

Multigenerational Legacies of Trauma

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This text is the abstract of the report by Dr. Danielle's "Multigenerational Legacies of Trauma", which she did on December 23, 2022 as part of the ECNP Traumatic Stress Network Hot Topics Webinar. The content of the report is devoted to the problems and long-term consequences of cumulative, cultural and transgenerational trauma.

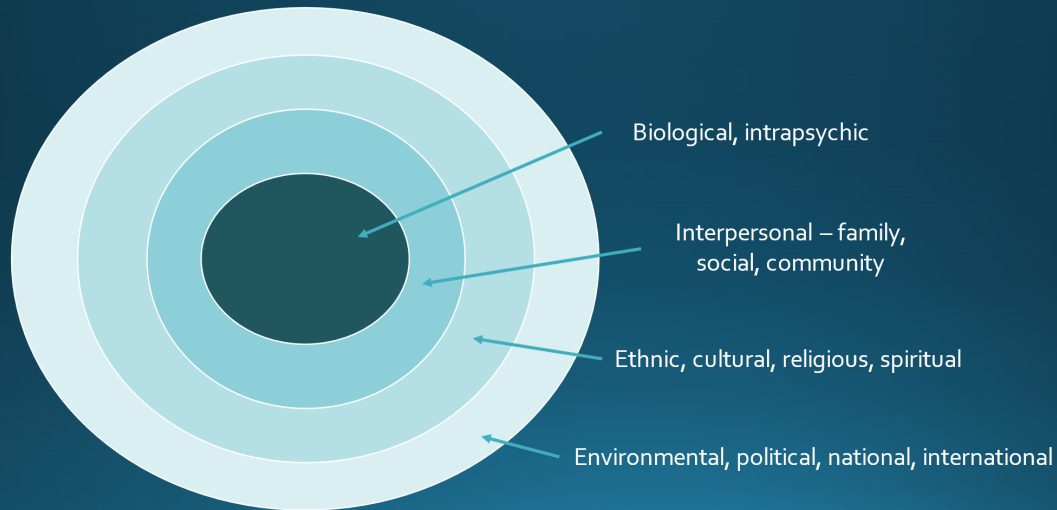
Multigenerational legacies of suffering are as old as humankind and are integral to our understanding of human history. Transmitted in word, deed -- even in silence - they have been chronicled, contemplated, and examined, both orally and in writing, in all societies, cultures and religions, and analyzed in multiple dimensions by scholars from many disciplines.

Having included over 30 populations worldwide in my *International Handbook of Multigenerational Legacies of Trauma*, I concluded that this is a universal phenomenon. A 2014 literature search on the effects of violent conflicts on civilians and their yet-to-be-born children using "intergenerational," "multigenerational," "transgenerational," "cross-generational" or "long-term" as key words yielded nearly 600,000 records. Transmission mechanisms ranged from the biological to the psychological, to the familial, the socioethnocultural, to the political. Description and explanation are bounded by the dimension(s) chosen and theoretical orientation. Transmission modes are not mutually exclusive; rather, for most individuals they reflect some overlap and a cumulative effect.

Unfortunately, time does not allow me to review the many relevant studies, but I am happy to provide several of our publications that do. Much of the recent work has focused on genetics and epigenetics.

While widely investigated, research on massive trauma's impacts on Holocaust survivors' offspring has yielded mixed findings. In my own attempt to make sense of the seeming contradictions, my framework comprehensively describes the complex nature of surviving massive trauma and the diverse ways of adapting to life's challenges in its aftermath. As shown in Figure 1, my framework's overarching features are its focus on self/identity, multidimensionality, the ubiquitous conspiracy of silence in the aftermath of trauma, and continuity/rupture.

Identity: A complex interplay of multiple systems

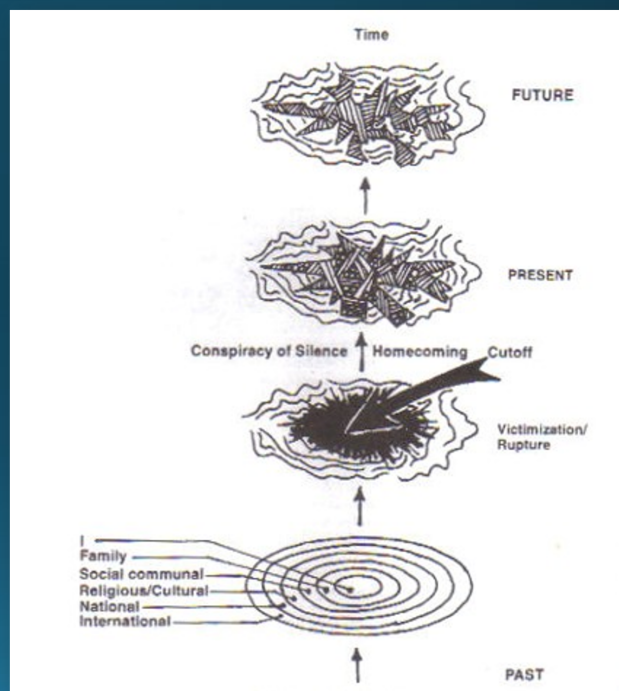


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An individual's identity involves a complex interplay of multiple spheres or systems, including but not limited to the biological, intrapsychic, familial, communal, economic, cultural, national, and international (see Figure 2).

Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary, Integrative (TCMI) Framework

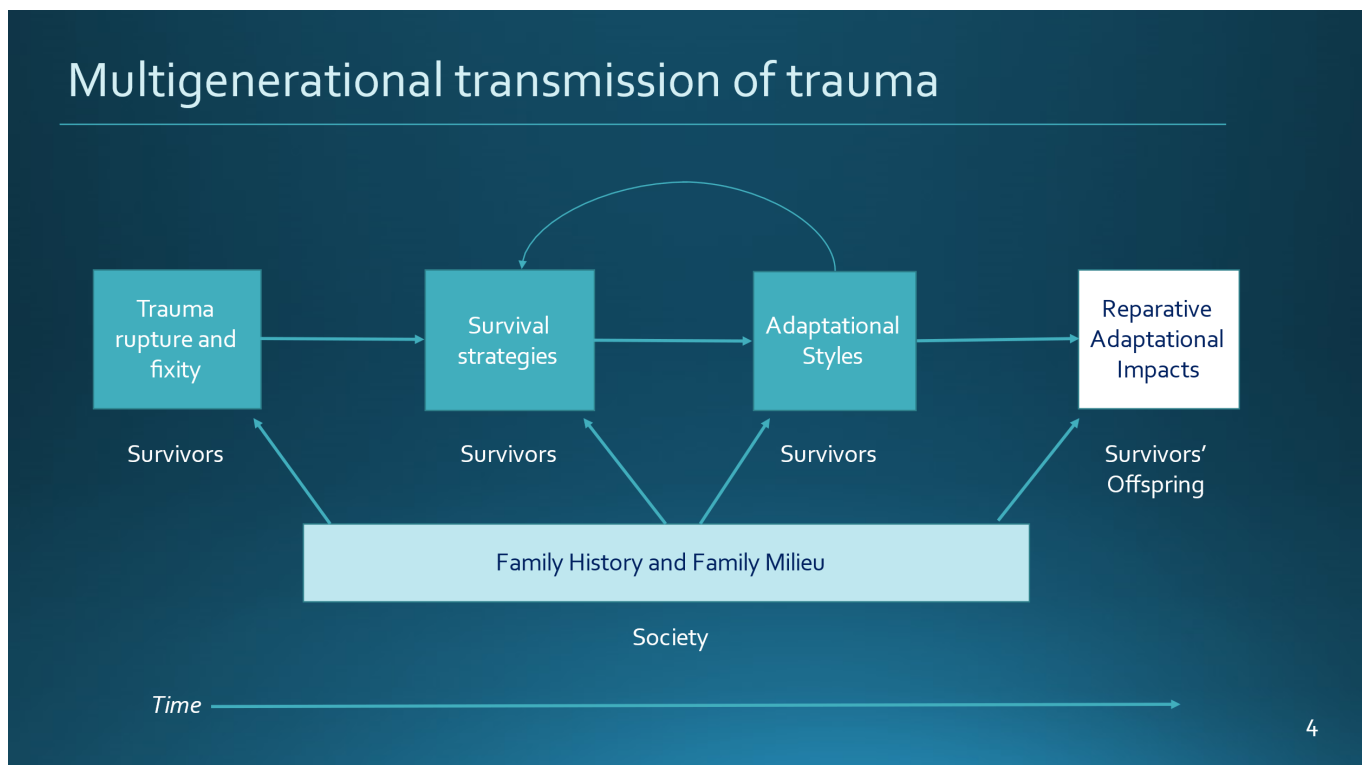
Danieli, 1998



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These systems dynamically coexist along the time dimension, enabling a continuous conceptualization of life from past through present to future. Exposure to trauma causes a rupture, a state of being "stuck" in this free flow. The degree of rupture, fragmentation and disorientation is partly determined by the time, duration, extent, and meaning of the trauma for the individual, but it is also determined by the survival mechanisms and strategies used to adapt to it. The degree of rupture is further exacerbated by "the trauma after the trauma" -- by how others respond, for example, societal indifference to, avoidance and denial of the survivors' experience, and the survivors' reactions. Elsewhere, I have studied this ubiquitous post-trauma *conspiracy of silence* in depth; Keilson named these phenomena the *third traumatic sequence* in child survivors of the Holocaust; Symonds, the *second wound* in the context of crime; Others, *homecoming stress* in Vietnam veterans to explain their detrimental consequences for survivors and their offspring.

The result may render the victim/survivor vulnerable -- particularly to further trauma ruptures -- throughout the life cycle (see Figure 3).



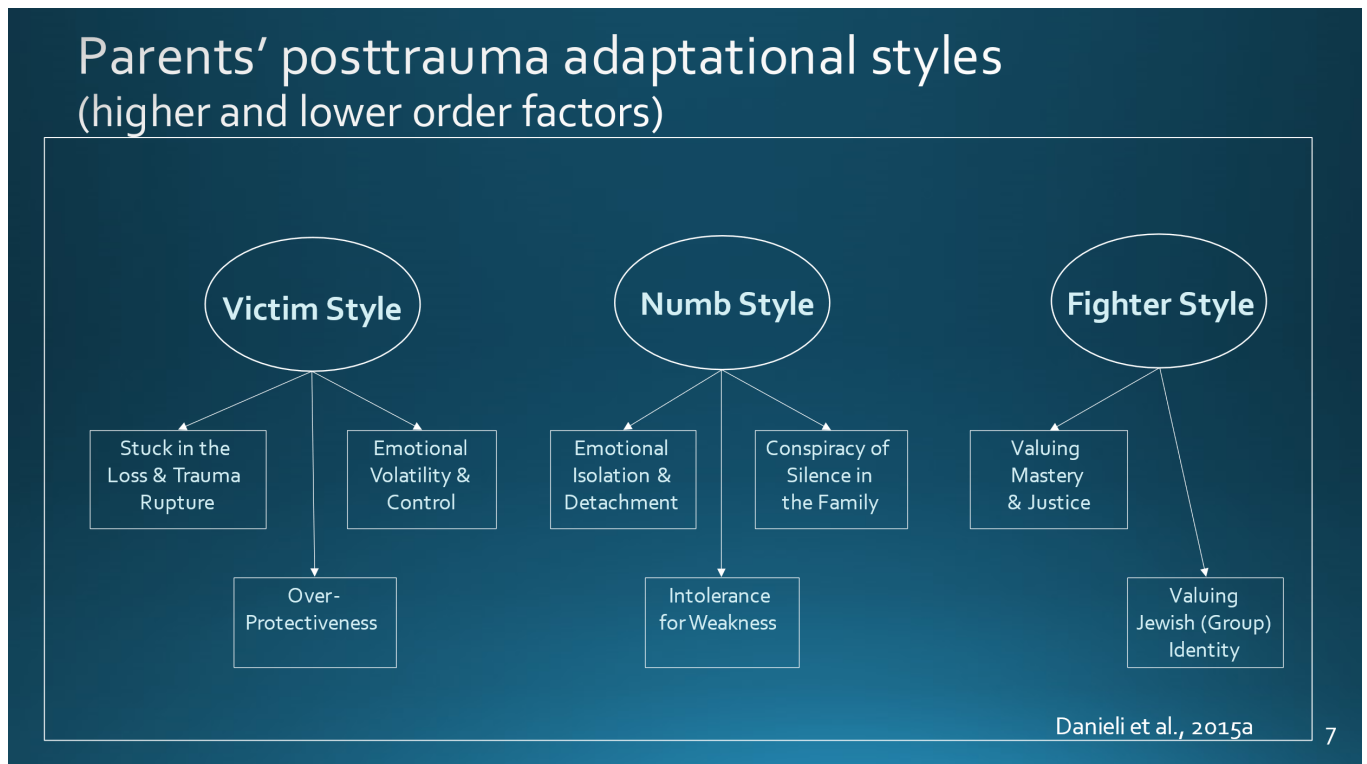
It may also render immediate reactions to the trauma chronic. In the extreme, survival strategies generalize to a way of life and become enduring *posttrauma*

adaptational styles. These styles encompass those intrafamilial and interpersonal psychological and behavioral coping, mastery and defense mechanisms the victim/survivor adopted as survival strategies during and after the trauma. They become an integral part of the survivor's personality, repertoire of defence or character armour, view of him/her self, of others, and of the world -- the survivor's way of being in the world. These adaptational styles also shape the survivors' parenting and family life and, in turn, their children's upbringing, emotional development, identity, and beliefs about

themselves, their peers, their societies, and the world , thereby becoming intergenerational . The parent's [fixity] adaptational styles thus are the child's biopsychosocial milieu that ultimately influences the severity of the child's *reparative adaptational impacts* .

Our work, then, was to see if data would support this theory of multigenerational impacts. To us, the important question was not *if* children of survivors have mental health problems - surely some do and some don't - but rather *who* among them have mental health problems. To gather the data, it was first necessary to create measures of these various constructs that were tailored specifically to offspring. To validate these measures, my colleagues and I conducted a study of approximately 500 adult children of survivors who completed a web-based inventory.

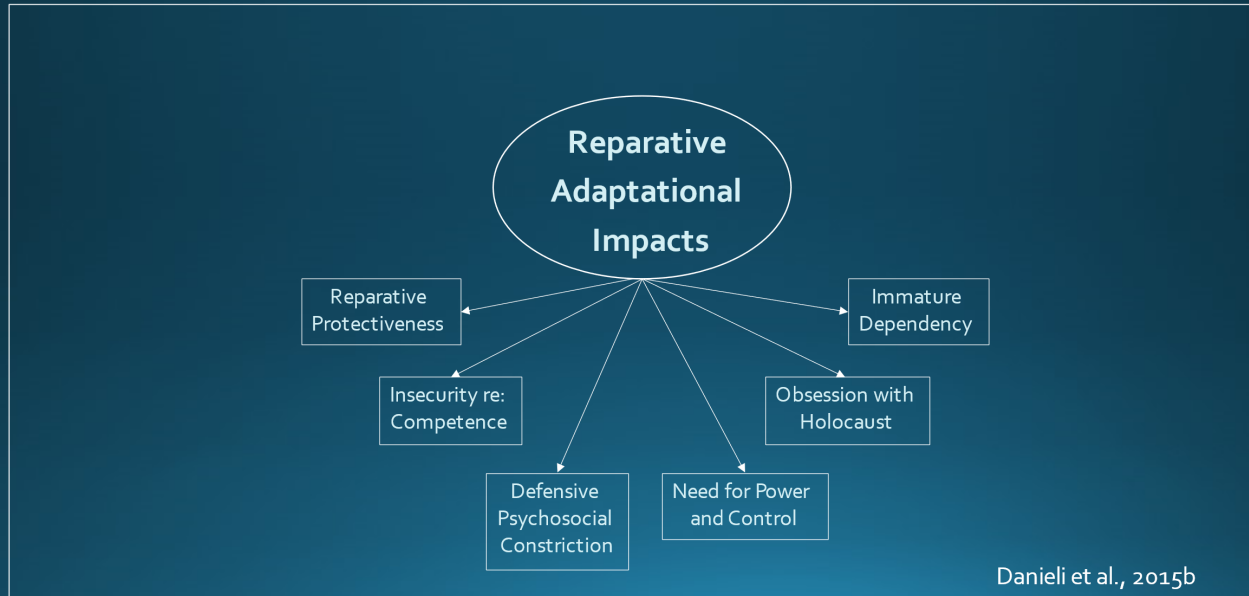
The Inventory had three parts. Part I measured Posttraumatic Adaptational Styles of the parents as perceived by their children for each parent. As shown in Figure 4, exploratory factor analyses of the PAS [for short] yielded three higher-order factors reflecting intensities of Victim Style, Numb Style, and Fighter style . The data revealed clear distinctions among these three styles. Victim style was characterized as being stuck in the trauma rupture, emotional volatility, and overprotectiveness, Numb style, by emotional detachment, conspiracy of silence within the family, and intolerance of weakness, and Fighter style, by valuing and maintaining Jewish identity and valuing mastery and justice. These Scales were highly reliable as shown by measures of internal consistency and cross-language congruence. The survey was taken both in English and in Hebrew. (Of 495, 78% English; 20% Hebrew .)



Part II, Reparative Adaptational Impacts (RAIs, for short) measured Holocaust survivors' children's perceptions of themselves (see Figure 5) . This construct expresses the core, perhaps unconscious, motivation of the second generation to undo and repair

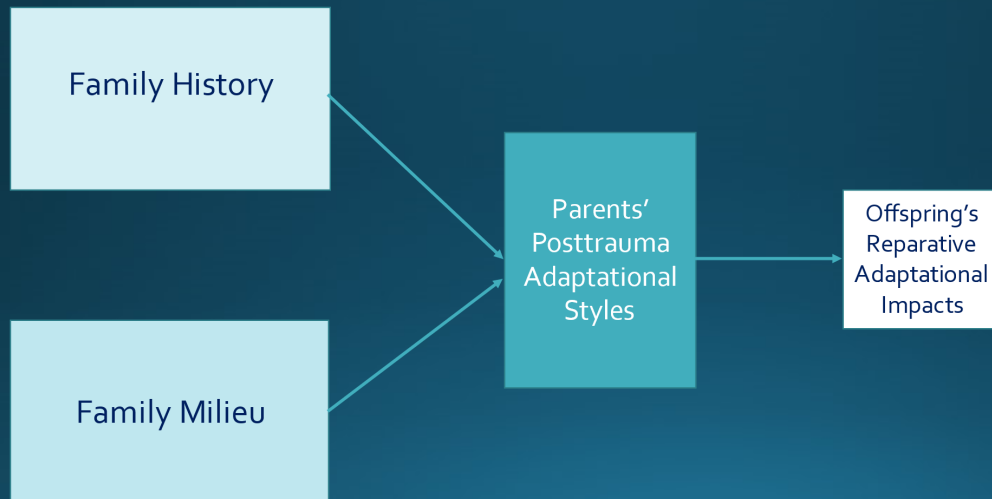
the past and heal their parents and themselves. I chose the word *impacts* to connote both their plurality and their multigenerational dynamics.

Adult child's reparative adaptational impacts (higher and lower order factors)



In a subsample of participants who were also interviewed using the Structured Clinical Interview for DSM Disorders (SCID), the RAI was highly related to the likelihood of meeting criteria for psychological disorder. When Reparative Adaptational Impacts were high, almost half of the participants met criteria for one or more disorders. This compares with only 8% meeting criteria when Reparative Adaptational Impacts were low. Of the SCID-defined disorders studied, generalized anxiety disorder was most frequent, followed by major depressive episode and PTSD. Only two variables independently predicted these disorders: offspring's age (younger offspring were at higher risk) and RAIs. Parents' styles were also correlated with the presence of disorder: The severity of offspring RAI was strongly related to the parents Victim Style and, to a lesser extent, to the parents' Numb Style. The mother's effect on the children was stronger, but both mother's and father's styles contributed. The most detrimental situation for the child was when both mother and father had intense victim style. This effect is central to our hypothesized model shown in Figure 6.

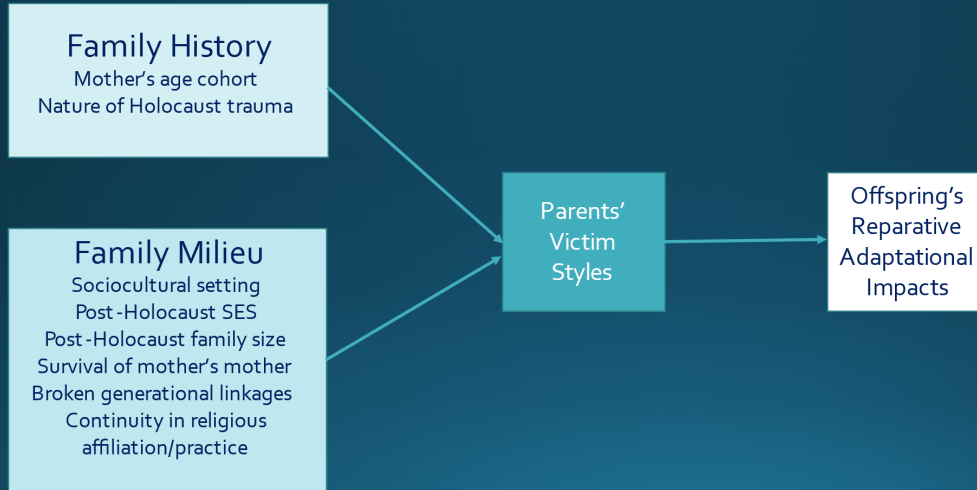
Hypothesized, testable model



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Part III of the Inventory gathered information on four-generation family history and dynamics. These questions were important in allowing us to test the model in which family history and family milieu predict Posttrauma Adaptational Styles that, in turn, predict children's Reparative Adaptational Impacts. Preliminary analyses of Part III helped us to identify the most influential components for further analyses (see Figure 7).

Path model tested (streamlined based on preliminary analyses)



Danieli et al., in press

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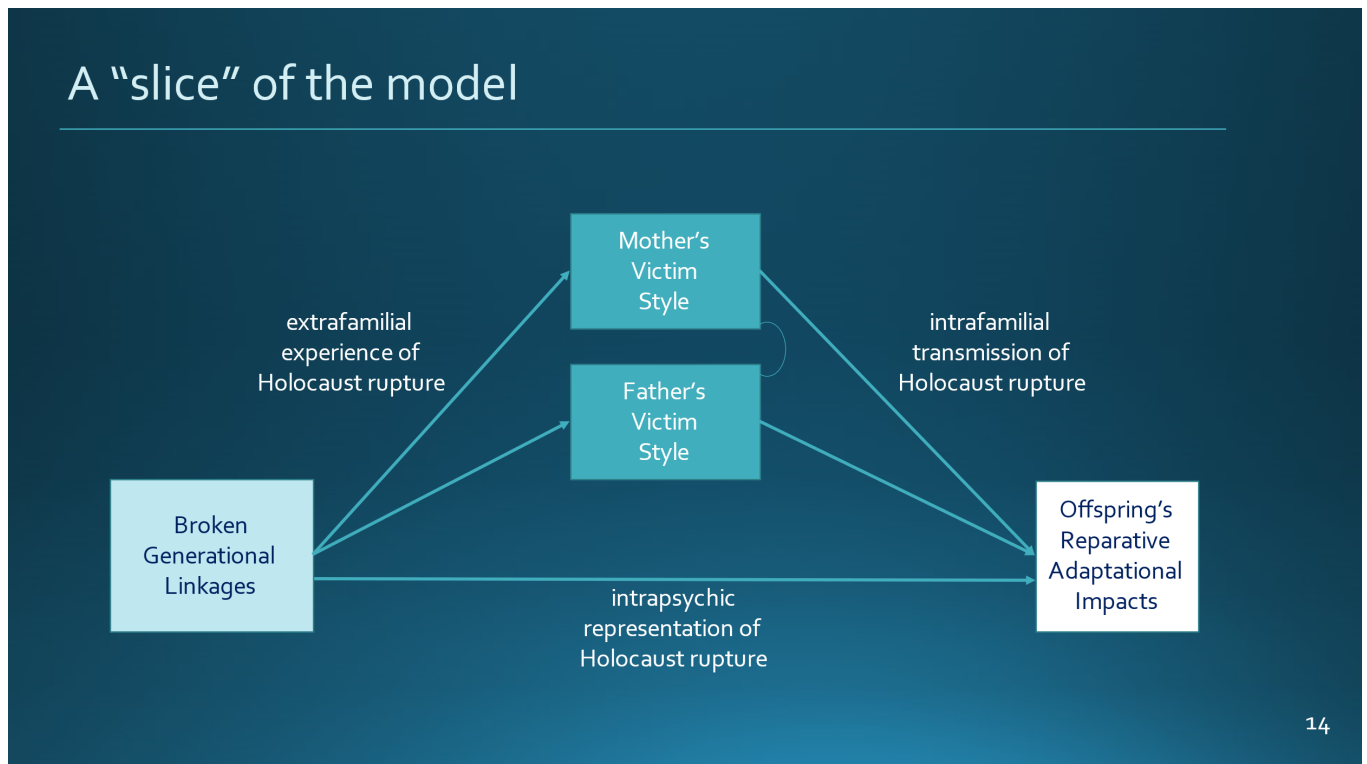
The two most influential components of family history were the mother's age cohort (child, adolescent/adult) and the nature of parents' Holocaust experiences, including internment in ghettos, labor camps, and/or concentration camps, hiding, and/or escaping. Family milieu included (1) the post-Holocaust social environment: sociocultural setting (living in Israel or in North America), and socioeconomic status, (2) family configuration, especially whether one or both parents were survivors (the so-called double-dose effect, Kellermann); (3) social support/belongingness, for example, surviving parents, grandparents or both and family size and affiliations with survivor and Jewish groups, and (4) continuity, the generational linkages that help survivors and their children maintain identities despite ruptures across multiple spheres and systems.

We hypothesized that the effect of family history and family milieu on the offspring would be indirect. This means that they operate through intensity of parent's Victim Style. And that, in turn, is what primarily affects offspring RAI. In other words, the effect goes through the parents to the child. The data largely supported this model. One of the most influential indirect effects was sociocultural settings. Participants who grew up in Israel fared better than those raised in North America. Their parents had less intense Victim Style and the offspring had lower RAI. This result suggests that the Israeli setting buffered or counteracted some of the adverse effects of the rupture. Three of the four measures of identity, including broken generational linkages, had stronger effects in North America than in Israel.

The majority of Holocaust survivors settled in Israel and North America. While both sociocultural settings offered a new life, Israel symbolized millennial continuity and Jewish identity renewal.

However, all effects of the setting were indirect. They only affected the children because they affected the parents. Only one background variable had both direct and indirect

effect on the child: broken generational linkages. This means that they were detrimental to offspring in a way that was over and above their effect on the parents, which made it overall the most influential background variable we studied. (See Figure 8.)



SUMMARY and RECOMMENDATIONS

This study demonstrated empirically that survivors' experiences during and life circumstances after the Holocaust do indeed affect their children - a crucial question that has plagued the field for five decades -- and do so primarily through parents' posttrauma adaptational styles. As noted above, we believe the Inventory may facilitate research on both mechanisms and moderators of transmission.

When combined with the analyses of stable epigenetic markers such as DNA methylation, the Danieli Inventory presents a considerable improvement over extant practice of using available personality checklists intended for the general population.

Of the family history measures, internment was most strongly related to the intensities of the survivor parents' victim styles and, as a result, had the strongest indirect effect on their offspring. Yet the effects of post-Holocaust family milieu were stronger than those of family history. Taken as a whole, these findings suggest a multiplicity of influences on and of survivor parents. To understand children of survivors, we need to know far more about their family life than their parents' survivor status, age cohort, and Holocaust (trauma) experiences. In line with my theory, our study strongly supports a multidimensional approach to assess an individual's posttraumatic status.

Two of the various family milieu relationships stood out. The first was that living in Israel appeared to be reparative. While both Israel and North America offered a new future for survivors, particularly as compared with staying in Germany, and despite

Holocaust-related and other ongoing hardships, Israel was uniquely endowed to mitigate many of the long-term effects of Holocaust trauma. As Solomon observed, in Israel, the Holocaust was the “legacy of all,” and Israeli survivors found meaning in (re)creating and maintaining the ancient/new Jewish state and actively defending her survival.

The second key finding was the apparent protective effects of continuity, a conception of life that spans past, present and future. In our study, both measures of continuity (broken generational linkages and continuity in religious affiliation/practice across generations) had indirect effects: the greater the continuity, the lower the parents’ intensities of victim style and, in turn, the lower the child’s reparative adaptational impacts.

Broken generational linkages had, in addition, a direct effect, yielding the largest total effect of any independent variable. Moreover, certain circumstances signifying social support/belongingness, notably, survival/presence of the mother’s mother and larger surviving family, likely enhanced family continuity. Indeed, a greater sense of continuity with Jewish history might be another protective factor afforded by living in Israel.

Perhaps more than any other concept we studied, broken generational linkages captures the rupture and tragedy inherent to the Holocaust. For Holocaust survivors, Nazi destruction of families and communities was the critical *extrafamilial* experience underlying the development of victim adaptational styles that through subsequent *intrafamilial* dynamics adversely affected their children. Further, broken generational linkages became the offspring’s *intrapsychic* representation of the rupture affecting them not only indirectly via intrafamilial transmission processes but also directly as the internalized Holocaust rupture. Indeed, children of such families, while remembering their parents’ and lost families’ war histories “only in bits and pieces,” attested to the constant psychological presence of the Holocaust at home, in some cases, reporting having absorbed the omnipresent experience of the Holocaust through “osmosis.” Though born after such massive trauma in societies gripped by the conspiracy of silence, they were nonetheless expected to re-root a family tree steeped in murder, death and losses and start anew a healthy generational cycle while rarely thinking of their parent’s murdered parents as their own grandparents. Focusing solely on clinical diagnoses as the outcomes of interest lessens our chances of comprehending the entirety and lifelong meanings of trauma survivors’ offspring’s problems, concerns, and world views.

The findings from our research support several specific recommendations for enhancing clinical and community interventions with survivors and their offspring. The first recommendation is to take a full multigenerational history of trauma as a routine part of history-taking and diagnostic evaluations. The Danieli Inventory itself, while developed primarily as a research tool, could guide clinicians in identifying and exploring the main features, meanings and roots of survivors’ and offspring’s life experiences, emotions, behaviors, attitudes, world views and relationships. As the history is being taken, the principle of integration should inform the choice of therapeutic modalities or interventions. While accurate diagnosis is of course important for good practice, systematic exploration of the reparative adaptational impacts underlying psychiatric distress and dysfunction might better serve to guide treatment plans. From a cognitive-behavioral perspective, for example, many of the statements in our scale could be characterized as maladaptive thoughts (“My first reaction to a new task is, I can’t,” “I worry that others will look down on me,”) that are amenable to cognitive restructuring techniques. More broadly, our project points to the need for clinicians who work with this population to identify and explore the meanings and roots of their patients’ life experiences. But combining therapeutic modalities is especially helpful in working through long-term and intergenerational effects of victimization. The central therapeutic goal is to meaningfully integrate rupture and discontinuity.

The second recommendation is to construct a multi-generational family tree. Although this may trigger an acute sense of pain and loss, it serves to recreate a sense of continuity and coherence damaged by traumatic legacies. One invaluable yield of exploring the family tree is that it opens communication within families and between generations and makes it possible to work through toxic family secrets. Whether family therapy is feasible or not, and regardless of the therapeutic modality used, individuals and families should be viewed within the context of their ruptures and continuities and their intrapersonal, interpersonal and religious/cultural identity dimensions.

A wider recommendation is to break the silence about traumatic experiences in as many contexts as possible -- within the family, community, society, nation, and the international community.

Our study highlights the need for helping and studying massively traumatized people comparatively both in their "homelands," in their respective host countries as refugees, and in their diasporas. It is therefore a clinical, research and social policy task to adopt a multidimensional, multidisciplinary (and multisectoral), longitudinal, integrative framework in designing and studying long- and short-term intervention, postvention and prevention programs.

Our findings also have implications for community interventions. The healing processes that underlie the observed effects of family milieu are malleable by helping survivors recapture meaning, purpose, identity, connectedness of past, present and future, and attachments to community and place. Faith-based institutions, teachers, community leaders, clinicians, policy-makers, the media and funders must augment the efforts of family and friends to promote the well-being of the staggering number of victim/survivors and (potential) offspring worldwide, thereby preventing destructive legacies and protecting future generations.

Most importantly, our task must be to do our utmost to teach policy-makers -- locally, nationally, regionally, and internationally -- and impress upon them that the consequences of decisions they make often with short-term considerations in mind can not only be lifelong but also multigenerational and are in stark contrast to their rhetoric of making the world a safer and better place for our generation, and for generations to come. The issue is not only how many resources they choose to commit to victims' care and how they are implemented, but also the untold multidimensional costs -- economic, psychosocial, educational, political, to name but a few -- over time and down through generations that will be incurred if they fail to provide for victim/survivors, their families, communities and nations.

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