations in the Brain</th>
<th>Developmental Disorders Psychopathology</th>
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<tr>
<td>Maternal Stress</td>
<td>Size and shape of grey matter (e.g. hippocampus, amygdala)</td>
<td>Autism</td>
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<td>Maternal Nutrition</td>
<td>Cortical thickness</td>
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<td>Exogenous glucocorticoids</td>
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<td>Infections</td>
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<td>Drug exposure</td>
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This documentary explores what may be a breakthrough theory of how environment can affect genetic expression and do so WITHOUT altering the fundamental DNA of the affected specimen. According to epigenetic theory, chemical "tags" attach to genetic (DNA) segments, effectively inactivating or modifying their protein production. According to preliminary research and statistical analysis of historical Scandinavian death certificates and preliminary laboratory experiments using animals, these "chemical tags" appear to be produced by environmental factors and are generationally transmittable. Presents data supporting the correlation between environmental factors and genetic responses (deficiencies mainly) and also offers the concept of "chemical tags" as the agents that effect the environmental influence.
Prevalent Models of Trauma Transmission
(Kellerman, 2002)

- Biological predisposition: genetic, hereditary vulnerability to PTSD
- Psychodynamic: Interpersonal relations. Individual developmental history, unconscious displaced emotion
- Family systems: communication, enmeshment
- Sociocultural: socialisation, parenting and modelling.
Clinical Implications

- Risks due to failure to diagnose trauma
- Use of genograms incorporating more information on previous generations and sociocultural context
- Post Traumatic Growth (Zoellner, 2006)
- Resilience
- Integrative approach
Working with incest survivors genograms were a powerful tool for examining multigenerational dynamics and relationships. Many women commented that they developed further understanding and appreciation of their own lives and personal strengths from viewing themselves in a larger system. For clients whose lives have been fragmented and disconnected, there seems to be utility in the use of genograms in the process of learning from and owning one's history. (Armstrong et al., 1999)
The transgenerational trauma and resilience genogram (Goodman, 2013)

- Examines trauma across generations, attends to ecosystemic concerns, and adheres to a strengths-based perspective.
- Highlights patterns of family functioning, such as enmeshment between family members or substance abuse. The genogram has been adapted including trauma patterns within families (Jordan, 2004).
* Is there a family history of trauma?

* What were some of the traumatic symptoms your parents exhibited?

* Have you experienced any similar symptoms?

* Do you have any children? If so, have you observed any of those symptoms among your children?

* How did your parents respond to their traumatic symptoms?

* Were your parents ever treated for their symptoms?

* Can you tell me how your parents were able to recover from the previous trauma?

* What resources were available to them?

* What coping skills did you learn from your parents?
- Relationship symbols should be used to illustrate closeness, distance, and conflict between family members resulting from natural and/or human-made traumatic events.

- Relationship lines are two-directional and can be classified as:
  - healthy relationships
  - estranged or cut-off relationships
  - enmeshed relationships
  - diffused relationships
  - conflictual relationships
Construction of the Color-Coded Timeline Trauma Genogram (Jordan, 2004)

The CCTTG: assessment tool for the systems therapist, and for clients. Helps them gain insight into their own trauma history and trauma event experienced across multiple generations.

CCTTG: insight into the effects that traumatic events have already had, on the family structure, function, and relational patterns, strengths, and vulnerabilities.

CCTTG assessment tool for predisposing factors, resources, and history of family members who have experienced one or more traumatic events contributing to the development of PTSD.
Resilience theory

Individuals and families experience a dynamic process whereby they face challenges and also develop coping mechanisms that allow them to overcome these challenges (Walsh, 2002). Despite significant risk, resources from the individual, family, and community all contribute to the ability to overcome such obstacles (Echterling, Presbury & McKee, 2005).