

INTERGENERATIONAL TRANSMISSION OF TRAUMA

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The HPA Risk Factor of PTSD

- Traumatic Stress -- high cortisol
- Lifetime Cumulative Effect of Trauma (Resnick et al, 1995; Yehuda, 1998)
- PTSD patients -- low cortisol response at the time of trauma (Resnick; McFarland)
- Low cortisol = due to alteration of HPA Axis = from early trauma (e.g., neonatal handling stress) Glucocorticoid receptors = increased sensitivity. (DST supersuppression)

Contributions to ITT

(Begins with the Holocaust Literature)

- Rakoff (1969): Children and Families of Concentration Camp Survivors
- Eitinger (1961); Niederland (1968); Krystal (1968): Survivor Syndrome
- Barocas & Barocas (1973,1979): 2G
- Sigal (1973): “Transgenerational Transmission” = Parents showed distorted practices for human relations

Contributions (cont'd.)

- Danieli (1980): Distinctive Subtypes of Families
- Solomon (1988): Israeli CHS who developed combat-related PTSD took longer to recover compared to control.
- Rosenheck (1985,1986,1998): Vietnam veterans, whose fathers were WW II veterans, developed “Malignant PTSD.”

Contributions (cont'd.)

- Hyer et al. (1990): In Vietnam vets with PTSD, parental inconsistency of love, survivor guilt, tendency to cry = predicted suicidal behavior.
- Waldfogel (1991): Physical illness in CHS
- Danieli (1994): Family trauma = “A rupture” in free flow interplay of multiple spheres of one’s identity (physical, interpersonal, social, communal, ethnic, etc.)

Contributions (cont'd.)

- Nader (1998): Higher likelihood of symptoms of PTSD after a sniper attack on an L. A. school ground in children whose parents had a significant hx of trauma.
- Novac and Hubert-Schneider (1998): Higher likelihood of comorbidity in CHS after developing routine psychopathology.
- Yehuda et al. (1998): Vulnerability to PTSD in adult offspring of Holocaust survivors.

Physiological Correlates

- Mason (1968); Hellhammer (1988): Ambiguity, novelty, unpredictability, uncontrollability--most potent stimulators of HPA.
- Hellhammer (1991): Synchrony of cortisol variations in children and their mothers as well as in adults between life partners (sic projective identification).

ITT: Who May Be Affected? (1)

Families of anyone with PTSD:

- Veterans and prisoners of all wars
- Victims of Holocaust and all genocides
- Native Americans and African Americans (historical trauma)
- Caretakers and rescuers of victims
- Survivors of natural disasters- with PTSD
- Survivors of catastrophes- with PTSD

ITT: Who May Be Affected? (2)

Families are not necessarily affected by
“objective intensity of trauma.”

Type A Transmission—trauma to a recent generation (recent wars, intrafamilial, civilian trauma).

Type B Transmission—distant trauma to past generations (decades, centuries, etc)

Mechanisms of Intergenerational Transmission of Trauma

- I. Verbal and non-verbal transmission of information.
- II. Transmission of acquired traits (vertical non-genetic transmission of traits- Kendler).
- III. Intrafamilial microtraumatization/ dysregulation. (Unpredictable familial environments = “dysregulating factor”)

Novac & Hubert-Schneider (1998)

- “Intergenerational transmission of trauma in humans may be a phylogenetically based mechanism of adaptation, a biologically based mechanism by which offspring are prepared and preinformed about dangers.”

For additional information regarding
this subject, please contact Dr. Novac
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