

Transmission of Transgenerational Trauma

Part of Symposium “Intergenerational communication- working with
Holocaust trauma’s legacy across three generations.

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Introduction

My part in this symposium is to say a few words about how Holocaust experiences may be unwittingly transmitted across the generations.

Unwitting imprints occur frequently while growing up. A woman said, "I have never liked oysters. I remembered recently how my mother screwed up her face when someone at the table ate oysters. I guess I inherited the dislike from her." More seriously, another woman said, "I swore I would never say to my children what my mother used to say to me. So I could not believe when I heard my mother's words come out of my mouth."

More seriously still, our intergenerational workshops have revealed to us graphically that children's minds can be unwittingly imprinted by the Holocaust experiences of prior generations. Such transmission is one of the most vexing aspects of the Holocaust. Isn't it bad enough for survivors to have been traumatized? Must they also be unwilling vehicles for trauma to their offspring? But then trauma is not just; and its unfairness is universal.

At best we can learn what are the principles of Holocaust trauma transmission, and possibly apply them to other traumatized populations, and see how we can mitigate them.

For the rest of my paper I will concentrate on Holocaust experiences. I will describe two situations in which transfer of Holocaust experiences to offspring is particularly prone to happen, and explain how it can happen. I will conclude with the question of what can be done to prevent such transmission. I will draw on current right brain and developmental research.

The two situations in which Holocaust experiences are most prone to be transmitted from parents to children is when the children are young, and when the parents are traumatized. When both conditions prevail, transmission is especially likely to occur.

Childhood

The younger the child, the more vulnerable it is. In order to survive, until the age of 3, children's developing brains and physiological systems tune in to environmental, especially maternal influences. They drink in the world with their mother's milk. They imbibe and respond to their parents' physiological and behavioural responses and both become imprinted in the developing brain and its connections.

Between 3 and 7, language and thinking develop, but are not cohesive. Physiological attunements are replaced by mental attunements in the form of imitation and obedience, especially in stressful situations. The child fantasises a benevolent coherent world arranged for it by its parents-gods. If things go wrong, children believe that it was because they were not obedient, good enough.

After the age of seven, children's minds are much more cohesive, and achieve ever greater capacity for critical thinking. But the early imprints are stored unaltered and can sometimes unwittingly over-ride the logical mind.

Parental trauma and secondary traumatization of children

Parental trauma

Parental Holocaust traumas included multiple separations, losses of family friends and communities, humiliations, powerlessness and helplessness. In traumatic situations survivor parents reacted in some ways like survival driven children: they responded physiologically and behaviourally, without thinking, instinctively evoking primitive brain circuits like, fight, flight, attachment and struggle, depending on the situation.

When thoughts entered their traumatized minds, they did so in fragments like in children. Seeing how things had gone wrong, like children, survivors often blamed themselves, for instance suffering survivor guilt. They might view themselves as unworthy to have survived.

Massive traumas and subsequent interpretations were often so unbearable that they were pushed out of awareness. Thoughts, memories and feelings associated with the traumas were pushed into a void, sometimes called the unconscious. Traumas became untellable, unspeakable dark black holes.

Yet no matter how hidden, physiological, emotional, behavioural, and attitudinal fragments, especially if triggered by circumstances reminiscent of the trauma, flooded into the visible world. These fragments on their own, disconnected from their sources, did not make sense. They were often called symptoms.

Secondary traumatization; transmission of trauma

Children of traumatized parents, especially young ones, experience their parent-gods as not recognising them as the children that they are, and only inconstantly tending to their needs. Rather, they experience them either screaming silently, untellably, incoherently, mysteriously, from their black holes, or exploding like gods of thunder and lightning in audible screams, and irrational symptoms. Children's own physiologies, sensations, feelings, behaviours and attitudes alternate between imbibing and rebelling against parents' over-silent or over-loud responses. In either case they are drawn into their parents' traumas, and are secondarily traumatized by them.

They experience double trouble: not only are they required to adjust to their parents' alternating physiological circuits, emotions, behaviours and attitudes, but they must cope with their own automatic survival responses to their parents. They may not understand either. Their own stories may be in untellable fragments.

And as happened with their parents, when thought glimmers beyond automatic reactions in these children of survivors, they may feel guilt; for having brought on their parents' suffering, not having rescued their parents from their troubles, not enlivened them sufficiently; not remembered or not forgotten the Holocaust enough, in accordance with conflicting parental demands.

What do untellable non-stories look like? Let me give you an example of such a non-story.

A mother is frozen in non-mourning for her dead family. She looks at her child with unshed tears and does not see her child. This induces a sense of non-existence and depression in the child. The child wants to rescue, reassure, or enliven the parent and gain

life for itself; it feels guilty and worthless when it fails. This is an example of how trauma can continue unwittingly across the generations.

What is true for survivor's children is also true for the children of survivors' children. The consequences may be diluted, and sometimes one grandchild carries more of the burden than others. But when a grandchild does carry the burden, the burden can appear even more innate, irrational and less subject to enquiry than in the previous generation; the sources of the consequences being more hidden in ancestral mysteries.

Right brain

I want to end with a neurological postscript that may shed some light on how wordless trauma is communicated. We are becoming aware that the right hemisphere of the brain is dominant in early childhood, and that it stores traumatic material. The right hemisphere is non-verbal and has the properties of what has been called the unconscious. It is here that trauma is hidden from words, memory and knowledge; but is coded in emotions, sensations, automatic behaviour and attitude patterns. It is from here that trauma can be signalled from the right brain of the parent to the right brain of the child and be unwittingly, unconsciously, transmitted.

Do you remember the mother who heard herself, to her chagrin, repeat her mother's sayings to her child? Well, her left brain was observing what her right brain was spewing. This is what I meant when I said that traumatic imprints can override the logical mind.

Mitigating Transgenerational Trauma

Perhaps nothing is as transformative and healing as for the survivor to put into concurrent words and feelings their original traumas and for the generations together to recognise their consequences on themselves and each other.

This restores to parents their true roles as givers of wisdom, and the children can realistically integrate early parental imprints, current parental behaviour, their own responses and their own normal thrusts in life. Fortunately, it is never too late for love to thaw out trauma.

How this is done, I hand over to my colleagues to explain.