

Intergenerational Trauma

An Embodied Experience

Michelle Rosenthal

ABSTRACT

Trauma experienced by past generations, or intergenerational trauma (ITT), may affect clients' current functioning. Trauma, while stored in the body, is also transmitted from person to person on a body level through biological and environmental means. While many trauma experts are beginning to learn the importance of somatic interventions for the healing process, there is limited research on the use of somatic interventions for help with symptoms resulting from ITT. This paper explores the implicit nature of the transmission of ITT and posits that body psychotherapy is uniquely positioned to help clients working with challenges related to this type of trauma.

Keywords: Intergenerational trauma transmission, intergenerational trauma treatment, body psychotherapy, multigenerational trauma, generational trauma

Submitted: 02.05.2020

Revised: 02.09.2021

Accepted: 08.09.2021

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis

Volume 20, Number 2,

Fall/Winter 2021-2022, pp. 80-86

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

© Author and USABP/EABP. Reprints and permissions: secretariat@eabp.org

“T

he residue of our ancestors' unresolved injury does not simply disappear. In fact, it often weighs most heavily on the introspective, sensitive members of the next generation”

Firestone, 2019, p. 5

As therapists continue to explore the importance of how trauma can affect their clients, they are also becoming aware that trauma experienced by past generations, or intergenerational trauma (ITT), can have a lasting effect on clients' current functioning. As trauma is stored in one's body (van der Kolk, 2014), it is also transmitted from person to person on a body level. In order to heal ITT (also called generational trauma, multigenerational trauma, lineage trauma), it is important to understand that transmission occurs through the body, and therefore must be treated through the body. Many trauma researchers have stated that meaning-making is an important aspect of the healing process and can involve integrating traumatic events and memories attached to them (Koch, Caldwell, & Fuchs, 2013). While making-meaning may involve such integration, due to the nature of ITT and its transmission, the information used to create meaning may not be available to the client, or, if known, might have a dissociative feeling to it. The theory presented in this paper states that a somatic approach is imperative in treating lineage traumas, and that recreating the story is not always necessary for meaning-making. While the role of body-based approaches in trauma research has grown significantly in the past two decades (van der Kolk, 2014; Herman, 2015; Rothschild, 2000; Levine, 1997), there is limited literature on the significance of treating ITT through a somatic lens. This theory does not aim to explain how one should use somatic interventions; rather it aims to highlight the importance of such interventions when working with ITT in a holistic manner.

Transmission of unconscious material is both a biological and environmental process, meaning that both genetic makeup and lived experiences affect how an individual learns to make sense of the world and act within it.

For the purposes of this paper, the terms *story* and *narrative* have been differentiated. *Story* is the actual events that have occurred – the facts. This is what is stored as declarative memory and is part of one’s explicit memory. *Narrative* is a form of memory that involves both explicit and implicit memory (Siegel, 2012). Narrative is how one makes meaning of one’s lived experience and declarative memory (Siegel, 2012). While both narrative and story can be influential in the healing process, it is necessary to distinguish them in order to clarify what has happened and the meaning-making that follows. In the case of ITT, one might never know the actual events that caused the trauma response. The event was not part of the individual’s lived experience, yet it is woven into their narrative.

Literature Review

Trauma

Menakem (2017) describes trauma as a physical reaction to an event or events perceived as potentially dangerous. Trauma has also been described as an overwhelming experience accompanied by a feeling of powerlessness, loss of control, and fear that could have negative long-lasting effects on functioning and overall well-being (Herman, 1992; Siegel, 2012). This process involves a disconnection from self and others, and can be followed by periods of intrusive thoughts or flashbacks, hypervigilance, constriction, and preventing traumatic memories from resurfacing in the conscious mind through fragmentation (Herman, 2015). During traumatic experiences, individuals may dissociate, go into a hypnotic-like trance, experience depersonalization, and perceptions may be numbed or distorted (Herman, 2015). While these experiences and memories are disconnected from ordinary consciousness, pieces of memory may be produced as intrusive symptoms and nervous system reactions. According to Porges (2017), when an individual is reacting to past trauma, their nervous system might function from a sympathetic state (hypervigilance) or from a low-tone dorsal vagal state (freeze). These are ways for the body to protect itself from threat, yet these processes will take a toll on the individual’s mental and physical health (Porges, 2017). Not only do individuals instinctively protect themselves through their nervous system responses, they have a drive to heal themselves as well (Levine, 1997). In doing so, trauma might be reenacted in an attempt to produce different results by internalizing or acting out past trauma in relationships, experiences, and through motivations or drives (Levine, 1997). Without integrating or healing traumatic wounds, individuals can continue to reenact the story, hoping for a new ending – thus perpetuating violence, trauma, and oppression.

Healing from trauma and returning to optimal functioning requires reintegration within the self, as well as reconnection to others (Herman, 2015). Connection to self involves self-awareness, or conscious access to

the present moment (Siegel, 2012), and is integral in reconnecting parts of the self that may have been fragmented due to the trauma. Many trauma experts agree that meaning-making is also part of the trauma healing process (Herman, 2015; van der Kolk, 2014; Rothschild, 2000; Ogden, et al., 2006). Koch et al. (2013) describe the body as a “meaning-seeking system searching the environment for coherence” (p. 86). Meaning-seeking and meaning-making aid in the verbalization of experiences and help individuals by making change more explicit (Koch, et al., 2013), thus assisting in the integration and healing process.

Intergenerational Trauma Transmission

According to the concept of intergenerational trauma (ITT), psychological trauma can not only impact one’s lived experience, but can also be transmitted from parents to children, and continue to be passed on by families and communities across generations (Danieli, 1998; Firestone, 2019; Goodman, 2013; Knight, 2017). While hundreds of studies exist supporting the ideas of ITT, researchers are still unclear about how and why trauma is transmitted generationally (Kellerman, 2013), which may confound the process of healing this type of trauma.

Transmission of unconscious material is both a biological and environmental process, meaning that both genetic makeup and lived experiences affect how an individual learns to make sense of the world and act within it (Matosin, Cruceanu, & Binder, 2017; Firestone, 2019; Stanek, 2015; Loman, 1996). The study of epigenetics supports this idea by exploring how genes can be expressed differently based on environmental factors, though one’s DNA remains unchanged (Williams, 2013). According to research on epigenetics, exposure to psychosocial challenges, traumatic events, or severe and chronic stress can lead to epigenetic shifts in gene expression that result in either gene expression, repression, or enhancement (Matosin, et al., 2017). Not only can these changes be long-lasting, affecting overall health and mental health in one’s lifetime, but they can also be passed on to future generations (Matosin, et al., 2017). According to epigenetic studies, while trauma does not affect one’s DNA, gene expression and how one reacts to certain stimuli can be passed down from parent to offspring (Kellerman, 2013; Dias & Ressler, 2013). For example, research by Dias and Ressler (2013) suggests that fear-induced olfactory experiences can be transmitted structurally without any social transmission. Mice subjected to odor fear conditioning before conception passed on an increase in fear response for two generations. Studies examining deprivation periods throughout history, such as the Dutch Hunger Winter (1944-1945), the Swedish famine (1867-1869), the Montreal ice storm (1998), and the Holocaust (1941-1945) support epigenetic transmission of traits by stud-

Current societal and psychological trends are leaning in the direction of a more emotional and body-based approach to treating trauma, yet most still adhere to a top-down cognitive approach to trauma treatment. In contrast, using a somatic lens to heal ITT through a bottom-up approach can be more appropriate due to the implicit nature of the transmission process.

ying offspring of parents who lived through those traumas (Matosin et al., 2017).

While biological and genetic considerations are important factors to consider in the transmission of trauma, so are an individual's environment and experiences. During development, children learn how to cope with stressors and challenges through their interactions with caregivers. How caregivers respond to a child is one way that the child learns whether the world is a safe place, and how to respond to it (Cozzolino, 2014). This is learned through observation as well as through body interaction and transference of body memory, through movement, mirror systems, imitation, and resonance (Cozzolino, 2014). Through actions, emotions, and body responses, children learn how the world works, and can learn that the world is a dangerous place. This may result in repeating patterns of engaging with the world that they have learned from their caregivers, and transmitting trauma responses on an unconscious level from generation to generation. When caregivers have not healed from traumatic experiences, traumatic memories can be passed on to the next generation through nonverbal interactions, as well as how children learn from their caregivers how to interact with the world.

While literature and research support the transmission of ITT (Danieli, 1998; Firestone, 2019; Goodman, 2013; Knight, 2017) there is a lack of empirical evidence for effective treatment for ITT. Marsh, Marsh, Ozawagosh, and Ozawagosh (2018) suggest incorporating traditional healing practices as an intervention for ITT for indigenous populations. Connolly (2011) offers insight into using narrative therapy and making meaning through narrative to heal intergenerational wounds. Daucet and Rovers (2010) state that spiritual practices and cognitive reframing could support healing ITT. Goodman (2013) suggests using genograms to highlight trauma, and resiliency to aid in the healing process. Quadro (2016) states that traumas of past generations must be named, and there needs to be open acknowledgement of ITT in the family system for healing to occur. While these suggestions and theories support treatment options and offer ideas for future research, there is no empirical evidence to support these theories, and there is a large gap in the research on interventions to aid in the healing process of ITT.

Memory

Memory shapes how individuals interact with the world, as well as how they make sense of the world (Siegel, 2012). Much of what is thought of as memory is based on recall of factual information and autobiographical memory, or explicit memory. This type of memory is encoded and stored using the hippocampus, which does not develop until a child's second year of life (Siegel, 2012). Before this time, individuals rely on implicit memory, or body memory, which is based on perception, emotion, behavior, and body sensations (Siegel, 2012). Body memory is attained through body sensation and is responsible for helping individuals navigate the world without using deliberate thought (Koch, Caldwell, & Fuchs, 2013). During development, a child learns about body sensations and emotional meaning through somatic interactions with caregivers, such as touch, tone of voice, movement patterns, facial expressions, and tension in the body (Wallen, 2007). Trauma can be stored in one's body as somatic symptoms without explicit awareness (Herman, 2015; Koch et al., 2012; Ogden & Pain, 2006; van der Kolk, 2014).

Body Psychotherapy

Body psychotherapy, a form of somatic psychology, is a holistic approach to mental health counseling that affirms that mind and body are not separate (USABP, home, 2018). Body psychotherapy posits that the body communicates through sensation, breath, and movement, and that trauma stored in the body can be released through listening to what the body has to say (Caldwell, 1996). Therefore, all events have an impact on the entire person. In order to heal, the body and mind are both integral to the healing process. Traditional psychotherapy takes a top-down approach, focusing on cognition, while body sensations are deemed less important or discouraged (Siegel, 2012). Current societal and psychological trends are leaning in the direction of a more emotional and body-based approach to treating trauma, yet most still adhere to a top-down, cognitive approach to trauma treatment. In contrast, using a somatic lens to heal ITT through a bottom-up approach can be more appropriate, due to the implicit nature of the transmission process.

Body Psychotherapy for Treatment of ITT

Due to their specific training related to the integration of mind and body, as well as the emphasis on body sensation in therapy, somatic therapists are uniquely positioned to help clients working with the challenges of ITT. While current trauma treatments consist of predominantly top-down, cognitive, or pharmacological approaches to healing, somatic therapists use both cognitive and body-based approaches, including somatic and sensory information (Mulloy, 2019). Though intergenerational trauma is transmitted through the body, many practitioners do not conceptualize the healing of ITT through somatic interventions. There also is limited evidence on whether a cognitive method, using story and declarative memory, is an effective way to address the treatment of ITT.

In order to explore how one has been affected by ITT, many would assume that revisiting the trauma of their parents and ancestors would be necessary. Others believe that it is not necessary to acknowledge such parts of our identity to work with one's present moment experience, letting go of the importance of the trauma story, and instead working with ways in which the client is currently affected by such trauma (Levine, 1997; Rothschild, 2000; Ogden and Minton, 2006). Exploring trauma through a somatic lens does not discount the importance of cognition; it offers a more expansive take on how the individual may be experiencing trauma symptoms. This can involve examining body sensations, but might also include memories and meaning-making through memory. ITT results from events that the individual seeking treatment did not experience, therefore those memories may not be accessible to most individuals. Because of this and the implicit nature of transmission, working with a somatic approach is essential if healing is to occur, since trauma has been passed down at a body-to-body level.

Some individuals believe understanding trauma stories will bring comfort and accelerate the healing process (Wajnyrb, 2001), and thus feel a need to restate old stories, potentially inducing the repeated trauma responses. While this may help them connect with their ancestors' experiences and explain why they feel or react the way they do, this is not all that is needed to further the healing process. It is important that the implicit nature of ITT transmission be taken into consideration when deciding how to foster the healing of ITT. While stories may help, the wounds and scars that the client is reacting to live in the body and therefore must be addressed in the body.

If trauma recovery is an integration and meaning-making process, treatment must include ways to do this without access to memories involved in the original trauma response. How this can be achieved is a question being posed by some trauma therapists, but seems even more important when clients have not consciously experienced it, and do not know the story. While some

have heard stories of their ancestors from caregivers or history books, others are not connected to their ancestors, and do not know their familial histories. For these individuals, and for those who do not have access to ancestral stories and trauma histories, other ways to heal from symptoms created by ancestral trauma must be examined. To assume that in order to heal ITT, these stories must be made known is to say that those who cannot connect to their familial past are destined to reenact these patterns and cannot heal. Individuals do not need to know their stories to be influenced by them, and should not need to know these stories in order to heal from the pain they cause. Individuals must be able to make meaning of ancestral trauma without direct connection to these stories.

Since the events that caused the trauma response are not part of one's lived experience, the person experiencing ITT will never know the "true" story, only the parts that have been passed down implicitly or through other's narratives. Connecting one's experience and trauma responses to another's pain can be helpful in meaning-making, yet it is not necessary to reexamine others' wounds to heal oneself. Thus, it can be helpful to acknowledge that others' experiences have had an influence on behavior and responses to the environment.

Trauma recovery involves meaning-making and integration happening in the here and now. Therefore, it is important that clients are able to make meaning of their current experience. In order to connect to and understand one's environment, individuals are constantly searching for commonalities in objects and circumstances (Koch, et al., 2013). When one does not have a memory to tether their meaning-making to, one must make meaning of what is happening in the present moment. This can involve an acknowledgement of ITT, without recall of the story. Many clients see a therapist to feel better and make sense of their current situation. For healing to occur, acknowledgment of one's connection to current survival strategies and ITT might or might not be necessary. However, these experiences and reactions have a direct link to how our ancestors once survived. By making this link, without closely examining the actual events or stories, individuals might still be able to invoke meaning, therefore promoting healing.

Integration involves connecting the past with our present moment. Integrating ITT can involve acknowledgement and a detachment from the emotional component of the survival mechanisms of our ancestors. To do so, individuals do not need to recreate a narrative. A client might be able to accept that these are survival mechanisms of the past that are no longer necessary for survival. While these skills may be helpful for survival, they must be able to use them appropriately and intentionally. Through detachment from the emotions of their ancestors, clients might be able to recognize where parts of their identities are enmeshed with the survival skills of the past, and develop new ways of navigating their world.

While story may not be important to healing ITT, some clients have heard the stories of their ancestors within their lifetime. For some, these stories of their ancestors and ancestral trauma have been repeated throughout their lives. Other individuals may not have a strong connection to these stories, resulting in the stories having a dissociative feeling. For example, individuals can read in history books and hear that their ancestors were oppressed, but may not have made a personal connection to these stories. For those individuals, it is important that they have an opportunity to feel and connect to the stories they have already heard. In order to heal these parts, one must acknowledge that there is connection, and feel it in their bodies. In this way, the individual can integrate what one knows on a cognitive level with what they inherently feel on a somatic level in order to begin the healing process.

Other individuals might have learned their familial stories and have a strong association and sense of the struggles of the past. In turn, many internalize these stories, can be enmeshed in the stories, and might have integrated the symptoms of trauma into their identities. For these individuals, it can be important to explore how these stories might be influencing their identities, and how they can create new ways of being in the world by disengaging from patterns that might not be aiding their well-being, although they might have been useful for their ancestors.

Mental health practitioners must be aware that ITT can have a powerful influence on their clients, whether or not they, or their clients, are aware of the specific impact. This is a part of one's behavioral patterns and nervous system reactions that must be acknowledged. While it might not be necessary to help clients make such links between their familial trauma and their current symptoms, it must be a consideration in treatment that ITT could be affecting their daily functioning, as well as having a strong impact on one's core beliefs about themselves.

Discussion

While story and narrative have been intertwined with current methods of treating trauma symptoms in individuals, it is important to recognize that ITT is different from lived experience trauma and needs to be acknowledged when treating individuals in a holistic manner. Western society tends to place a higher value on cognition, like story and facts, more than other body experiences, such as emotions and body sensations. This hierarchy thus bleeds into the fabric of current psychotherapy practices. Many therapists rely on clients to tell their stories, narratives, and memories in order to help them make meaning of their lived experience and create change in their responses to the world. For many, this means connecting their past to their current lived experience. While this can be effective for some, it is important to recognize that not only are these memories

unreliable truths, but for some there is no story to connect to because these experiences did not occur during the client's lifetime.

Although it is important to acknowledge that ITT exists and that it might be playing an important role in the lives of clients, it is also necessary for practitioners to follow the lead of the client. If the exploration of ITT or connections made to ancestors is not important to clients, therapists must drop such agendas, yet hold the possibility in their own awareness and conceptualization. Not all clients will benefit from ancestral and familial exploration. For some individuals, making meaning through exploring the stories of their ancestors will be very important, even if the practitioner does not understand or believe it to be relevant. For many individuals, it will be extremely difficult to make meaning without story while living in a society that is so cognitively driven. Telling one's story or the story of one's ancestors might feel both liberating and oppressive. It is the job of the therapist to make room for such exploration, while remembering that this might not be necessary for healing. All clients and individuals are different, as is their healing process. There is no prescriptive way of working with clients, and therefore, making the decision to explore one's ancestral story should be examined on an individual basis. Even though this might not be part of a client's therapy trajectory, it is imperative that therapists hold the possibility that clients can be affected by the wounds of their ancestors, and might have incorporated those reactions and patterns into their identities.

While this theory explores healing on an intrapersonal level, it is important to acknowledge that many people still experience systemic oppression related to the traumas of their ancestors (i.e., ancestors of those afflicted by genocide, war, or displacement). It is important to recognize that the trauma story can have a different impact when including the influence of systems of oppression. No individual is separate from the systems or communities they live in. When helping individuals heal from wounds and symptoms related to ITT, it is necessary to explore how systems of oppression might be affecting the client, and how telling one's story, or silence, can affect the healing process.

Limitations and Suggestions for Future Research

There is a large gap in current literature on the topic of using somatic interventions for healing intergenerational trauma. Further exploration is needed on how one should use somatic interventions. While many trauma experts and counselors are moving towards a more somatic approach to treating trauma responses, the field of psychotherapy needs to acknowledge the somatic and implicit nature of ITT transmission and explore how this might or might not be different from lived experience trauma. Exploration into how treating this type of

trauma could be different than treating other traumas is also necessary. Although treatment might be the same or similar, more research is necessary in order to make such conclusions. Research involving the use of current somatic trauma therapies with the intention of healing intergenerational trauma wounds could help with this distinction. Inquiry into the significance of story in the ITT healing process is also an area of research yet to be explored. Studies involving how and when exploration of story is helpful or hurtful, necessary or not necessary could further understanding of an individual's healing process. Research on the creation of meaning from trauma, and whether story or memory are necessary for this process, would also further understanding of this topic.

Conclusion

Due to the implicit nature of ITT transmission, somatic therapies are particularly suited to help clients explore how ITT may be affecting them. While many trauma experts acknowledge that the present-moment somatic experience of the client is necessary to heal trauma wounds, more research is needed in order to bridge the gap between one's lived experience and the experiences of their ancestors. This theory posits that retelling stories of our ancestors is not always necessary, but the integration of a somatic approach is paramount for healing to occur in a holistic manner. While clients might never know the stories that impact them, they will feel the imprints of the past on a very basic somatic level.



Michelle Rosenthal has an MA from Naropa University's Clinical Mental Health Program. She is a licensed professional counselor candidate in Colorado, USA and specializes in somatic counseling and body psychotherapy.

E-mail: michelle.rosenthal427@gmail.com

REFERENCES

- Connolly, A. (2011).** Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Journal of Analytical Psychology*, 56(5), 607-626.
- Danieli, Y. (1998).** *International handbook of multigenerational legacies of trauma*. New York: Plenum Press.
- Danieli, Y., Norris, F., & Engdahl, B. (2017).** A Question of Who, Not If: Psychological Disorders in Holocaust Survivors' Children. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(S1), 98-106.
- Doucet, M., & Rovers, M. (2010).** Generational Trauma, Attachment, and Spiritual/Religious Interventions. *Journal of Loss and Trauma*, 15(2), 93-105.
- Dias, B., & Kerry J Ressler, K. (2013).** Parental olfactory experience influences behavior and neural structure in subsequent generations. *Nature Neuroscience*, 17(1), 89-96.
- Firestone, T. (2019).** *Wounds into wisdom: healing intergenerational Jewish trauma*. Rhinebeck, NY: Adam Kadmon Books/ Monkfish Book Publishing Company.
- Goodman, R. (2013).** The transgenerational trauma and resilience genogram. *Counselling Psychology Quarterly*, 26(3-4), 386-405.
- Herman, J. L. (2015).** *Trauma and recovery: the aftermath of violence, from domestic abuse to political terror*. New York: Basic Books, a member of the Perseus Books Group.
- Kellermann, N. (2013).** Epigenetic transmission of Holocaust trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-9.

- Koch, S., Caldwell, C., & Fuchs, T. (2013).** On body memory and embodied therapy. *Body, Movement and Dance in Psychotherapy*, 8(2), 82-94.
- Knight, Z. G. (2019).** In the shadow of Apartheid: Intergenerational transmission of black parental trauma as it emerges in the analytical space of inter-racial subjectivities. *Research in Psychotherapy*, 22(1), 128-137.
- Levine, P. A. (1997).** *Waking the tiger: healing trauma through the body*. Berkeley, CA: North Atlantic Books.
- Loman, S., & Foley, L. (1996).** Models for understanding the nonverbal process in relationships. *The Arts in Psychotherapy*, 23(4), 341-350.
- Marsh, T. N., Marsh, D., Ozawagosh, J., & Ozawagosh, F. (2018).** The sweat lodge ceremony: A healing intervention for intergenerational trauma and substance use. *International Indigenous Policy Journal*, 9(2).
- Matosin, N., Cruceanu, C., & Binder, E. (2017).** Preclinical and clinical evidence of DNA methylation changes in response to trauma and chronic stress. *Chronic Stress*, June 2017, Vol. 1.
- Menakem, R. (2017).** *My grandmother's hands: racialized trauma and the pathway to mending our hearts and bodies*. Las Vegas, NV: Central Recovery Press.
- Mulloy, C.W. (2019).** Learning to yield: body psychotherapy and complex posttraumatic stress disorder, *Body, Movement and Dance in Psychotherapy*. 14:4, 234-248, DOI: 10.1080/17432979.2019.1673822
- Porges, S. W., (2011).** *The polyvagal theory: neurophysiological foundations of emotions, attachment, communication, and self-regulation. First edition: The pocket guide to the polyvagal theory: the transformative power of feeling safe*. New York: W.W. Norton & Company.
- Ogden, P., Minton, K., & Pain, C.(2006).** *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: W.W. Norton & Company.
- Quadrio, C. (2016).** Family therapy with families of Holocaust survivors. *Journal of Aggression, Maltreatment & Trauma*, 25(6), 618-634.
- Rothschild, B. (2000).** *The Body Remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton & Company.
- Siegel, D. J. (2012).** *Pocket guide to interpersonal neurobiology: an integrative handbook of the mind*. New York: W.W. Norton & Company.
- Van Der Kolk, B. (2014).** *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.
- Van der Kolk, B., & Van Der Hart, O. (1991).** The intrusive past: The flexibility of memory and the engraving of trauma. *American Imago*, 48(4), 425-454. Retrieved from www.jstor.org/stable/26303922
- Wallin, D. (2007).** *Attachment in psychotherapy*. New York & London: The Guilford Press.