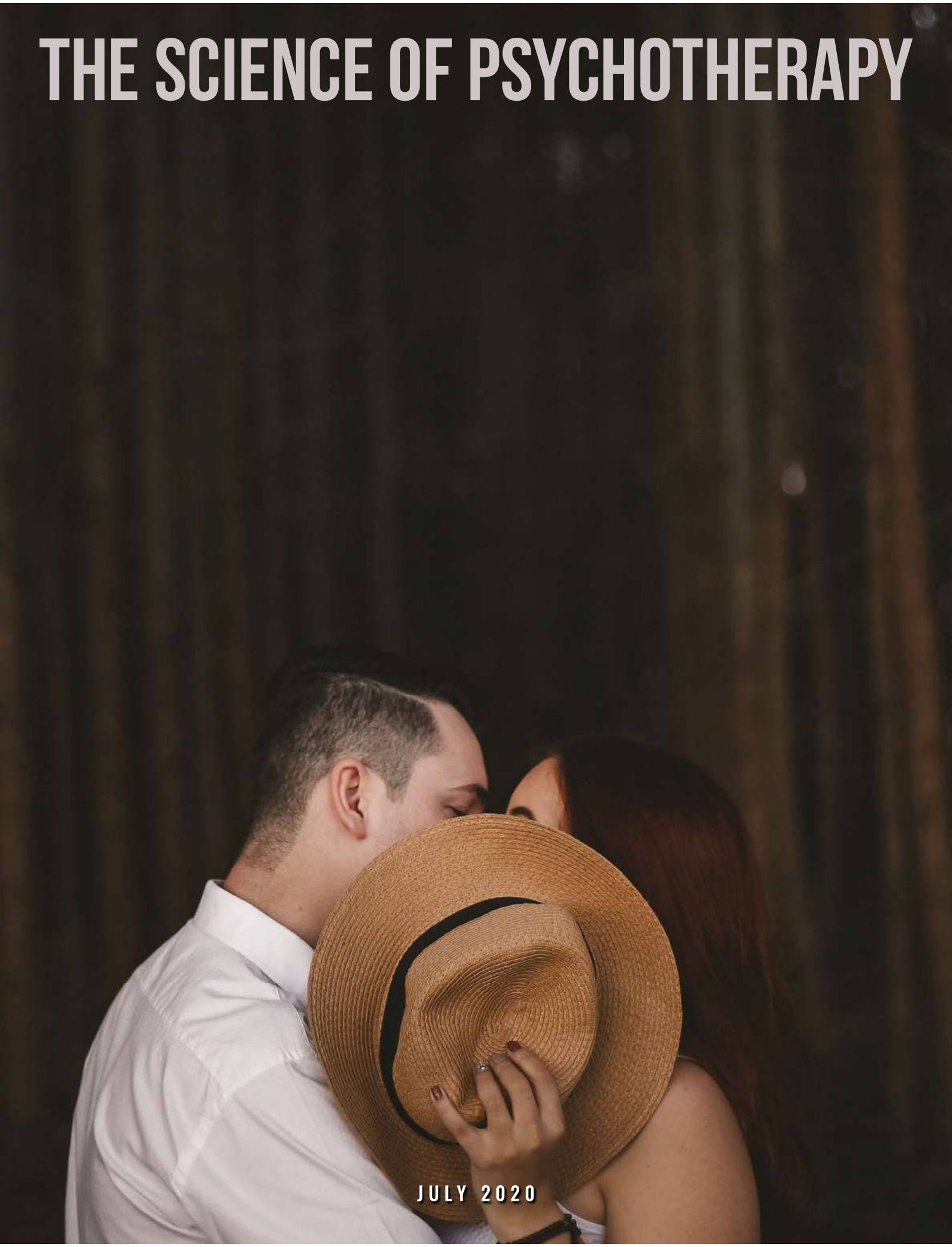
THE SCIENCE OF PSYCHOTHERAPY

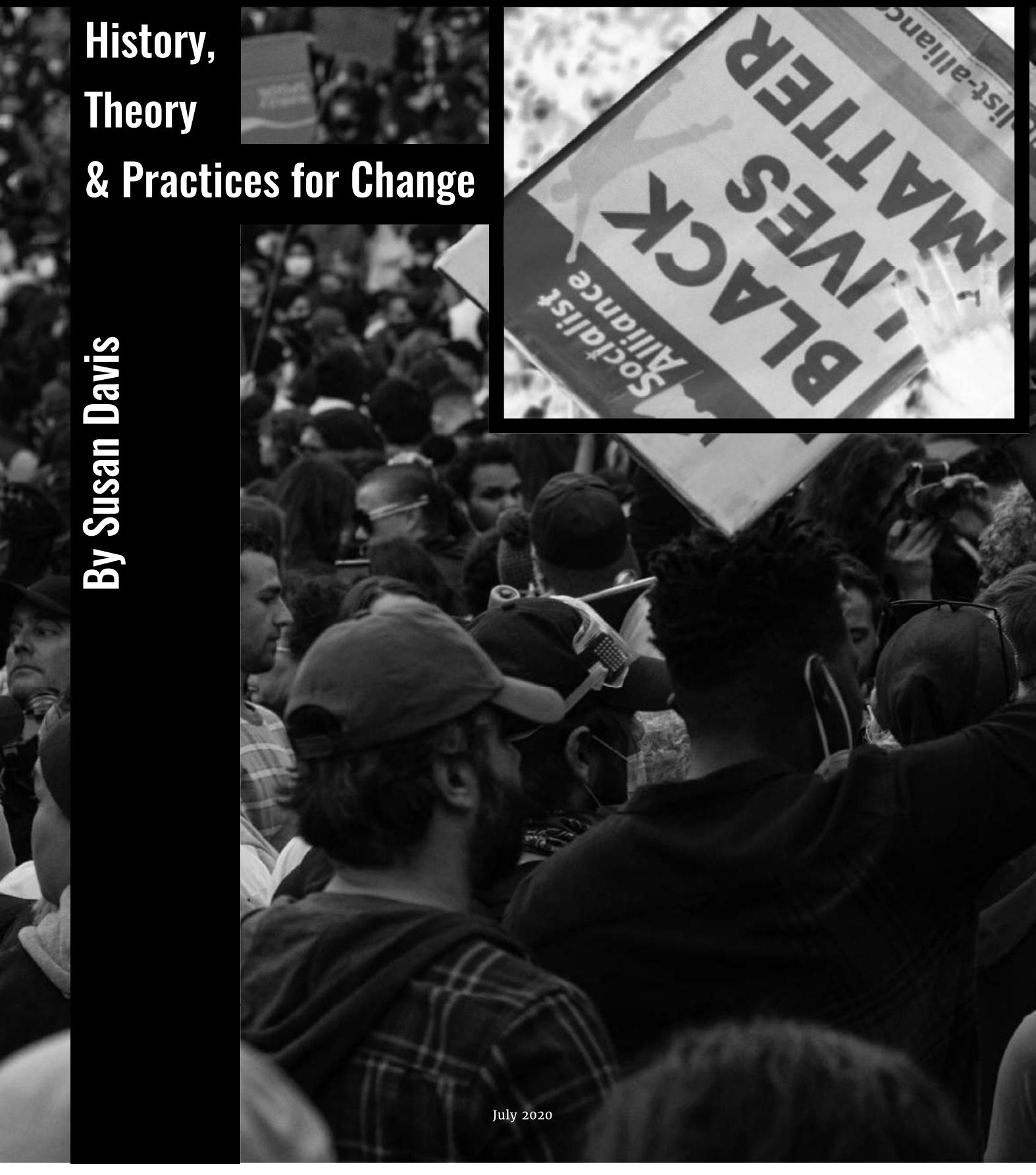


JULY 2020

CONTENTS

INTERGENERATIONAL TRAUMA:

History, Theory & Practices for Change



By Susan Davis

LAST WORD

Life-span theories of development provide a framework for thinking that there is learning from the older to younger generation: "*...the systematic transfer of knowledge, skills, competences, norms and values, between generations... (is) as old as mankind*" (Hoff, 2007, p126).

Jean Piaget's cognitive theory and Albert Bandura's social cognitive theory show there is social transmission in children's development. Family genograms and social histories demonstrate patterns of family intergenerational transference that has both dysfunctions and benefits (McMillin & Rideout, 1996; Brownlee et al 2010). The impacts of trauma across populations and cultures include survivors of abuse, armed conflict and genocide. When these people become the older generation, they are prone to generate negative transmission of trauma to the younger generation.

Erik Erikson believed that infants need care from the primary caregiver that is consistent, dependable, and reliable to have trusting and secure relationships later on in life. Erikson's model is widely known for the concept of vertical, individual development, but he also shows a horizontal, intergenerational, dynamic system (Erikson, Erikson & Kivnick, 1986). In the horizontal model, the individual is challenged by the influence of others and engagement in the others life cycle. In middle adulthood there is a transference of customs, rituals, and legends, so Erikson felt that development is impacted by reciprocal relations between generations.

Intergenerational transference is highlighted by Bowlby (1969/1982) in relation to the quality of attachments with primary caregivers, which is crucial to how the child develops successful relationships later in life. Bowlby (1969) states that attachment is a "lasting psycholog-

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Editor's note:

The following essay was recently prepared as part of Susan Davis' studies for a Master of Mental Health Nursing. The topic and the content are so pertinent to what is happening around the globe right now. There is a lot of political and social commentary on the issue of social equality and the current focus is being expressed in the "Black Lives Matter" movement and subsequent protests. It is also important to "educate ourselves" as Jane Elliot (designer of the "blue-eye/brown eye experiments) advises and this essay does exactly that in the context of intergenerational impacts with particular focus on Australian Aboriginal peoples. Ms Davis is aware that this essay is not definitive nor thorough, but an exploration of this issue in the context of the course requirement. I ask us all to take note of the issue and also the ways in which the issue is being addressed from the mental health perspective. I hope this stimulates your thinking and your desire to research the topic more. As Editor, I have assigned this as the Last Word, but it is intended to be more like a First Word. How will we continue and expand the task of educating ourselves on this and the many other elements of social inequality that persist today?

ical connectedness between human beings" (Bowlby 1969/1982 p194). When that child becomes a parent/carer, transference can extend to a third generation. It is notable that there can also be positive transmission, as demonstrated by refugee families that have developed resilience and growth, exhibiting the protective factors and strengths of post-traumatic growth (Sangalong & Vang 2016).

Menzies (2019) tells us that trauma is a "*major emotional and psychological event that affect a person's sense of security, vulnerability and helplessness in the world*" (p 2). The trauma and any resulting post-traumatic stress disorder (PTSD) often extend beyond the individual, affecting families intergenerationally and transgenerationally. Long term transmission effects the psychosocial and physical health of many generations (Herman, 1992; Dekel & Goldblatt, 2008). Patterns such as alcohol and drug abuse, depression, psychological disorders, risk-taking behaviours, sexual abuse, teen pregnancy, physical abuse, divorce, and severe poverty can persist from one generation to another (McMillin & Rideout 1996; Sangalong & Vang, 2016: Menzies, 2019). There are numerous, well-documented cases of the following generations of survivors of the Nazi Holocaust suffering PTSD exhibit negative psychological symptoms (Herman, 1992; Menzies 2019).

Dekel & Goldblatt (2008) asked two questions when researching intergenerational trauma:

1. What is transmitted?

2. What are the transmission mechanisms?

These questions offer a valuable focus. They can be applied to the plight of Aboriginal and Torres Strait Islanders (ATSI) to clarify their problems and how the transmission cycle is being addressed.

Trauma in ATSI History.

Since the arrival of white people in Australia in 1788, Aboriginal and Torres Strait Islander (ATSI) peoples were exposed to an environment unnatural to their 70,000 to possibly 120,000 years history. In 1788, there were over 750,000 Aboriginal people organised into over 400 nations and clans (Das el al, 2018). The Aboriginal peoples, of what is now North Sydney, were of many clans, living along the foreshores, fishing and hunting. They were self-sufficient and moved through their country with the seasons. Food was plentiful and they traded with other clans. The peoples had a complex social life that included language, customs, spirituality and a system of law that was connected with the land (Das et al, 2018). By the 1920's only an estimated 60,000 Aboriginal peoples had survived the impact of new diseases (smallpox, syphilis and influenza), massacres, rape, repressive and often brutal treatment, dispossession, and sociocultural disruption and disintegration. In 2016, the estimated Australian population of ATSI was 798,400, about 3.3% of the total population (Das et al, 2018). Over 228 years,

ATSI have experienced displacement, been the targets of genocidal policies and practices, had families destroyed through the forcible removal of children, and continue to face the stresses of living in a world that systematically devalues their culture and people (Read, 2006).

The colonization of Australia led to significant adversities for the ATSI population. Loss of their traditional way of life, land, and resources and high death rates and low birth rates left ATSI peoples as "fringe dwellers' (Das et al, 2018), suffering from poverty and starvation. Aboriginal communities were placed under the control of the States in the Australian constitution of January 1, 1901. In NSW, 1909 a new Aboriginal Protection Act policy, which was soon followed by other states, removed children from their families, ostensibly "for their own good". They were refused the right to speak their language, see family or continue cultural practices. Between 1910-1970s about one in ten Aboriginal children were removed and placed in institutions and adopted or fostered by non-indigenous families.

Question 1: What is transmitted?

Helen Milroy (2014) described the grief and suffering caused by their removal as "Malignant grief" resulting in persistent stress (Dungeon et al, 2014). The "stolen generation" experienced harsh and degrading treatment including abuse, exploitation and racism (Read, 2006). Such experiences profoundly affected health, mental health and social and emotional wellbeing, for individuals, families and communities. There are more than 17,000 Stolen Generation survivors in Australia today.

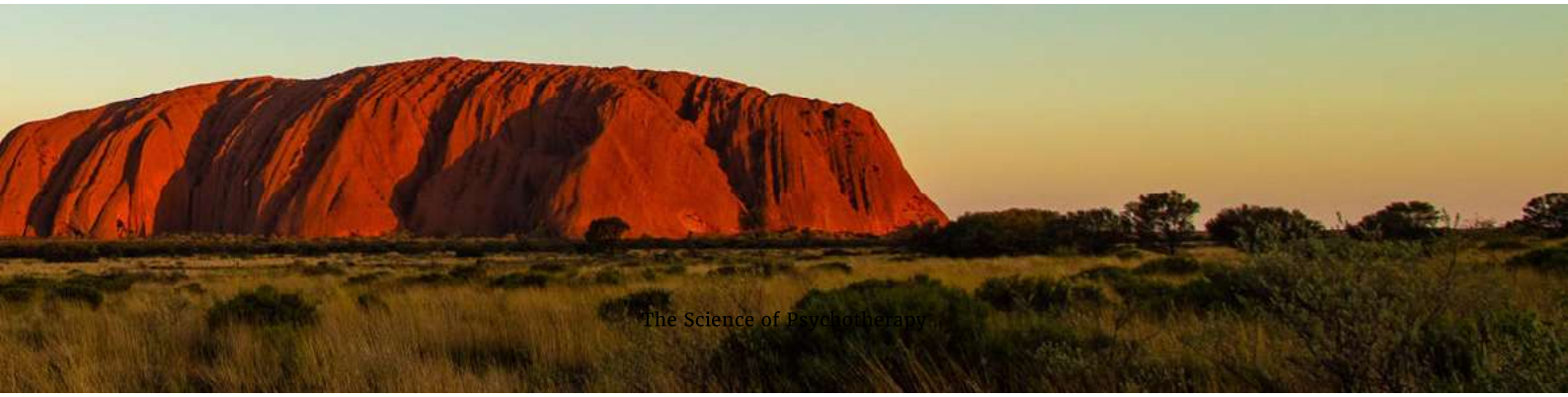
Trauma is transmitted by:

- Reduced sense of safety, and distrust of authoritative figures and government (Dekel & Goldblatt 2008).
- Distress, shame and grief.
- Family dysfunction, communication difficulties and difficulty in negotiating relationships (Van der Kolk, 2005).
- Children developing the same PTSD symptoms as the parent and/or cross-typal expressions or secondary traumatization of expressions of distress (McMillin & Rideout, 1996; Dekel & Goldblatt, 2008).
- Inability to speak about it and dissociation (Herman, 1992).

Because of the repeatition and depth of severity of these traumas, it is difficult to find a single reason for stress and distress (Atkinson et al, 2014). Atkinson (2002) describes a six-generation "traumagram" linking Australian historical events with unacknowledged or unresolved trauma through Aboriginal generations.

Question 2: What are the Mechanisms of transmission: the making of a Witness?

Weingarten (2004) discusses how political genocide and complex trauma is passed on from



one generation to another through four categories of transmission: biological, psychological, familial, and societal. McMillin and Rideout (1996) suggest that mechanisms of transmission include modelling, heredity, cognitive schema and others. All these mechanisms may be of value, but the following were present in both papers.

1. Biological and Psychological.

Children are traumatised when they witness their parent's trauma, especially during brain development (Weingarten, 2004). Bessel van der Kolk (1996) shows that neurological and biological systems "hold the score" which results in childhood experiences of trauma having long-lasting effects. Connections in the brain are affected by experiences (good or bad), especially during neural development (van der Kolk, 2007). The frontal cortex, which regulates executive functions such as planning, remembering details, organising and paying attention to facts, can be negatively affected permanently after trauma. This is described as "developmental trauma" (van der Kolk 2005; 2007).

Trauma can also upregulate 'survival mechanisms' in the brain, which can increase vulnerability to PTSD as response to lower cortisol levels (Yehuda, Halligan & Grossman, 2001). Yehuda and colleagues followed Holocaust survivors and their adult children over decades, finding that similar psychological symptoms emerged across both groups.

Bowlby's attachment theory (1969) indicates transgenerational effects because "neglectful parents most likely experienced neglect in their childhood" (Haskell& Randell,2009 p 64). Many indigenous children and adolescents experience transgenerational trauma directly as family violence, child abuse, neglect and substance misuse from parents or caregivers (Atkinson, 2013). Forced separation from parents contributes to the many problems and challenges for Indigenous Australians. Soo See Yeo (2003) explored the understanding of attachment theory in Australian Aboriginal families and found that it was culturally inappropriate for indigenous families. Yeo found that Aboriginal culture is ecological, spiritual and consensual. Social identity is found from being a member of a group. Different clans have a variety of child-rearing practices. It is common for Aboriginal children to grow up in a close relationship with their community with many "mothers" caring for them. When these children seek out other women for nurturance it is often incorrectly interpreted as indiscriminate attachment (Bowlby, 1969).

Physically, adults with a childhood history of unresolved trauma are more likely to experience heart disease, cancer, stroke, diabetes and liver disease (ABS 2006; Van der Kolk 2007), all of which can contribute to lower life expectancy.

2.Societal and Familial.

In many ATSI families and communities, historical and complex trauma is passed from generation to generation through shame and humiliation (Weingarten, 2004; Atkinson, 2013). If the trauma is left unresolved, shame and guilt can be internalised. In more severe and sustained cases, whole communities can normalise pain and chaos (van der Kolk et al. 1996; Duran & Duran 1995). The Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009, p.4) sums up the situation as follows:

> ...many of the problems prevalent in Aboriginal and Torres Strait Islander communities today- alcohol abuse, mental illness and family violence ... have their roots in the failure of Australian governments and society to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities.

Menzies (2010) found that culture is critical to heal the community and so healing programs must emphasise restoring, reaffirming and renewing a sense of pride in cultural identity, connection to country and participation in the community.

Possible Ways of Trauma Specific Care.

The effects of intergenerational trauma have been the focus of many programs in education, employment, health, and housing (Atkinson, 2010). Even though these programs have been valuable, without first addressing the healing needs of families and communities such interventions are likely to have limited success (Atkinson, 2013). Menzies (2019) urges us to understand the core injustice and intolerance between ATSI and non-indigenous people in Australia.

Overcoming trauma is more likely when:

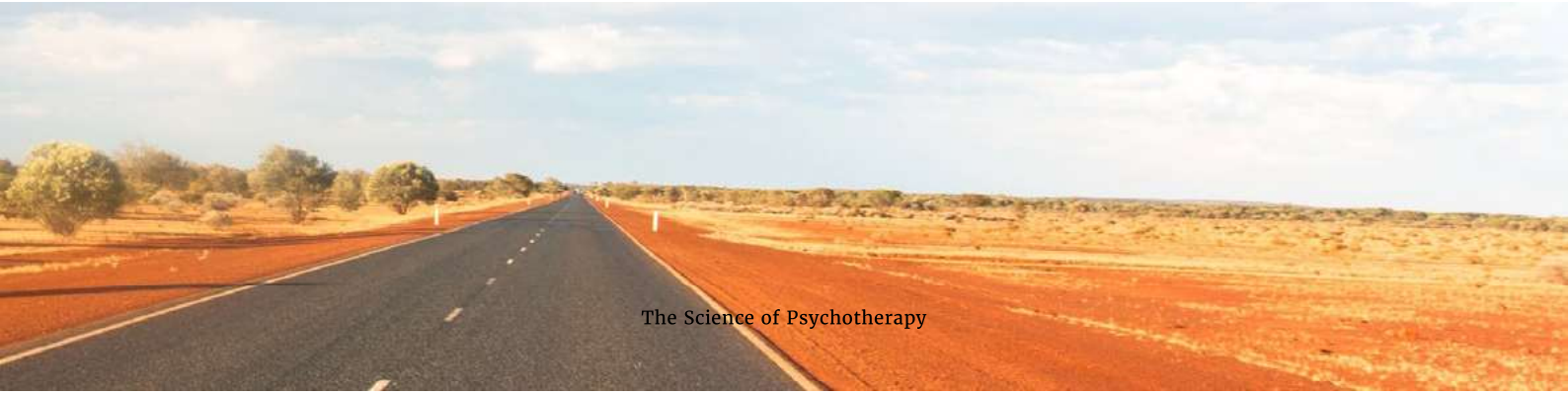
- Communities are supported and empowered to identify their problems and take control of their healing
- Strongly evidenced-based programs using cultural knowledge.
- Community programs and early childhood education to build cultural awareness and a positive sense of identity especially in language.
- Healing programs must have an emphasis on restoring, reaffirming and renewing a sense of pride in cultural identity, connection to country and participation in the community. (Menzies, 2019)

Some examples of successful programs:

The Marumali Journey of Healing.

Marumali is a Gamilaroi word meaning 'to put back together'. Aunty Lorriane Peeters has been running the program for 20 years (Peeters, 1995). It was based on her own experience as a stolen child at 4 years of age. The program is based on seven stages of healing and is delivered by trained Aboriginal therapists.

The program -



- builds an understanding of the impact of colonisation and transgenerational trauma and grief.
- builds individual, family and community capacity
- is proactive rather than reactive
- was developed to address issues in the local community

Nearly 4000 participants nationally testify to the beneficial impact of increased understanding and awareness of the trauma of forced removal and how such understanding, awareness and knowledge strengthens the healing process.

Ngangkari Healers.

The Ngangkari healers are considered a treasure by Aboriginal communities. Their 60,000-year-old tradition now operates at the South Australia's Royal Adelaide Hospital and rural clinics. Eighteen registered Ngangkari healers set up the Anangu Ngangkari Tiutaky Aboriginal Corporation (ANTAC) more than seven years ago. Francesca Panzironi heads a team visiting major hospitals and rural clinics in Victoria, New South Wales, South Australia and Western Australia. ANTAC's objective is to provide a platform for Aboriginal healers to be recognised in the mainstream healthcare system as a form of complementary alternative medicine. Depending on a client's problems, Ngangkari healers offer three main techniques — a smoking ceremony, bush medicines or spirit realignment.

Conclusion.

Many things are carried from one generation to the next. When we look at the debilitating impact of transgenerational trauma, PTSD, poverty and substance abuse, it is unfortunate that the slate cannot be wiped clean at each generation. If that were the case, though, so many wonderful things might be left behind. The Aboriginal programs included here, and others, tap into what is possible within us and may even create post-traumatic growth that sends healing back towards the generations whose yesterdays were so cruel.

Susan Davis, BHSc, MClSc, began her career in 1976 training as a registered nurse working with children before shifting into palliative care. She is now the director and senior practitioner of the Davis Health Centre in Sydney and has been practicing remedial massage therapy for over 40 years. Still a registered nurse, her massage practice includes working with people recovering from medical treatment and surgery with a specialty of chronic pain. Her first Master's thesis was on the relationship of sleep and pain which was published as a chapter in *Integrative Pain Management: Massage, Movement and Mindfulness Based Approaches*. Edited by D.L Thompson and M. Brooks (2016).

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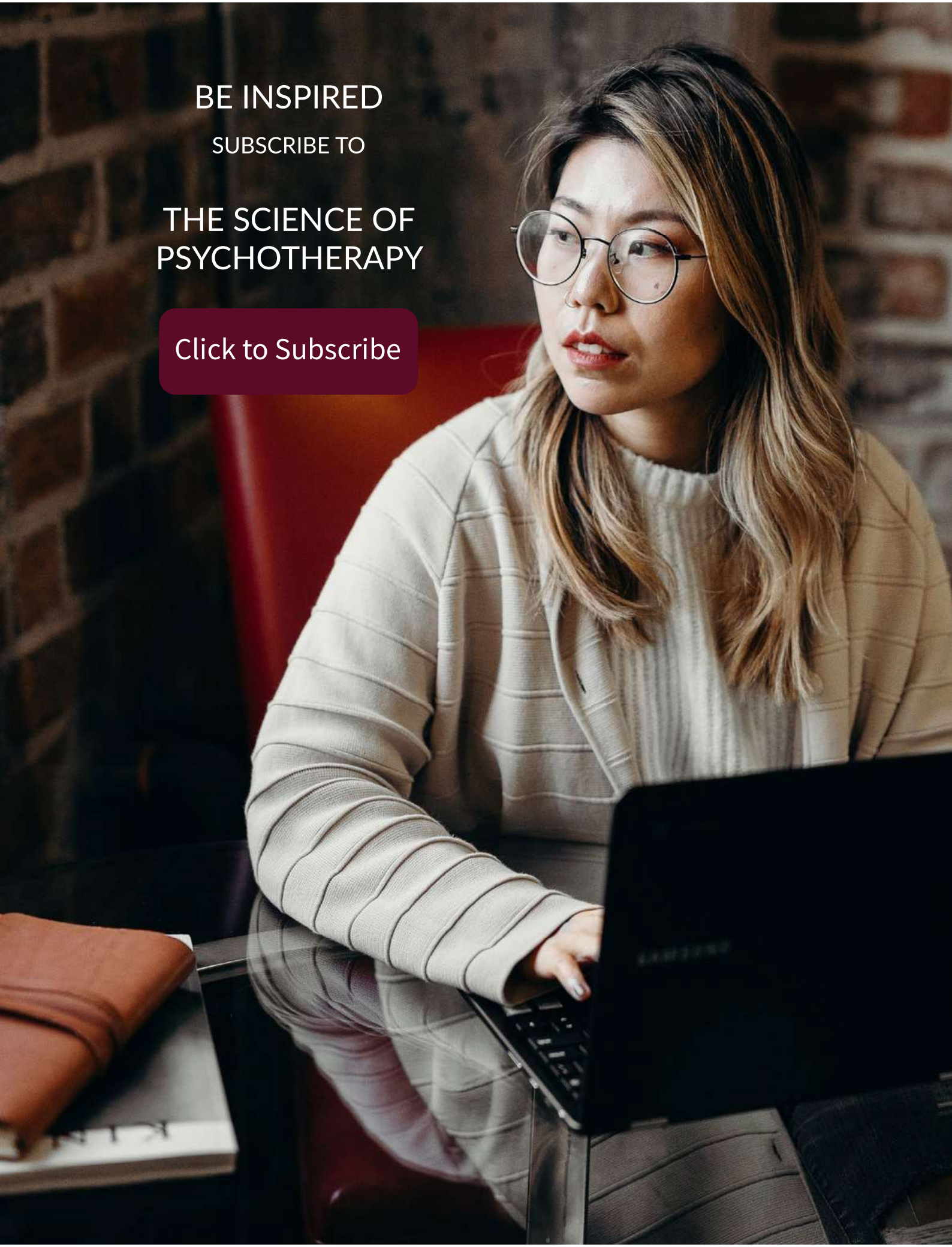
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