

THE TRANSFER OF TRAUMA: A PERSONAL HEALING PROCESS THROUGH RESEARCH AND IMAGERY

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CONTENTS

ABSTRACT	3
INTRODUCTION	4
CHAPTER 1: INTERGENERATIONAL TRAUMA	5
CHAPTER 2: MY MOTHER AND I	6
CHAPTER 3: MY FAMILY HISTORY	10
CHAPTER 4: PERSONAL HEALING PROCESS	15
CONCLUSION	17
REFERENCES	19
BIBLIOGRAPHY	21

ABSTRACT

This paper explores intergenerational trauma in mother-daughter relationships, specifically in my family's case. The trauma of a parent can affect and be passed on to their offspring through psychological, environmental, and social aspects (Ballamurugan 95). How can the awareness of a family's intergenerational trauma help with the process of healing from this trauma?

Intergenerational trauma is a known subject, but the cases that are mentioned are often related to a form of disaster (Felson 60). Intergenerational trauma is discussed following historic events such as the Holocaust, genocide, and slavery. However, experiences of intergenerational trauma relating to gender inequality, religion, and familial traumatic events are rarely discussed. This study aims to explore and bring attention to such cases.

Interviews with my mother, sessions with board-certified therapists, and archiving my family history offer insight into the effects the mother-daughter relationships throughout our family history have had on my relationship with my mother. These effects include: scarcity in showing affection, and little emotional supports from the mother figure. Resultantly, daughters struggle with insecurity and are overly self-critical.

Using photography as a therapeutic art form, my mother and I became aware of the trauma, and the healing process could begin. Through photographic exercises we examined each other's experiences, the women that came before us, our bond, and engaged in self-reflection.

The personal experience described in this document provides an example that can encourage others to reflect on their family history and possible trauma that exists.

INTRODUCTION

As the core of this research paper is intergenerational trauma, I have taken it upon myself to research my personal experience with this phenomenon. With the purpose of exploring this, I have looked into my relationship with my mother.

In order to understand this relationship, it was important to start with an aspect of our relationship that has undeniable influence, namely the chronic illnesses that my mother copes with. Through interviews with my mother and sessions with board-certified therapists, we came to the conclusion that her health is undoubtedly connected to her relationship with her mother. If we ask my mother about her childhood, she will mention that their relationship had been more burdensome than her health issues. Her mother took a hard approach and left no room for sympathy for my mother her illnesses. What is the origin of this harshness that her mother displayed, which led to emotional pain for my mother?

Through interviews with my mother, it has appeared that my grandmother has been treated the same by her mother. My great-grandmother refused to talk about her origins, all that is known is that there has been an alleged diagnosis of hysteria in the previous generations. Could this be the origin of the pain that has been transferred throughout the generations?

We notice a transfer from generation to generation, in this case mostly through parental influence, but possibly even physical manifestation. This research document will elaborate on the possible manner trauma has been transferred within my family and its influence on my bond with my mother, as well as the collective effects of intergenerational trauma.

CHAPTER 1: INTERGENERATIONAL TRAUMA

In this chapter we will research the definition and general consequences of intergenerational trauma.

According to Balamurugan, parents' trauma will affect the following generations through psychological, environmental, and social influence, creating an intergenerational cycle of trauma response (Balamurugan 95). Blignault et al. is in agreement with this statement, they name several possible complex manners in which trauma can be transferred such as parenting practices, behavioral problems, violence, unresolved grief and trauma, harmful substance use, and mental health issues (Blignault et al. 10).

Yehuda and Lehrner also name a behavioral explanation for the transfer of trauma. That explanation would be that the post-traumatic symptoms are passed onto the offspring through the parents' non-verbal behaviors and unconscious reenactments of fear and grief (Yehuda and Lehrner 244).

Based on a more recent study, Yehuda and Lehrner give the example of the effects of trauma being transmitted through non-genomic mechanisms affecting DNA function or gene transcription (Yehuda and Lehrner 243). Meaning that the symptoms of PTSD and other effects of trauma can be passed on through irregularities in the DNA sequence.

Intergenerational trauma was a term that was introduced through research about behavioral and psychological problems in the children of Holocaust survivors. Yehuda and Lehrner give examples of these behavioral difficulties such as "feelings of over-identification and fused identity with parents, impaired self-esteem stemming from minimization of offspring's own life experiences in comparison to the parental trauma, tendency towards catastrophizing, worry that parental traumas would be repeated, and behavioral disturbances such as experiencing anxiety, traumatic nightmares, dysphoria, guilt, hyper-vigilance and difficulties in interpersonal functioning" (Yehuda and Lehrner 243).

Yehuda et al. found that Holocaust offspring experienced a higher level of PTSD symptoms after personal trauma in comparison to others. They later associated these effects with maternal PTSD in Holocaust survivors. As an example, the numbers in depressive disorder and the presence of anxiety disorder in the Holocaust offspring could be associated with either paternal or maternal PTSD, while the offspring's PTSD was mainly associated with maternal PTSD (Yehuda et al. 5).

Another research project, discussed by Yehuda and Lehrner, gives us inside in the manners of the transfer (Yehuda and Lehrner 246). This research was created through experiments with rat pups and their mothers.

The pups were separated from their mother for several minutes every day, causing potential stress. It became clear through the process that the observed effects in offspring were caused not by the separation, but by the behavior of the mother upon return. There was a social transfer of information through parental behavior, not through parental DNA.

The differences in the behavior of the pups that were subdued to maternal separation in comparison to regular pups were related to epigenetic changes in promoters associated with transcriptional activity. This meant that these changes in gene expression were a response to the differences in maternal care the pups experienced. With this research, they could prove that there is a clear link between maternal behavior and gene function in offspring, thus stating that parental behavior could affect the offspring's DNA (Yehuda and Lehrner 245).

CHAPTER 2: MY MOTHER AND I

The process of learning about possible intergenerational trauma that had been passed on to my mother, as well as learning about my bond with my mother, started with researching the influence of parental chronic illness. Later in this document, we will examine if there is a relation between my mother's chronic illnesses and the trauma that has been passed on to her by the generations that came before.

Firstly we will analyze how this possible manifestation of intergenerational trauma, namely my mother's chronic illnesses, has influenced my bond with my mother.

The following quote is from my mother, captured from one of the personal interviews I have done with her.

"I have demarcated the influence of my illnesses. I also see that reflected in our relationship. At some point, you know what you are able to do and which things you are not. You'll find a way to deal with it, and sometimes you just have to deal with the fact that you're not able to do some things anymore. If we're talking about the influence on you as a child, an example would be that your father took over the activities that required physical endurance, like going to the zoo and playing sports." (Van Sluijs)

If I reflect on this from a personal standpoint, I recall that before researching my bond with my mother, I used to claim that my mother's limitations barely affected me. The reason I claimed that the effect on me was minimal, is reflected in this quote. Namely the fact that my mother tried to limit the influence. In my opinion, it was her goal to keep my life, as well as her life, as regular as possible. In this case, regular meant that it was not heavily influenced by her illnesses.

This is important to note, as there will be a reflection on the fact that in the former generations, any negative impact the mother endured, has been passed on. Through this quote, we learn that my mother decided she would minimize the effects the negative aspects of her illnesses had on me.

"You have your adjustment mechanism, guilt. Generally speaking, guilt is one of the first mechanisms to take cognitive development for children, it takes over from the feeling of fear. In your case that would be the fear that your mother would not survive. A child will never express it like that, but that is what it experiences. Of course, that feeling is way too heavy, so it takes place in the subconscious mind. And what does that mean? That means that it is always present energetically." (Jansen and Van Sluijs)

This statement is made by Jack Jansen, who is a systematic coach specialized in family systems. It was in response to my mention of feeling an unhealthy amount of guilt in regards to my mother's situation, as well as feeling the same amount of over-exaggerated guilt in situations that are totally unrelated to my mother. I found this fact of parental illness manifesting itself in guilt about normative 'selfishness' in these parent's children to be confirmed by John S. Rolland in his publication about parental illness (Rolland, 253).

If we make the assumption that my mother's illnesses have a strong relation to the trauma of the previous generations, we could conclude that this guilt is what has been transferred to me. As previously mentioned, my mother has put in the effort to ensure that her health conditions have minimal negative influence on my life. Even though she has made this effort, she could have not prevented my feeling of guilt being an influential aspect of my life because, as Jack Jansen mentioned, this guilt is an subconscious development that takes place at a young age.

Even though this guilt occasionally has a negative impact on me, I want to emphasize on the overall positive relationship my mother and I have, as can be seen in the following quote.

“Our relationship is also strengthened by my limitations. The most important aspect became our conversations. Our thing was that we did handicrafts or had breakfast or sat on the couch, and we talked. That definitely created a powerful relationship.” **(Van Sluijs)**

I agree with this statement, it is clear that our bond is mainly positive and definitely strong. Where my mother didn't have the most positive relationship with her mother, which we will elaborate on later, she revised this and built a completely different type of relationship with me. Namely, a relationship where we communicated and were open about our emotions.

This strength in our relationship can be seen in the selection of images featured on the following pages. My mother and I have taken pictures of each other in a documentary sense. In my opinion the closeness and honesty of our relationship can be seen in these photographs, as they come across very unfiltered, which visualizes the trust in one another.

"Mother". Personal Photographs. 2020.



"Daughter". Personal Photographs. 2020.



CHAPTER 3: MY FAMILY HISTORY

"I suppressed something as a child, and that had to do with the relationship between my mother and me. The same as my mother's relationship with her mother. And what did she suppress? The incredibly optimistic side I have in me. Because things were difficult at home, I definitely know some very dark times. In my experience, this relationship had much more influence on me during my childhood than my illness. I really fled from it, the situation at home. I fled out the door, but also inside myself."
(Van Sluijs)

This quote brings our attention to one of the key aspects which this document is based on. My mother expresses the difficulty of her relationship with her mother here. She also mentions that her grandmother had a similar habit of suppressing optimism in her children. We can already observe a transfer between generations. In this case, we could label it as the concealment of maternal concern. My mother mentioned during an interview that her mother, unlike her grandmother, did feel this concern. Nevertheless, her mother had never learned how to express it (Van Sluijs).

Is it possible that there had been an absence of maternal concern because of insecure attachment (Bowlby)? According to Iyengar et al. it is possible that a mother's trauma will distort her expectations and perceptions of her child, this can express itself as insecure attachment. This warped perception could induce the mother to be unable to respond effectively to their child's needs (Iyengar et al. 2).

My mother mentioned that her mother desired to have a daughter, nonetheless, when my mother was born it felt like she was a disappointment. There were high expectations from my grandmother, but the reality of having a child didn't seem to match those expectations. My grandmother had often told my mother never to have children. She similarly mentioned that if she was given the chance to restart her life, she wouldn't have made the choice to have children. According to my mother, this so-called disappointment expressed itself in a flow of negative commentary towards my mother (Vis and Van Sluijs).

An example of this would be a situation my mother disclosed while looking through her old photo books. When looking at the image featured on the following page (Van Sluijs, Izaak), my mother immediately responded negatively to it. She stated that she could identify that her mother was making disapproving remarks at the time this photo was taken, probably about my mother's appearance. The negative response my mother had while looking at this image reoccurred multiple times when we would encounter different images of my mother and her mother together.

"Grandmother with mother". Personal Photograph



As stated by Iyengar et al., insecure attachment is likely to be transferred from these mothers, who have unresolved trauma, to their offspring, who will similarly have insecure attachment. If this were the case for my family, it would mean that this cycle would likely not have started with my grandmother or my great-grandmother, but could be traced back further throughout the generations. Concluding this as we can not identify any unresolved trauma with my grandmother and great-grandmother, other than the fact that they were both victim to insecure attachment.

“My grandmother never wanted to talk about her origins. That was something that had been completely closed off. Her family only consisted of her husband’s family. On her side, there was madness, or hysteria. That’s what they said at the time. A woman, or women, who did not want to leave the house and were declared crazy by others. I’m not going to say it was true, but in that time period and living in the conservative and protestant province of Zeeland it was probably better for a woman like that to stay inside.” (Van Sluijs)



“Great-grandmother”. Personal Photographs.

As observed in this interview piece, there has been a diagnosis of hysteria in one of the generations in my family. If we take a look at figure 1, where the women's line throughout my family is visualized, we see that the name of my mother's grandmother, my great-grandmother, is Johanna Cornelia Luijk. Her mother was named Johanna Huson, whose mother is similarly named Johanna Cornelia Luijk. The latter two were alive during the second half of the 19th century and the first half of the 20th century. It would be likely that the diagnosis would have been given to either Johanna Huson or her mother Johanna Cornelia Luijk, as the number of diagnoses of hysteria was the highest during the second half of the 19th century and decreased after 1920.

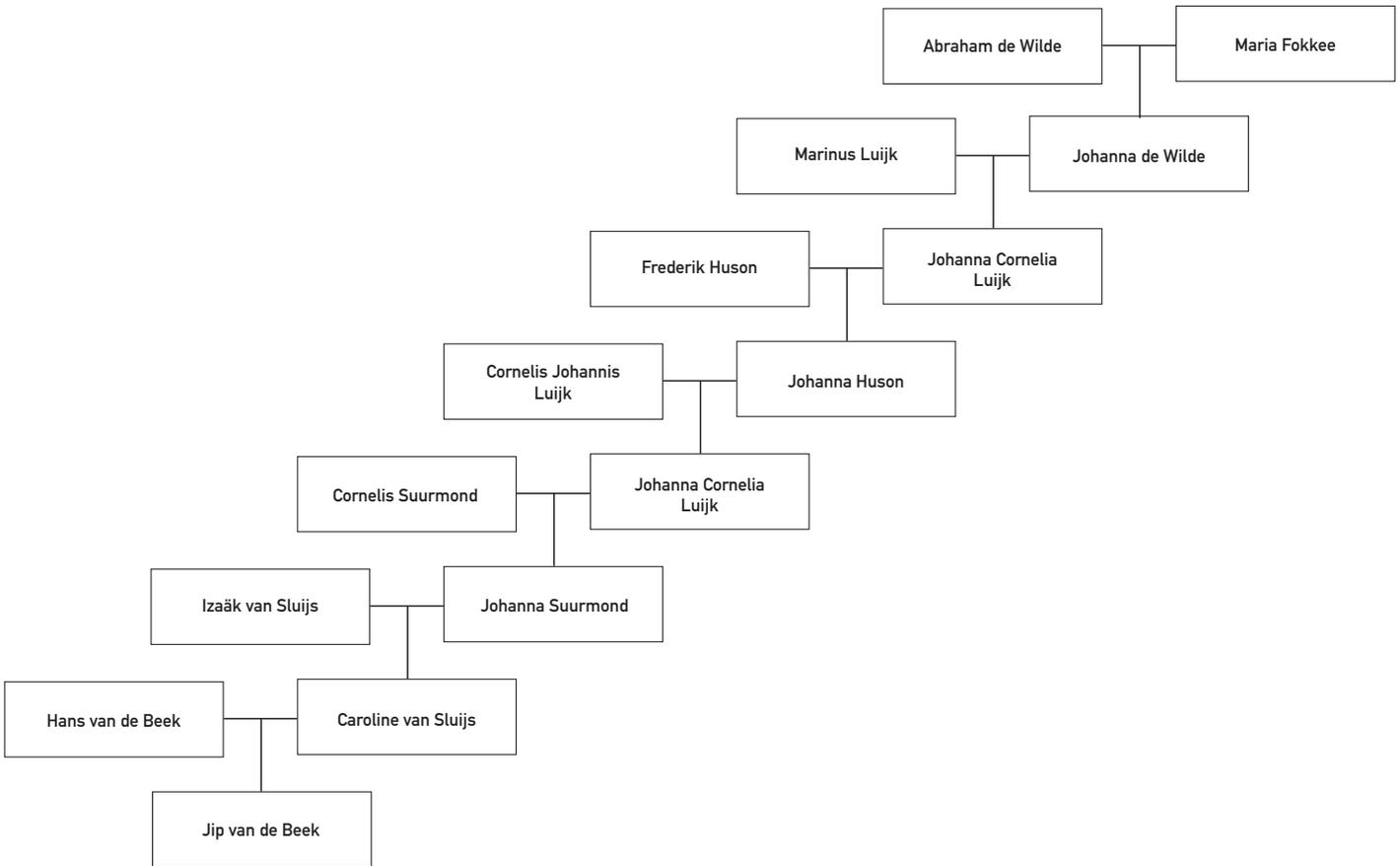


Fig. 1. My family's women's line. Source: "Zeeuwen Gezocht." Zeeuws Archief, www.zeeuwsarchief.nl/.

If we look at figure one, we see that the family tree only includes the women's line. As we have noticed in the former chapter, the transfer between generations in my family is from mother to daughter. Could this be because of the diagnosis of hysteria, which had been claimed to be a woman's disease?

There have been four models of interpretation of hysteria, namely the anatomical-physiological model, the gynecological model, the neurological model, and the psychological model ("Geestelijke gezondheid"). All models were based on the female being the weaker sex.

The woman being seen as the weaker sex added to the image of women as sickly, vulnerable, and weak ("Geestelijke gezondheid"). A negative body image, frustration, and a lack of social freedom reaffirmed this female sick role (Parsons). This role disqualified women to actively participate in regular daily life. Which is the reason why hysteria is not only a medical syndrome, as it is also an ideologically determined concept. The image of hysteria that medical professionals created in that time period was largely influenced by their gain of presenting the woman as weaker (Van Buuren 35).

Mønster-Kjær stated in an article that Freud, the founder of psychoanalysis, had a conservative vision on the roles of both genders. His treatment of hysteria had the goal of forcing women to accept their destiny as a wife and a mother (Mønster-Kjær).

According to Gilson, Pierre Janet and Sigmund Freud explained hysteria with the theory that the woman diagnosed with hysteria was victim to psycho (sexual) trauma (Gilson 820).

I believe it is a likely scenario that the origin is either a form of trauma that led to a diagnosis of hysteria, or that the woman in question was diagnosed as an act of suppression, in this case the suppression being the trauma. This manifestation of trauma later led to the children and the following generations to fall under the category of insecure attachment, as the mother was unable to process her own trauma.

Even though this conclusion is based on assumptions, we can determine that there is a transfer throughout generations. With the facts we possess, we can conclude that my grandmother and great-grandmother were dealing with a form of insecure attachment, and my mother can still feel the effects of this.

CHAPTER 4: PERSONAL HEALING PROCESS

We now know that the effects of trauma can be transferred from one generation to the next through social transfer as well as gene function. There was also stated that the offspring's PTSD symptoms are mostly transmitted from maternal PTSD.

It's interesting to note that hysteria, the diagnosis that one of the woman in my family had been given, has similar symptoms as PTSD, such as fright and anxiety (Luckhurst 46). As the diagnosis of hysteria no longer exists there has been speculation about what this phenomenon really entailed, the most named causes are PTSD itself or possibly a burn-out (Van Buuren 44).

Another cause of PTSD symptoms is parental chronic illness, such as the illnesses my mother endures. Children of ill parents are more susceptible to anxiety and depression (Stoeckel et al. 1501). These symptoms of anxiety and depression mostly seem to manifest themselves during the adolescent phase of the children of chronically ill parents (Korneluk 180).

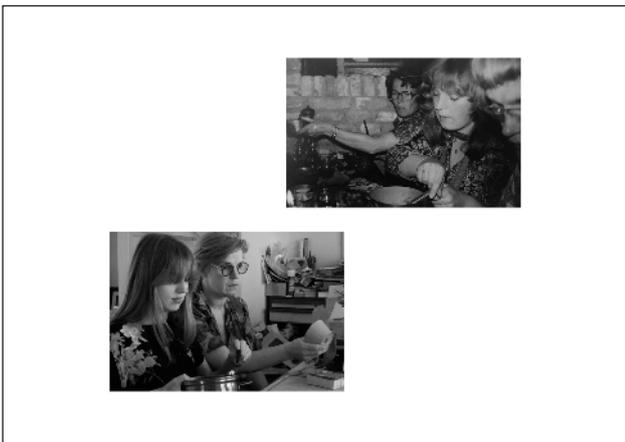
Both hysteria and chronic illness run in this women's line within my family, both manifest itself in PTSD-like symptoms. Could hysteria be the start of the trauma, and chronic illness the end? I raise this question because of the theory that was suggested to me by Jack Jansen, who is a systematic coach specialized in family systems. His suggestion was that my mother's illness could possibly be the solution to this transfer of trauma.

"So if we assume that there has been hysteria in one of the women in your family, and that certainly fits that era, then it might be the case that, and this is a hypothesis, illness became the solution. That's the most socially accepted form in which it can show itself. When we say that illness has been the solution, you can imagine that there has been something even more powerful, possibly the madness and hysteria, and that this madness has been a solution for something as well. Then you have to imagine what madness could have been the solution for. Because what is it, madness? It means that there was something so intense that it can drive you mad. What does this mean? That something so horrible happened that the women went crazy, but these women still had children and madness eventually became illness in any form." (Jansen and Van Sluijs)

In response, my mother voiced that this theory upset her. Having to live with those illnesses is not something she chose and she rather wouldn't have to endure. At the same time, she accepts that there is a chain of failing mother-daughter relationships, and acknowledges that this chain is broken by our relationship. My mother also mentioned that if it's true that these mothers were not able to bond through trauma and her illnesses would be the solution to this, she could respect this progress (Van Sluijs).

After the entire process of research, personal interviews, and therapy sessions, my mother and I felt like this process had brought up all kinds of hidden and buried experiences. Even though between the relationship my mother and me is healthy and positive, we both felt a lot of unresolved pain. This is when we became aware that this entire research process had also been a process of healing. By learning about this generational pain, we were able to put things to rest.

We finalized our experiences by doing one last photographic experiment (Van de Beek) as featured on the following page. In this experiment, my mother and I recreated some of the images of my mother with her mother. As mentioned before, my mother had some negative responses when confronted with photographs of her and her mother together. By recreating these images I wanted to create the space for a process of healing. During the process of taking these photos, I played the part of my mother and my mother played the part of her mother. Through this process, my mother had the opportunity transfer the negative connotation connected to the photographs into a positive one, based upon our strong mother-daughter relationship.



Van de Beek, Jip. "Caroline" 2020. JPEG files.

CONCLUSION

If we take a look at the possibilities of transfer of trauma throughout generations, we notice that according to Balamurugan, this trauma will affect the following generations through psychological, environmental, and social influence (Balamurugan 95). A more recent study, mentioned by Yehuda and Lehrner, proves that there is a link between maternal behavior and gene function in offspring, meaning that parental behavior can affect the offspring's DNA (Yehuda and Lehrner 245).

If we review my family's situation, the earliest fact we can gather is a diagnosis of hysteria given to one of the women in my family. Pierre Janet and Sigmund Freud explained hysteria with the theory that the woman diagnosed with hysteria was victim to psycho (sexual) trauma (Gilson 820). The transfer of trauma between generations in my family seems to be from mother to daughter, possibly because the trauma started with hysteria, which is labeled as a woman's disease.

According to Iyengar et al. it is possible that a mother's trauma will distort her expectations and perceptions of her child, this can express itself as insecure attachment. Insecure attachment is likely to be transferred from these mothers to their offspring, who will similarly have insecure attachment (Iyengar et al. 2). Insecure attachment is a term my mother recognizes in her mother and her grandmother.

My mother had a difficult relationship with her mother. My mother felt like she was a disappointment and was subjected to a flow of negative commentary coming from my grandmother (Vis and Van Sluijs). When my mother and I were looking at pictures of them together, my mother had a negative response to it. She was confronted with painful aspects of the relationship she had with her mother.

The relationship my mother and I have is mainly positive and definitely strong. She revised the relationship she had with her mother and built a completely different type of relationship with me. One of the difficulties of my relationship with my mother is the fact that she has many different chronic illnesses, which of course has influenced our bond. My mother has made a significant effort to limit the influence her illnesses have had on my life. In the previous generations any negative impact the mother endured, has been passed on to her children, which is why my mother made the conscious decision to break this cycle of transfer.

After creating all these connections between my family history and literary research, both my mother and I felt a lot of unresolved pain. We became aware that we had started a process of healing by creating and reflection on these connections. Through image making, including recreating the archival images of my mother and my grandmother, my mother and I continued our process of healing from this generational pain that had been brought to the surface through my research.

My main goal of going through this healing process was to strengthen my relationship with my mother and to approach the pain of the previous generations. Showcasing my personal process could exhibit the actions, the effects, and the value of healing to others.

My mother and I used photography as a therapeutic art form. I created four pillars that each affected us differently. First, we portrayed our relationship through objects as well as the relationship between my mother and her mother. We learned that objects are a lighthearted starting point to touch upon subjects that are too extensive to be expressed in a conversation. Through symbolizing these bonds, different stories and emotions arose congenitally. Personally, this exercise emphasized the strong bond my mother and I have, as we noticed we are naturally a very coherent team during the process of creating.

The following exercise was one where my mother documented me. For us, this exercise was the least emotionally charged, as my position is furthest away from the pain that has been transferred throughout the generations. The exercise did reveal the similarities between my mother and I. By putting a camera between us, my mother noticed details about me that she is familiar with, but also noticed new traits that link us or distinguish us.

Afterward, we reversed the roles. I took on the role of photographer again and my mother became my subject. This exercise ended up being the heaviest on both of us. A good deal of old pain resurfaced such as my mother's insecurities about her appearance, as well as her insecurities about her life being limited by her chronic illnesses. These insecurities came from her childhood, where the pain that has been transferred from generation to generation has had its influence. According to my mother, this exercise has helped her to open up about this pain.

As a final exercise, we recreated the archival images of my mother and my grandmother, with me in the role of my mother and my mother in the role of her mother. Giving my grandmother an active part in this exercise led to us feeling connected with the women in the generations before us. My mother and I were both forced to analyze the body language and expressions of my mother and my grandmother in the photographs. To recreate the photographs we needed to embody that person. This led to a feeling of understanding, I could envision my mother in the role of a daughter, while my mother could empathize with her mother in that role. The exercise was a good approach to finalize the process and to come full cycle.

In conclusion, based on the entirety of the process, my mother and I have explored our relationship from different angles. Through the exercises, we examined each other, our bond, ourselves, and the women that came before us. Working together in this process brought us creativity, enthusiasm, a sense of connection, friction, disagreements, along with some light-hearted fun. After the process, we both felt even more openness between us than we felt prior to doing these exercises, as well as a feeling of understanding and acceptance. This understanding was partly put into motion through our role reversal, both portraying the role of our mothers, in addition to the role of equal participants within this project. Each of these roles has shown us that we are part of something greater, namely this whole line of women within our family.

According to my mother, she currently feels less pain and feels more love when looking back at the mothers that came before her. Both she and I live in a time period where we have been given the opportunity to increase the clarity on this line of women within our family. This process left both of us with the hope that, after opening up about this hidden pain of my mother and the women before her, we, as well as the next generations, will be able to enjoy this special bond between mothers and daughters more freely.

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