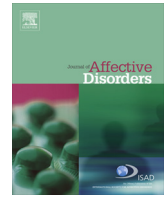




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Research report

Transgenerational transmission of trauma in families of Holocaust survivors: The consequences of extreme family functioning on resilience, Sense of Coherence, anxiety and depression



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ABSTRACT

Background: The psychological transmission of the noxious effects of a major trauma from one generation to the next remains unclear. The present study aims to identify possible mechanisms explaining this transmission among families of Holocaust Survivors (HS). We hypothesized that the high level of depressive and anxiety disorders (DAD) among HS impairs family systems, which results in damaging coping strategies of their children (CHS) yielding a higher level of DAD.

Methods: 49 CHS completed the Resilience Scale for Adults, the Hopkins Symptom Check List-25, the 13-Item Sense of Coherence (SOC) scale, and the Family Adaptability and Cohesion Scale. We test a mediation model with Family types as the predictor; coping strategies (i.e. Resilience or SOC) as the mediator; and DAD as the outcome variable.

Results: Results confirm that the CHS' family types are more often damaged than in general population. Moreover, growing in a damaged family seems to impede development of coping strategies and, therefore, enhances the occurrence of DAD.

Limitations: The present investigation is correlational and should be confirmed by other prospective investigations.

Conclusions: At a theoretical level we propose a mechanism of transmission of the noxious effects of a major trauma from one generation to the next through family structure and coping strategies. At a clinical level, our results suggest to investigate the occurrence of trauma among parents of patients consulting for DAD and to reinforce their coping strategies.

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1. Introduction

Depressive and anxiety disorders (DAD) have become a major public health problem in Western countries. In the USA, the lifetime prevalence of depressive and anxiety disorders are 28.8% and 20.8%, respectively. In Europe, DAD result in 6% of the burden of all diseases with respect to disability-adjusted life years (DALYs) (<http://www.nimh.nih.gov/index.shtml>, 2012). Therefore, an accurate understanding of the risk factors leading to DAD is of crucial importance for both medical and economic reasons.

Several authors have emphasized the genetic, biological, societal and psychological components of DAD (Beck and Alford, 2009; Kroenk et al., 2007). Among the societal and psychological factors, several scholars emphasized a link between presence of a trauma or of multiple traumas during lifetime and DAD (Fossion et al., 2013; Mollica et al., 1993; Scholte et al., 2004; Veling et al., 2013).

However, the psychological transmission of the noxious effects of a major trauma from one generation to the next remains a source of controversy (Fossion et al., 2003; Kellermann, 2001a) which has been mainly debated among families of Holocaust survivors but also among children of Vietnam veterans (Rosenheck and Fontana, 1998) and among children in families of torture victims (Daud et al., 2005).

With regard to children of Holocaust survivors (CHS), the studies on intergenerational transmission show inconsistent outcomes (van Ijzendoorn et al., 2003). First, it appears that transgenerational

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traumatization emerges only in studies on clinical populations of CHS who tend to suffer from mental distress, have difficulties in separation-individuation, and perform a contradictory mix of resilience and vulnerability when coping with stress (Dekel and Goldblatt, 2008).

Second, a meta-analysis revealed that in the set of adequately designed studies investigating nonselected and nonclinical samples, no evidence was found that the parents' traumatic Holocaust experiences had influenced their children (van Ijzendoorn et al., 2003).

Third, a positive transgenerational trauma transmission has even been recently evoked, suggesting that CHS could be better equipped to cope with trauma than individuals whose parents were not exposed to the Holocaust (Dekel et al., 2013).

Finally, some other studies postulated that high rates of DAD among CHS become visible only when they are confronted with major adversity such as war combat (Solomon et al., 1988) or breast cancer (Baider et al., 2000).

The goal of the present study is to investigate the possible transmission of the effects of an earlier major trauma from one generation to the next and to identify possible mechanisms explaining this transmission in families of Former Hidden Children (FHC). FHC were the Jewish youths who spent World War II (WWII) in various hideaway shelters across Nazi-occupied Europe. If an inter-generational transmission of trauma does exist, one possible explanation could be that the high level of DAD of traumatized parents generates an anxiogenic familial climate (Felsen, 1998). For example, Holocaust survivors are often described as presenting high levels of emotional disorders, psycho-social symptoms, post-traumatic symptoms, and an achievement motivation based on the fear of failure (Carmil and Carel 1986; Cohen et al., 2001; Fossion et al., 2003; Kellermann, 1996). Their high level of DAD yields major difficulties in providing an adequate maturational environment for their children (Kellermann, 2001b). The mourning of their multiple losses is assumed to create child-rearing problems centered on both attachment and detachment (Kellermann, 2001b).

The efficiency of a family is difficult to assess. Many factors seem to be influencing the processes, such as the attachment theory elaborated by Bowlby (2005). However, some scholars have proposed a theoretical model based on two factors (Olson et al., 1985). Following these authors, a family is characterized by its adaptability, relating with the ability to cope with changes, and its cohesion, relating with the ability to maintain strong emotional bonds between family members. The Family Adaptability and Cohesion Scale III (FACES III), which operationalizes these two dimensions, is currently the most used family assessment device among researchers (Kouneski, 2000). The combination of the cohesion score and the adaptability score allows to categorize the families into four subtypes: balanced, moderately balanced, mid-range and extreme subtypes (see Section 3 for more details). The balanced subtype is the healthier type, decreasingly and linearly followed by moderately balanced, mid-range and extreme subtypes, the latter being the more pathological (Olson, 1991).

We investigate the hypothesis that the Holocaust survivors' families will present a higher percentage of extreme type and a lower percentage of balanced type. In effect, although some investigators did not find evidence to support this notion (Sigal and Weinfeld, 1989; Zlotogorski, 1983), others (Barocas and Braocas 1980; Felsen, 1998; Fossion et al., 2003) showed that families of Holocaust survivors are characterized as extreme, due to features such as parental over-evaluation of the children, over-protectiveness of the children, and unclear boundaries between the spousal subsystem and the children.

To go one step further, we investigate the processes through which an extreme family type could cause DAD in the next generation. Many studies have emphasized the link between the

mechanisms of adaptation to stress or trauma, and DAD (Fossion et al., 2013; Friberg et al., 2006; Hjemdal et al., 2006; Pietrzak et al., 2010; Roy et al., 2007; Wingo et al., 2010). Two major concepts of adaptation to stress or trauma emerge from the literature: Sense of Coherence (SOC, Antonovsky, 1987) and resilience (Werner et al., 1971)

SOC, a concept elaborated by Antonovsky (1987), is a global orientation to view the world and the individual environment as comprehensible, manageable and meaningful, claiming that people view their life as a positive influence on their health (Lindström and Eriksson, 2005). SOC is a resource that enables people to manage tension, by finding specific solutions to specific problems and to promote good health (For more details about the concept of SOC, see Fossion et al. (2014))

The link between SOC and DAD is well known. Eriksson and Lindström (2005, 2011) emphasized a negative correlation between SOC and DAD; more specifically, in the case of stressful life events, high levels of SOC predict fewer DAD occurrences than do low levels. Braun-Lewensohn et al. (2011) emphasized that SOC was a mediator between trauma and DAD.

Resilience, the second major concept of coping strategies, is defined as the process of adapting to significant sources of stress or trauma (Luthar, 2006; Schoon, 2006; Windle, 2010). Resilience correlates negatively with DAD and predicts fewer DAD following stressful life events (Fossion et al., 2013; Friberg et al., 2006; Hjemdal et al., 2006; Pietrzak et al., 2010; Roy et al., 2007; Wingo et al., 2010). Fossion et al. (2013) showed that resilience mediated the link between multiple traumas and DAD. According to several scholars (Friberg et al., 2003; Windle et al., 2011), resilience is based on protective mechanisms within multiple domains (i.e., resources from the individual, family and community levels).

In the present paper, we used resilience as an indicator of mechanisms of adaptation to stress. Moreover, it is notable that a theoretical debate surrounds the possible overlap between SOC and resilience (Eriksson and Lindström, 2011; Fossion et al., 2014; Lindström & Eriksson, 2006; Lundman et al., 2010). For example, it has been shown that both resilience and SOC are damaged (at least regarding some of their dimensions) by trauma (Fossion et al., 2013, 2014). Fossion et al. (2014) have underlined that a part of the SOC is comparable to resilience, i.e. an aptitude which is shaped by social life and life events and which can be reinforced when damaged. On the other hand, they have shown that a residual part of the SOC is more similar to a personality trait that is not influenced by life events. For this reason, we also used SOC as an additional indicator of mechanisms of adaptation to stress. Five general and one specific hypothesis (Hypothesis 5 bis) emerge from our theoretical approach.

2. Hypotheses

- (H1) In line with Kellermann (2001b), the presence of a first generation trauma will result in a higher probability of extreme family functioning, as defined by the FACES-III, and a lower probability of balanced family functioning than in the general population.
- (H2) In line with Baider et al. (2000), Kellermann (2001a), and Kellermann (2001b), children from extreme families will present a high level of DAD.
- (H3) In line with the theory of Olson et al. (1985), children from extreme families will have less efficient coping strategies (i.e. damaged resilience and SOC) to handle adversity.
- (H4) In line with Fossion, et al. (2013), resilience will mediate the link between extreme family functioning and the emergence of DAD.

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