

Intergenerational Transfer of Trauma and Resilience

Many things get passed down through families, like heritage, genetic conditions, and physical characteristics. In some cases, trauma can be inherited, too. Intergenerational trauma is still a relatively new field of study, meaning researchers have a lot to discover about its impact and how it presents in people who suffer from it.

Defining intergenerational trauma

Intergenerational trauma is experienced by one person but extends from one generation to the next. It can be silent, covert, and undefined, surfacing through nuances and inadvertently taught or implied throughout someone's life from an early age onward.¹

In 1966,² high rates of psychological distress among children of Holocaust survivors, and the concept of intergenerational trauma were first recognized.

A 1988 study³, found that grandchildren of Holocaust survivors were overrepresented by about 300% in psychiatric care referrals. Since then, Holocaust survivors and their progeny have been the most widely studied group, but in theory, any type of extreme, prolonged stress could have adverse psychological effects on children and/or grandchildren, resulting in clinical anxiety, depression, and post-traumatic stress disorder (PTSD).

“Trauma affects genetic processes, leading to traumatic reactivity being heightened in populations who experience a great deal of trauma,”⁴

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3. published in *The Canadian Journal of Psychiatry*
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Context

More than 350 years have elapsed since the first terrorists attack of 1652, when the colonialists invaded the land and dispossessed the oppressed. Town planners specifically designed townships with population control in mind.

This is clearly visible when one look at the spatial design, one entry into the community, with infrasture built around it, railway lines, high ways, open fields with graveyards surrounding the community... one way in and one way out. Even the closest township to the city, on the periphery, had poor housing and lack of water supply and sanitation. These conditions created communities that became used to health challenges such as TB infections, HIV/AIDS and resulting deaths with little to no primary health care facility nearby. The stage was set for the demise of these densely populated, overcrowded spaces with limited access points, to be destroyed by a new virus, Covid-19. At the heart of our understanding of the context in which our people live is a belief that post- apartheid South Africa is a multiple wounded nation carrying the emotional weight of the scarring of individuals, families, cultures and communities by violent forms of colonization which plays itself out in the forms of gangsterism. Over nine generations the physical and psychological brutality of colonization and racial hatred of the apartheid state were institutionalized into the people of this nation becoming the structural memory by which all forms of government still operates in response to community mass demonstrations. This has created a scarring of the sense of self and a ripping apart of the psychological skin of the community leaving families fragile and dislocated.

Slavery, colonization and Apartheid have direct consequences for the generations today, everyone is susceptible to intergenerational trauma, but there are specific populations that are vulnerable due to their histories. Being systematically exploited, enduring repeated and continual abuse, racism and poverty, are all traumatic enough to cause genetic changes. The ongoing pandemic of domestic violence, GBV, xenophobia, taxi and gang violence, hate crimes and racial tension are other acts that can result in generational trauma.

Our perspectives on mental health differ from those of the mainstream. These different perceptions of mental wellness lead to different solutions than those based on a mainstream analysis. The central issue is that mental wellness is understood differently through the original worldview than the mainstream and requires recognition of the intergenerational effects of colonization. Many are ignorant of the historical context out of which mental health conditions arise. Ignorance must be replaced by knowledge of the historical forces that have shaped, and are still shaping, oppressed life in the communities of our country. Promising solutions include decolonizing education for all; cultural safety training for health and human service workers, and strengths based life-affirming approaches that build community and individual capacity within partner organizations. Building strong immune systems that will keep our community safe, which our parents have practiced for generation, like gargling with lukewarm salt water, steaming and washing our hands with soap.

There is no concept for “mental health” in traditional languages of the oppressed. Their worldview highlights concepts of wholeness, balance, the importance of relationships with family, community, ancestors, and the natural environment. An individual’s identity, status, and place in the world are tied to the family, and to one’s ancestors’ traditional territory and the

community. Each of these elements has implications for the design and delivery of healing programmes. From a perspective of the oppressed, mental wellness is holistic.

Holism includes consideration of physical, emotional, cognitive and spiritual health with particular attention to congruence between the mind and body encompassed by the spirit. Individual wellbeing is strongly connected to family and community wellness.

The symptoms

The symptoms of intergenerational trauma may include a sense of a shortened future and insecurity, mistrust, aloofness, high anxiety, depression, panic attacks, nightmares, insomnia, a sensitive fight or flight response, and issues with self-esteem and self-confidence. Health implications in the way that it affects where trauma sits in the body. It can have adverse effects on the immune system which can result in one that's either too active or not active enough. This can result in more autoimmune diseases or a greater propensity for illness.

Trauma also influences the microglia, the brain's immune system. When in a high trauma reactive state, the microglia eats away at nerve endings instead of enhancing growth and getting rid of damage. The microglia goes haywire in the brain and cause depression, anxiety, and dementia. This can translate into genetic changes, which can be passed down to further generations.⁵

Implication of intergenerational trauma

There is no specific diagnosis of intergenerational trauma, but the phenomena of intergenerational trauma are well accepted. InsideOut recognizes trauma can manifest itself through stress, anxiety, fight or flight, and other heightened alert systems in our brain and bodies, but intergenerational trauma can also mask itself through learned beliefs, behaviors, and patterns that become engrained, this kind of wiring impacts personalities, relationships, parenting, communication, and views of the world. Given the specific breeding ground the past presents to the populous often sees the results of reoccurring trauma in families. The example of incest is often a traumatic experience which is repeated generation after generation. Fear shame and guilt follows these families as the lack of access to services produces silence and somehow becomes accepted by the family because the family becomes desensitized and feels hopeless and powerless about the recurrence, and thus inadvertently develops a second skin of trauma manifesting as a familial trait or behavior pattern.

5. Dr. DeSilva. MD

Things that can be inherited

- Chronically high levels of exposure to addictive stimulus (morphine, cocaine, sex, gambling, alcohol ect.) can produce similar addictive behavior in children
- Chronic stress leads to anxiety and depression across generations
- Cultivated fears create similar fears across generations

A study into Dutch family cohort birth before and after WWII showed that births after the war resulted in smaller babies than before the war. This was related directly to the trauma mothers experienced as a result of war.

There are no easy answers, but intergenerational trauma can be resolved if a holistic, intense intervention is put in place. This often involves group processing and individual counseling should it be needed. Understanding where the roots of the trauma is located, knowing you aren't alone or helpless and knowing that there may have been factors outside of your control will assist to process the trauma. If the trauma or abuse is ongoing, it's crucial to stop the cycle, with the relevant support in the programmes we facilitate.

Social Determinants

Social determinants are reflected by the issue of Health, which are the state of physical, mental and social well being and not just the absence of disease and infirmity. Good Health is not only individual striving to achieve it but the community as a collective. The background to this view is located in the National Department of Health's Primary Health Care Re-engineering Strategy, and an approach that is embedded in the country's National Development Plan. However, the translation of this policy commitment to programmatic action at different levels in the health system and how it relates to community is not clearly communicated. There are three ideas we want to focus on, firstly the factors that influences health specifically maternal and child mortality rate in South Africa which can be directly connected to lack of access to community health care facilities, secondly, what is the NDoH doing about it and lastly how can community get involved with addressing the problem.

To address these ideas we must ask questions,

1. What are the social determinants of health that influences communities?

The first factors are age, sex and genes.

2. How do they influence you as an individual?

Through smoking, alcohol use, physical activity and diet, what we put in our mouths.

Where you were born, grew up, lived, where you work and your age are collectively called the social determinants of health and has a definite bearing on your health condition and access to health services. This is shaped by the distribution of money, power and resources on international, national and local levels, which leads to health inequity visible by the difference between rich and poor.

W.H.O social determinants of health focus on three factors,

1. The structural also called the distal upstream which looks at socio-economic & political context – government, policies and social and cultural values leading to unequal distribution of material and monetary resources.
2. Intermediate which looks at education, occupation, income, gender, race and class and
3. Proximal or downstream which looks at the impacts on exposure, vulnerability and outcome of health through the quality of housing, psychosocial factors, behavior and biological. It is not linear, but complex, interdependent and interactive, these factors can affect you across the course of your life.

South Africa has a high rate of maternal and child mortality which is a direct result of the issues above. The NDoH NDP includes the training of Community Health Workers in an effort to address the primary health care need for services. NDP17 wants to eliminate poverty by reducing inequality by raising the standard of living to a minimum income level for all through a multidimensional framework, higher income and increasing employment and productivity growth, a social wage and good quality public service.

Communities can help by household food gardens, creating recreational spaces and changing food consumption patterns. They can also apply to become a CHW and address the primary health care challenge in their community. An anecdote of how a Cuban doctor's view on foot amputation changed the course of diabetes patients, his statement is every person has the right to both legs, so let us find solutions to avoid amputations.