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Intergenerational Transmission of PTSD Affects Us All

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I attended a wonderful workshop on Transgenerational Effects of Critical Incident Stress on Emergency Workers' Families at the January meeting of the International Association of Trauma Counseling (now http://www.atss.info) Patterns of failed or difficult communication, difficulties with intimacy, and rigid problem solving styles were discussed by Lt. Paul Wilson of the Berkeley Fire Department.

Charles Marmar, M.D., discussed the prevalence of trauma in the population in general, (50% for women and 60% for men). He also said that many traumatized families resort to an authoritarian style to control the family story of trauma. It is healing for the whole family to share the story of the trauma, instead of it being an unspoken but never forgotten part of life. Today, of those who get PTSD, 50% go on to become chronic. This points out the necessity of education and debriefing all traumatized people and their families.

Joan Lanning, Ph. D. and Cameron Brown, the director of Crisis Management for the Ft. Worth/Tarrant Co. Emergency Management Office, then talked about the program they have for Emergency Responder Families. The Ft. Worth Fire Department used to have an 85% divorce rate. It was very heartening to hear that since the educational and experiential program was initiated for rookies' families there has only been one divorce among them.

Studies of intergenerational transmission of PTSD suggest that traumatized parents affect their children in various ways. Violence and sexual abuse have been observed to run in families. Their effects on children include school discipline problems, lack of self-esteem ("Violence to the body ... is so inescapably humiliating." James Gilligan, MD says in *Violence*), difficulties in making and keeping friends and later relationships, physical aggression, blaming others for their behavior, and drinking and drug problems which numb the intolerable emotions which arise from trauma and abuse. It's just harder to be alive if you've been abused.

In *Violence: Our Deadly Epidemic and Its Causes*, (Putnam, 1996, highly recommended by me!) Dr Gilligan points out the fact that our most violent criminals come from severely violent homes. He goes on to say that just as not everyone who smokes gets cancer, not everyone who grows up with violence becomes violent, but we need to face reality, violence is a leading cause of violence.

Even without violence in the home, PTSD affects families. At the 4th Annual Meeting of the ISTSS in 1988, Linda Reinberg, PhD, talked about the children of non-violent, non substance abusing Vietnam veterans with PTSD feeling responsible for their father's happiness and feeling that their families were different from other families. They felt a lot of grief over that fact. She found a cluster of symptoms reminiscent of PTSD in that the kids were aggressive, underachieving at school, feeling they had to take care of their parents, numbed their feelings, had poorer concentration and attention, impaired feelings of belonging, and a tendency to self-medicate with alcohol and drugs.

Yael Danieli, Ph.D., in her groundbreaking work on the families of Holocaust survivors found families oriented around being victims, families oriented around being fighters not victims, and numb families. Her work with Holocaust families is based on "two major assumptions: 1) that awareness of the meaning of ...adaptational styles and the integration of ...[traumatic] experiences into the totality of the survivors' and their offsprings' lives will be liberating and potentially self-actualizing for both; and 2) that awareness of transmitted intergenerational processes will inhibit the transmission of pathology to succeeding generations." ("The Treatment and Prevention of Long-term Effects and Intergenerational Transmission of Victimization: A Lesson From Holocausrt Survivors and Their Children, in *Trauma and Its Wake,* ed. Charles Figley, 1985, p. 306).

Awareness.

Intergenerational transmission of PTSD is the transmission of learned behavior whether learned on the battlefield or in a violent home. Learned behavior can be unlearned once it is identified. A behavior may be common, but common does not mean normal, or useful, or effective.

Even when violence is not passed along, emotional numbing causes dysfunctional patterns to develop in

families. "Don't talk, don't think, and don't feel." Because if people don't talk about what is going on, they will learn not to think about it either. To do that they have to numb themselves. They lose the capacity to process unpleasant feelings except through outside sources (the bottle, the TV, etc.). They also seem to be unable to observe and think about the world. They don't trust anyone, but they will believe anything. This condemns society to keep making the same mistakes over and over.

Another effect of intergenerational PTSD: I personally trace the development of the "chemical imbalance" school of psychiatry to people affected by WWII— veterans or their children— who never saw anyone deal with bad feelings by feeling them so they would pass. Can't have bad feelings? Better drug them!

One sad result of emotional numbing is the current punitive wave of people who "were not affected by _____" but somehow manage to write extremely emotional shaming finger pointing books like *The Myth of Repressed Memory* blaming other people for being affected. The politicians who say "I was beaten and it didn't hurt me," are the worst offenders. Surely for a grown man to propose the beating of already traumatized kids in school (school discipline problems are often directly related to physical abuse), publicly humiliating and punishing children who deserve our care, is the ultimate in intergenerational transmission of PTSD. When such men get elected on the platform of "Let's pass along the violence and the lack of compassion and then instead of voting for more money for schools so you can get help, I'll vote for more jails so we can keep the cycle going," it convinces me that the whole culture is suffering from emotional numbing, outbursts of anger (aimed always at the wrong people), and a need to repeat the same mistakes over and over.

We have the highest rates of violence in any industrialized country, but we can't seem to learn from our mistakes or other countries' successes.

Even our political violence seems to represent a need to reenact trauma. I once saw an OSS officer on PBS talking about how traumatic it was to torture Japanese prisoners. He then got a really obsessive look on his face and said that when he was in the CIA in Vietnam, "We had to do it, too." I felt I was seeing a repetition compulsion, that he had to do it. I wonder if that type of compulsion explains the existence of the School of the Americas and its graduates who have been implicated in human rights violations all over Central and South America.

We can also look at the immigrant experience for stressors. People fled political or economic death (pogroms, the Holocaust, the Irish potato famine, political oppression in Ireland, Germany, Scotland, etc., wars) and they lost home and community. Often they lost family members to the violence, and many of them left because they were seeing other people killed. That's all four traumatic stressors. Enough to make anyone numb and pissed off. The slave experience was even worse.

Two traumatized ethnic groups in which talking about problems is discouraged and violence and drug and alcohol abuse are common are the Irish and the African-Americans. Behaviors learned centuries ago seem to be unconsciously transmitted today.

As I pointed out in the first issue, PTSD symptoms are survival skills which become less effective and less appropriate over time and often become really big problems. This is doubly true when the time span is that of generations and the need for the behavior is gone. I think of the type of discipline reported in many African-American autobiographies when I write this. (See the sidebar on slavery on p. 6.) I also think of the phrase, "My father never talked about the war," spoken with pride as if this were proof he wasn't affected by the experience instead of avoidance and numbing (i.e. proof he was affected). Cops do this, too.

We tend to keep a conspiracy of silence about the horrors of war, genocide, torture, political oppression, crime, battering, incest and slavery just as we did about the horrors of the Holocaust. Yael Danieli found out that one of the hardest things for survivors of the Nazis was that no one wanted to hear about it. Sounded real familiar to the wife of a Vietnam Veteran! Unfortunately it is also familiar to most other trauma survivors.

Reading history with an eye to traumatic stress and intergenerational transmission explains a lot. There seems to me to be a geometric progression of the influence of trauma and of PTSD. Rigid ways of thinking and behaving lead to reenacting the same scenario over and over. Look at Bosnia, Rwanda—

People acting as if there were no tomorrow ("sense of a foreshortened future" in the diagnosis) may actually bring that to pass!

With knowledge we can make a difference. Making a difference is vital for the future of this country and the world.

The Active Ingredients

Charles Figley,Ph.D., founder of the ISTSS, and Joyce Carbonell, Ph.D., both of Florida State University have been conducting a study of what they call "the active ingredients" in PTSD treatment to see what actually works with PTSD.

The study focused on techniques which were relatively short term, appeared to work, and "did no harm." The alphabet of techniques they studied were TIR, V/KD (Visual/Kinesthetic Dissociation, TFT (Thought Field Therapy), EMDR (Eye Movement Desensitization and Reprocessing). I'm going to report more thoroughly on each of these in future issues.

TIR is covered in the next article.

Visual /Kinesthetic Disso-ciation (V/KD) is a Neuro-Linguistic Programming technique in which you are taught to dissociate the feelings from the trauma. Then you view the trauma as if it is on a screen and learn things that help you deal with it by seeing yourself in the situation. One great advantage is that although you can, you don't have to tell the practitioner about the trauma. Information on V/KD is available from several sources .

Thought Field Therapy is a system developed by Roger J. Callahan, Ph.D., which is apparently very effective with phobias and traumas. Since it consists of tapping yourself in various patterns it has been virtually ignored by the therapeutic community till Figley and Carbonell included it in their study. Apparently it works. Information is available from http://www.tftrx.com/

EMDR, Eye Movement Desensitization and Reprocessing, developed by Francine Shapiro, PhD, is a technique which should only be used by a trained clinician in a therapeutic relationship with a client. There are lots of trained therapists around the country. More information is available from Francine Shapiro, http://www.emdr.com.

In this technique, the therapist guides you visualizing a traumatic event while he or she either moves a hand in front of your eyes or taps alternately. Somehow this helps the survivor reprocess what happened. To quote her book jacket, "The eye movements seem to stimulate the client's innate information processing system to transform dysfunctional self-denigrating thoughts into less threatening, more palatable information."

Big advantage of all these: no chance of creating "false memories." French (TIR) and Shapiro (EMDR) both had stories of clients who thought they might have been sexual abuse survivors because of their symptoms. They had both been traumatized and forgotten the trauma, but the nature of the trauma was entirely nonsexual.

All of these techniques seem to provide an alteration in point of view or perception, sometimes in the most literal sense as in viewing yourself during the incident, sometimes in the most figurative sense as when in TFT you, focus your mind on the trauma and tap various spots on your body till you feel a change.

At breakfast one day I was telling this to Bob and he pointed out that everything I was talking about was also a present moment experience like what is aimed for in meditation. Being here now, living today, being more in your body and less in your head, which is of course what is so hard for people who are being forced into the past by intrusive symptoms and constantly wary of the future because of fears of what symptoms might come up if they go anywhere.

Relief from the pain of PTSD may not provide you with all the skills you need to live, but it is a start

Traumatic Incident Reduction

I went to a presentation on Traumatic Incident Reduction given by Gerald French and Frank Gerbode, M.D., at the ISTSS (International Society For Traum-atic Stress Studies) meeting last November. I liked their attitude of empowering the trauma survivor (and EMDR wouldn't let me into the session because I'm not a licensed therapist).

TIR training is available to non-professionals because Gerbode and French believe there is too much trauma in the world for it all to be handled by professionals even if a license were a guarantee of competence. In February I went to Menlo Park to take training in TIR from them at the Institute of Research in Metapsychology. It was one of the most worthwhile things I've ever done. Six therapists and one earthquake survivor were also taking the training.

"We believe that all too often what mankind has lacked is not answers, but questions—the right questions—... Thus the applications of metapsychology developed by the Institute have most often taken the form of questions designed to direct an individual's attention to the parts of his or her world that contain the answers (s)he seeks."

In TIR, a facilitator uses a series of simple directions and questions to guide the viewer (survivor) through an incident he or she is interested in working on. I emphasize the word interested because no TIR facilitator will ever say "you should work on this one," the way a therapist might. Your interest is a good indicator that you are ready to handle the incident. This principle keeps survivors from being pushed into something they are not ready for and re-traumatized.

For More Information

Traumatic Incident Reduction Association

Email: info@tir.org or
1-800-499-2751
www.tir.org
TIRA
5145 Pontiac Trail
Ann Arbor, MI 48105
USA

Handle the incident is the way they describe the process because that's what you do as a viewer: you handle it and it loses its hold over you, its emotional charge. Instead of intruding into the present through flashbacks, feelings, fears, angry outbursts, and the rest, the trauma is over and done and gone. For example as a teenager, Gerald French, the lead trainer at the IRM, was fished out of Boston Harbor after a plane crash. For years he could only fly if he was drunk. Eleven years ago he handled the incident with TIR. He's flown without fear ever since.

Going through the incident over and over helps to recreate the emotional state felt during the trauma. The things that happened and the things that were learned it that state of hyperarousal and fear become available to the viewer. Retrieving this information empowers the survivor to reframe the incident and draw his or her own conclusions. The facilitator will never interpret, interrupt, or tell you what to think or feel. For many people who have spent years in conventional therapy without finding relief, this has been the first time they have told their trauma to another person without interruption!

Feelings come up, often very strong ones. The viewer remembers details, sees things he or she never noticed before and works through the whole incident in a few hours. Towards the end, viewers often go through a quiet period where they come to real-

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izations about what they have been through. In conventional therapy the therapist might feed you interpretations of your experience. In TIR, the facilitator will simply trust you to come up with your own way of looking at it which is healing for you.

The session does not stop until the viewer has what we call Very Good Indicators: obviously feeling better, smiling, relaxed, reached some sort of realization. Then the facilitator might ask if there is anything you would like to add. The session will end with "Okay, then we'll leave it at that," or something similar from the facilitator. Even if you return for more sessions on other traumas or to use some of the other metapsychology techniques, the facilitator will never mention that incident again unless you bring it up. This is very unlike conventional therapy where the therapist too often and not always correctly points out connections (which can be annoying).

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One of the major things that is different and effective about this is that the facilitator stays with the incident for as long as it takes for the viewer to process it. No fifty-minute hours here, leaving the trauma survivor emotionally re-traumatized till next week.

The theory behind this method is that a trauma by its overwhelming nature never gets completed in our minds. Because what happened was too much, it gets repressed instead of worked through, and retains an emotional charge. People are capable of working through trauma themselves in a supportive environment. They don't need to be fixed, but they do need space and time to heal. TIR provides a safe space, firm guidance, and as much time as it takes.

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People often make decisions like "I'll never love anyone again," or "All men are no good,' at the time of the trauma which they may live by without knowing where it came from. Awareness heals. And it heals quickly and completely according to the experience of many therapists who use this technique. Ken Green at the Vet Center in Fairbanks, Alaska, posted this on the internet: "The beauty of it is that it is a self-directed flooding technique that is well tolerated by Vietnam vets with authority problems."

I did my first TIR as a facilitator a month ago with a friend of mine. She started out arms and legs crossed, curled up in the chair, sobbing as she viewed and then related the incident to me. At the end she was sitting up smiling and saying that she realized it wasn't her fault, that she shouldn't have been in charge of the situation at that age and with no experience. It was so incredible.

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I called her yesterday to see if the result had lasted. She said yes and it was okay to quote her: "The best thing about it was the realizations I came to on my own. And it was so good to just go through the whole thing. I'd never let myself do that before. The pain is gone."

TIR has been used with veterans who got no relief from the best inpatient PTSD programs in the country, with battered wives, people whose families have been murdered in front of them, anyone who can concentrate. It is important to get enough sleep and to be off medications, drugs and alcohol for 48 hours before trying to do TIR.

Book Reviews:

Treating Attachment Abuse: A Compassionate Approach, by Steven Stosny, Ph.D., Springer Publishing Company, 536 Broadway, New York, New York, 10012-3955, $44.95, 212-431-4370.

The final note in this book says: "As of June 1995, more than 300 participants have been treated. At 1 year follow-up with the CTS, 89% of victims report that they are violence free, and 81% report that they are free of verbal aggression." Anyone who knows anything about domestic violence knows that is a miracle!

The book is written for therapists so it is not an easy read, but the concepts in it are worth any amount of trouble. I was particularly struck by the concept that abusive behavior is used to numb pain and feel power because that is what I've always felt. As Dr. Stosny points out, the empowering effect doesn't last nor is it effective in controlling others.

The other thing that struck me was Stosny's emphasis on teaching compassion for the self first and then for others. This gives batterers a way to tolerate the pain of feeling abandoned without having to hit out. My experience has been that when I hated and despised myself, I wasn't very good at loving others or seeing their point of view. In the workshop, batterers learn to acknowledge their inner feelings of abandonment and unworthiness and replace them with self-compassion. This empowers them. Within a few weeks they can notice that other people's behaviors, especially their victims' behavior which they have used as an excuse for violence, are often used to mask the same sad feelings. They develop compassion for others and stop hitting them.

Stosny's book is full of handouts and worksheets which I worked in my head as I went along, often being reduced to tears by the emotions they evoked and the incredible feeling of healing that went along with it. His Compassion Workshop is successfully attended by both batterers and victims (who are not good at self-compassion either). I would like to see it used everywhere.

Stosny has also published *The Powerful Self*, and two wonderful books for the general public: *You don't Have To Take It Anymore,* which came out in paperback as *Love Without Hurt,* and *How to Improve Your Marriage Without Talking About It* with Susan Love. www.cpmpassionpower.com.

Your Body Never Lies, Carmen Renee Berry, Page Mill Press,2716 Ninth St, Berkeley, CA, 94710-2060, $21.95.

This book is aimed at teaching people to listen to their body, including traumatized people.

Chapter One describes how people live in their heads and disregard their bodies, rejecting and neglecting them, and the benefits of changing this. Chapter Two, Too Young To Remember? contains the latest scientific research on infant awareness.

In Part Two, there are four chapters on types of touch we all need and the results when we get abuse instead: Attentive, Accepting, Safe, and Integrating Touch. Each has a questionnaire to help you focus on your issues.

Part Three is about finding healing through body work. The four chapters, Increasing Intimacy, Increasing Health and Vitality, and Integrating Your Past With The Present, and Trusting Your Body, cover all aspects of healing emotional trauma and it's effects using body work, including how to find a safe bodyworker.

Berry is a psychologist and a bodyworker, a trauma survivor and a person who has reconnected with her own body.

Body and Soul: The Black Women's Guide to Physical Health and Emotional Well Being, edited by Linda Villarosa, Harper Perrennial, 1994.

This is a great book with a no nonsense attitude about the realities of life for Black women. I read a lot of Black women's autobiographies because I admire them and respect their struggles.

Two parts of the book will be especially helpful to trauma survivors, Part IV: Our Emotional Well-Being, and Part VI: Keeping Safe In a Hostile World.

Highly Recommended! ❦

Family Violence and Religion: An Interfaith Resource Guide, compiled by the Staff of Volcano Press, P O Box 270, Volcano, CA, 95689, $29.95.

Fundamentalism (Christian, Jewish and Islamic) is often used as an excuse for violence against women and children, although this is a misreading of Biblical texts. This guide has some pretty good counters to that especially, "Husbands should love their wives as they do their own bodies," from Ephesians. Other chapters talk about African-American, Asian, Jewish, Hispanic and rural issues, elder abuse, assessment tools, the effects on kids.

Lots of good stuff here! ❦

My Thoughts on Slavery

An African-American Ph.D. psychology student at a conference about traumatized children, said to me that physical discipline was a cultural norm for her culture so beatings weren't traumatic for black children. This is emotional numbing, intergenerational PTSD. It's also false. Beatings are traumatic even if you are already numb. Studies also show that beating kids makes them violent.

Slavery incorporated every type of traumatic stressor mentioned in DSMIIIR, yet I've never seen an analysis of the problems of the African-American community from the perspective of intergenerational transmission of PTSD. I suspect it would be quite productive.

A lot of African-American kids are severely traumatized before they ever meet a white person, simply by methods of "discipline" which date back to slavery times. Reading African-American autobiographies makes this abundantly clear. The ability to bear pain, insult, and degradation at the hands of white people was an absolutely essential survival skill for black children to have. Act smart and get killed was reality. Heavy handed discipline was training for survival, but looked at another way it seems like an unconscious repetition of the horrors of slavery.

Identification with the beater instead of the beaten gives an illusory feeling of power, but how effective is it? Who is getting hurt or killed? Who is getting raped and sexually abused? It says in ***Body and Soul***, edited by Linda Villarosa that when a black women is raped eight out of ten times, the rapist is black. She quotes a great poem:

Brother
I don't want to hear
about
how my real enemy
is the system
I'm no genius
but i do know
that system
You hit me with
is called
a fist

(Pat Barker, Movement in Black, quoted on p. 500 in ***Body and Soul***)

Reframing these"slavers' behaviors" might motivate change.

Efforts to avoid thoughts or feelings associated with the trauma obviously include drug and alcohol abuse, sexual compulsion, religious addiction, compulsive overeating, etc., which plague the African-American community.

Minimization and denial of the traumatic nature of much of black experience in America is the norm. People think of ***Gone With the Wind*** instead of Ernest J. Gaines' ***The Autobiography of Miss Jane Pittman***, (another highly recommended book) .

We need become aware of and pay attention to the facts. The fact that slavery has such long term effects can be used as a tool for understanding and healing in our communities and country.