

WITNESSING THE EFFECTS OF POLITICAL VIOLENCE IN FAMILIES: MECHANISMS
OF INTERGENERATIONAL TRANSMISSION AND CLINICAL INTERVENTIONS

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Published as Weingarten, K. (2004). Witnessing the effects of political violence in families: Mechanisms of intergenerational transmission of trauma and clinical interventions. *Journal of Marital and Family Therapy*, Vol 30, No. 1, 45-59.

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In this era of globalization, when news about political violence can haunt anyone, anywhere, those whose families have suffered political violence in the past are particularly vulnerable to current distress. Skilled in understanding transgenerational processes, family therapists need to be familiar with the mechanisms by which children are exposed to the effects of political violence suffered by their elders-that is, the ways in which they become their witnesses. This article presents a framework for understanding how the trauma of political violence experienced in one generation can “pass” to another that did not directly experience it, and proposes a model to guide clinical intervention.

A young child, maybe 3 or 4 years old, is hugging his mother, arms tightly locked around her knees. Tears sliding down her cheeks, the mother clings to her soldier husband who is about to board a ship/a plane, heading off to a foreign land—the Persian Gulf/Afghanistan/the Balkans. The photograph starkly shows: The global is personal.

There are no boundaries to the intimate reach of political violence. What happens in one part of the world reaches the bodies and minds of peoples in other parts of the world. A war in Europe or the Middle East shows up years later in the cells of American youngsters as surely as it does in casualties in both those countries.

This is no mere metaphor. At continued peril to all, we obscure the fact that traces of distant past political conflicts surface in current situations at home. Residues of the Vietnam War can be found in a family fight this month in Omaha, Nebraska. The 80-year-old World War II veteran who marches in the 2003 Memorial Day parade, holding his teen-aged granddaughter's hand, transfers to her, whether he tells her or not, the import of his "seeing" images of his fallen comrades. These are both examples of intergenerational transmission of trauma, a topic family therapists need to understand better to serve the families we see today.

Curiously, although most therapists accept that they themselves are vulnerable to unwanted effects when they hear about the suffering of those who have experienced trauma, called "secondary traumatization" (Figley, 1995; Stamm, 1999; Yassen, 1995) and/or "vicarious traumatization" (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), they have been more reluctant to accept that family members, whose exposure is constant, also feel the impact (Auerhahn & Laub, 1998). In the family therapy field, this minimization of familial transmission of trauma is apparent. For example, in a survey of basic competencies needed by beginning therapists using a transgenerational approach, assessing transmission of trauma is not among the

list of 77 items nominated by senior family therapy educators (Nelson, Heilbrun, & Figley, 1993).

In this article, I review current understanding of the mechanisms by which the experiences of trauma in one generation are “passed” to those in another in the hopes that providing family therapists with this information will encourage them to incorporate this domain of inquiry into their work with families. Although we typically imagine that transmission is vertical in a downward direction, from parent to child, vertical transmission can also proceed in an upward fashion, as has been described in South Africa during Apartheid, especially during the 1980 and early 90's, when politicized youth in townships created traumatized witnesses of their parents who, rightly, feared for their safety (Simpson, 1998). Further, transmission in families can also be horizontal, for example, from one spouse to another. This aspect will be elaborated in a future paper. This phenomenon, referred to variously, as “intergenerational transmission of trauma,” “multi-generational legacies of trauma,” and “vertical transmission of intergenerational trauma” (Danieli, 1998*a*) refers to the belief that a family member who has experienced trauma can “expose” another member to “residues” of that trauma, even though the exposed family member does not directly experience that trauma. In this article, I am focusing on a subset of trauma, that of the trauma of political violence.

Most therapists readily recognize that children are at risk if they are exposed to political violence themselves. Similarly, most of us would agree that children are doubly at risk when they are directly exposed to political violence and witness the effects of the same political violence on their parents (e.g., Cairns & Lewis, 1999; Kinzie, Boehnlein, & Sack, 1998; Machel, Salgado, Klot, Sowa, & UNICEF, 2001; Mollica, Poole, & Tor, 1998; Punamaeki, Quota, & El-Sarraj, 2001; Reilly, 2002). Likewise, most therapists would recognize that the children of a

parent with chronic posttraumatic stress disorder (PTSD) due to political violence (e.g., the children of a survivor of torture or a POW) might be affected by their parents' experiences.

These situations are all of vital importance.

In this article, I look at a situation that is often neglected or ignored, but one that is, in fact, far more prevalent for children in the United States than any of the three aforementioned scenarios. I refer to children's exposure to the effects on their family members of political violence that the children did not experience themselves. Understanding the mechanisms by which children may be exposed to legacies of political violence can help us to make connections between current distress and political issues that may be key to resolving presenting problems. The antecedents of troubled times in families may reach back to political events that no one links to today's problems. Or contemporary political struggles in other parts of the globe may stimulate memories of past conflict experienced by adults that disrupt² their present functioning. Finally, current political violence, such as the war in Iraq, may directly or indirectly affect families we serve, linking to pain associated with past events or issues of loss.

As with many terms, the definition of political violence is contested. In this article, political violence is identified by the intended purposes, not the scale of the destruction or the horror. Based on Cairns (1996, p. 11), political violence is defined as "those acts of an inter-group nature that are seen by those on both sides, or on one side, to constitute violent behavior carried out in order to influence power relations between the two sets of participants."

THE CONCEPT OF WITNESS

Literature Review

Before considering an overview of mechanisms of transmission of trauma, I will briefly review the literature on witnessing. To start, we must think carefully about the context of violence. Violence is often portrayed as a two-person encounter between a victim and a perpetrator. In fact, a considerable amount of violence has witnesses, whether at the moment of the violent act or later (Gilligan, 1997). Although “victimization” yields over 6000 references in a major electronic database, “witnessing violence” is not a subject heading (PsychInfo, 2003). This is so despite the fact that prominent theoreticians have stated that, “Witnesses as well as victims are subject to the dialectic of trauma” (Herman, 1992, p. 2).

One problem faced by anyone who wishes to study the phenomenon of witnessing violence is the fact that there are multiple definitions of what constitutes witnessing, among which are categories such as seeing, hearing, or being used in a direct event of violence; viewing it in the media; and subsequent knowledge of another’s victimization (Buka et al., 2001; Edleson, 1999; Selner-O’Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998). Although witnessing violence is a relatively new area of study, and there is still no consensus definition of it, there are excellent reviews of empirical data on children’s witnessing community (Buka et al., 2001) and domestic (Edleson, 1999; Groves, 2002; Hughes, 1988) violence. There is a growing literature on child witnesses to political violence (Apfel & Simon, 1996; Cairns, 1996; Leavitt & Fox, 1993), including armed conflict (Machel & UNICEF, 1996) and war (Jensen & Shaw, 1993; Machel et al., 2001). A large literature also exists on child witnesses to parents who have experienced political violence (Danieli, 1998a).

Historically, research into the effects of political violence on children began in the 1960s when social scientists began to study the psychological effects of the Holocaust after a lull

during the 1950s that some Holocaust scholars liken to a “conspiracy of silence” (Danieli, 1984, 3). Initial studies of clinical samples of Holocaust survivors and their children reported psychological problems in both survivors and their offspring. As findings of disturbance in adjustment accumulated in the 1970s, many scientists, some of whom were children of survivors themselves, became concerned about the validity of the findings on methodological and philosophical grounds. Significant concerns were raised about biased samples without appropriate control groups, “reliance on anecdotal data, and presumption of psychopathology” (Solkoff, 1992, p. 342). Solkoff (1992) suggested two new avenues of study: What is the meaning and impact of any parental trauma on a child, and do parents confer strengths to children because of their histories of traumatization? These two questions have subsequently guided much of the work in the field (Kellerman, 2001) and informed the studies that will be discussed in the section below on mechanisms of transmission.

Those investigating in depth the experience of the witness have resisted simplification and, in studies focusing on testimonies of Holocaust survivors, the complexities of the victim/witness role are carefully elucidated (Felman & Laub, 1992; Langer, 1991; Laub, 1991). A decade later, as if in dialogue with these earlier texts, authors scrupulously analyze the responsibility of the witness who has not suffered what the victim has (Oliver, 2001; Sontag, 2003).

In a remarkable passage, James Hatley (2000), writes:

By witness is meant a mode of responding to the other’s plight that . . . becomes an ethical involvement. One must not only utter a truth about the victim but also remain true to her or him. In this latter mode of response, one is summoned to

attentiveness, which is to say, to a heartfelt concern for and acknowledgment of the gravity of violence directed toward particular others. In this attentiveness, the wounding of the other is registered in the first place not as an objective fact but as a subjective blow, a persecution, a trauma. . . . We find that our witness of the other who suffers is itself suffered. But this suffering is not one of empathy, which is to say a suffering that would find in its own discomfort a comparison to what the victim has suffered. . . . We suffer, so to speak, the impossibility of suffering the other's suffering. (p. 3, 5)

Although this passage has a great deal to teach us as therapists, in this article, it is the application of this perspective to the dilemmas that arise for child witnesses to parental suffering that is most relevant. What does it mean for a child to be “summoned to attentiveness,” to register the parents’ “wounding” as a subjective blow? How does a child deal with the “impossibility of suffering the other’s suffering?” It is not only the answers to these questions that we should seek, but also the patience to explore them, the fortitude to learn from those who live them, and the willingness to be changed as a consequence of our mutual inquiry.

Witness Positions

Weingarten’s (2000, 2003) witnessing schema is of particular relevance to this article. Using a two by two grid, four witness positions are created by the intersections of awareness and empowerment. It makes a difference to the witness—and to the family, community and wider society—whether one is aware or unaware of the meaning and significance of what one is

witnessing and also a difference depending on whether one feels empowered or not in relation to what one witnesses. Crucially, witness positions can change (See Figure 1).

Witness Position 1 is the most desirable for people and constructive for others, for people are aware—cognizant and mindful of the implications—and have an idea about how to take effective action in relation to that which they observe. For example, a woman whose grandfather survived the Armenian genocide stands with Women in Black in their weekly silent vigils to act constructively on her abhorrence of ethnic hatred.

Witness Position 2 represents the most toxic condition for others, because people in this position are unaware of the meaning and significance to the victim of what they are⁴ witnessing but are empowered in relation to the situation. A person in this witness position is most likely to do harm, where “do” refers to omissions as well as commissions. For example, in South Africa, Hendrick Vorwoerd, the architect of Apartheid, called his policies of racial exclusion and domination a “policy of good neighborliness” (*Washington Post Online*, 2003). This view was shared by millions of Afrikaners who witnessed Black removals to government-controlled areas in the 1950s and believed this was “better” for them, that is Witness Position 2. Those displaced were enraged and economically, socially, and politically devastated by the removals.

In the United States, children are often exposed to their parents’ racist behavior. For example, a child watches a parent chide the family’s Latina domestic worker for requesting a day off to attend to problems with the Immigration and Naturalization Service, ultimately inducing sufficient guilt for the woman to withdraw her request. The child, taking cues from the parent, ignores the woman’s requests for the rest of the day.

Witness Position 3 depicts a person who is unaware of the meaning and significance of what she is witnessing and therefore does not—for she cannot—act in relation to that to which

she is exposed. Many daughters of World War II veterans describe not having known what their fathers did during the war until after their deaths. It is only in retrospect that they are able to account for their father's moods and behaviors and its effects on their own lives (see Steinman, 2001). Many questions can be posed in relation to this position, among them, and crucially for children who may be in Witness Position 3, how is one affected by that which one does not consciously perceive? What are the consequences of becoming aware after the fact of that which one was unaware at the time?

Witness Position 4 represents the position that people experience with the most evident distress. People are aware of the meaning of what they are witnessing but feel helpless or ineffective in relation to it. Children who know their parents have suffered trauma but feel powerless to comfort them are in one of life's most painful predicaments. Hackett (2001) poses the following heart-stopping question: "What does it mean to be a child of Job?"

MECHANISMS OF TRAUMA TRANSMISSION: THE MAKING OF A WITNESS

The thesis of this article is that children are witnesses to their parents' trauma; the domain of trauma that is the focus is that of political violence. Parents may be traumatized by political violence in a number of ways, including, but not limited to, having lived through political conflicts, war, genocide, internments, politically motivated tyranny, repressive regimes, colonial rule and slavery; having served in the military, with peacekeeping forces, or humanitarian organizations before, during or after times of conflict in foreign regions; having immigrated from regions that subsequently erupted or threatened to erupt with political violence; having roots in regions that experienced political violence in the past; fearing reprisals because of political

activity; and having experienced traumatic loss from natural causes such that all death and loss, including that caused by political violence, is felt as catastrophic.

To provide some systematization to this vast, overlapping, confusing, and riveting area of study, I have selected four categories of mechanisms of transmission of trauma: biological, psychological, familial, and societal. Within each category, I have chosen one representative mechanism and I have illustrated this mechanism with an example of political violence. No mechanism alone is *the* answer to how trauma “passes” from one generation to the next; none is incontrovertible; and none can be neatly separated from the others. But each is intriguing and opens up ways of understanding how traumatic experience in one generation impacts another. “Impacts” is truly the operative word, for what is passed is not the trauma itself, but its impact. If one lives with a parent who has suffered from political trauma, one may acquire vulnerabilities one might not otherwise have, but one also has opportunities to develop resilient coping skills that one might not have had (Novac & Hubert-Schneider⁵, 1998).

The purpose of this overview is to encourage therapists to consider the likelihood that any or all of these mechanisms may be operating for the individuals, couples and families with whom they consult. Appreciating this offers opportunities for inquiry, reflection, understanding, and change for those stuck in current struggles related to or aggravated by residues of political violence that insinuate themselves into the bodies, minds, and spirits of those who were not exposed to the political violence itself.

Biological Mechanisms

Bessel van der Kolk, a noted trauma researcher, has written extensively about the biological and neurophysiologic aspects of trauma, referring memorably to the fact that “the

body keeps the score” (van der Kolk, 1996, 1999). In response to the intense interest in understanding all aspects of trauma following the terrorist attacks of September 11, 2001, Yehuda (2002) wrote a concise article in the *New England Journal of Medicine* providing data supporting the hypothesis that “the development of PTSD is facilitated by a failure to contain the biologic stress response at the time, resulting in a cascade of alterations that lead to intrusive recollections of the event, avoidance of reminders of the event, and symptoms of hyperarousal” (p. 111–112). In this article she posits cortisol as a candidate mechanism for such a cascade that can account for both the development of trauma and its transmission across generations.

This article is part of a line of research that Yehuda and her colleagues have been conducting for nearly two decades, focusing on the vicissitudes of cortisol in samples of Vietnam veterans and survivors of the Holocaust, among other groups (e.g., Mason et al., 2001; Yehuda, Halligan, & Bierer, 2002). In one study with Holocaust survivors and their adult children, the research team found that offspring shared some similar psychological symptoms as their parents. Symptoms described by offspring as related to hearing about the Holocaust corresponded to symptoms described by people who had lived through the Holocaust, both of which were associated with lower than normal cortisol levels (Yehuda, Halligan, & Grossman, 2001).

These researchers found that the subset of adult children of Holocaust survivors whose parents actually had PTSD reported significantly more emotional abuse than the other groups of adult children to whom they were compared; they also had particularly low cortisol levels (Yehuda et al., 2001.) In trying to understand how trauma is passed from one generation to the next, these studies provide another clue. Children may develop vulnerability to PTSD if they grow up in a home in which they are subject to emotional abuse, as those children who grew up with parents who had PTSD related to the Holocaust often did. The vulnerability can be

ascertained by the biological marker of low cortisol levels (which may contribute to subsequent biological abnormalities in responding to traumatic events) and may be related to distorted cognitions about the world and the self that develop in the home and predispose children to develop PTSD if exposed to a traumatic event (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). This point will be elaborated further in the section on psychological mechanisms below.

One question that follows from this research is whether there may be some survival value for the species for parents to pass on to their children sensitivity to danger such that they may be better prepared to face subsequent challenges (Novac & Hubert-Schneider, 1998; Suomi & Levine, 1998). Openness to this perspective can check us from prematurely assuming that the transmission of a biological vulnerability to PTSD is necessarily “bad.”

Psychological Mechanisms

The distinction between psychological and familial mechanisms of transmission is difficult to make and may appear arbitrary. The criterion I have used is whether the mechanism results in the pervasive diffusion of meaning (emotional tone, belief, theme) throughout the family or remains local to an individual or dyad.

Much empirical and clinical work has found attachment theory useful to account for continuities and variations that develop between the mother and the infant in relation to signaling distress (either within the infant, e.g., hunger; or in the environment, e.g., a frightening noise or strange person) and responding to the infant with protection, care, and comfort (Cassidy & Shaver, 1999). Although much work has focused on maltreatment experienced by the caretaker, often the mother, that can compromise her ability to provide consistent and predictable responses to her infant. While some cross-cultural psychologists challenge the premise that the theory

addresses universal dimensions of human attachment (Rothbaum et al, 1993), and feminists challenge the theory's sensitivity to social context as a crucial influence on the attachment system, especially over time (Franzblau, 1999), no one debates the importance of "attachments," that is loving relationships that provide protection, comfort, and security. (Egeland & Susman-Stillman, 1996; Kaufman & Zigler, 1987; Zeanah & Zeanah, 1989), recent work also investigates how “outside systems and conditions” (Lynch & Cicchetti, 2002, p. 519), such as community violence can affect attachment in families.

Researchers hypothesize that the attachment system suffers when the caretaker is a “frightened or frightening caregiver whose current mental state is characterized by lack of resolution of loss or trauma” (Lyons-Ruth & Jacobvitz, 1999, p. 544) resulting in inconsistent behavior with his or her children. It is highly likely that experiences of political violence also create extreme fear in caretakers, leading to frightened or frightening behavior.

Projective identification is one psychological process that has been hypothesized as a means of coping with the lasting effects of political violence (Hardtmann, 1998; Rowland-Klein & Dunlop, 1998; Weiss & Weiss, 2000). Projecting unacceptable feelings on to another is part of ordinary social interaction. However, it becomes pathological when the projection is rigidly maintained and when the person who is projected upon is unable to resistor challenge the contents of what is projected. The contents may be distorted in the direction of good or evil. In most instances the person projecting comes to control disowned feelings by manipulating the person projected upon, whom he or she has nonverbally maneuvered into taking on the feeling. Parents who have suffered from political violence may use projective identification for purposes of self-healing, “unconsciously using their children as a means of psychic recovery” (Rowland-Klein & Dunlop, 1998, p. 367).

Men, who are routinely socialized to deny fear (Kindlon & Thompson, 1999; Levant & Pollack, 1995; Pollack, 1999), are particularly vulnerable to projecting fear during and in the aftermath of political violence, a context in which fear is endemic (Grossman, 1996). One World War II veteran consistently belittled his young son about his athletic prowess, shaming him on the athletic fields in front of his friends. Later in life, when this man became ill with a disabling disease, he confided in his son how terrified he had been of being humiliated by his superior officer during his military service. He told his son that he had striven always to be perfect in an effort to ward off attack.

In *The Other Hand*, a novel, Metzger (2000) hauntingly depicts a father's use of projective identification in an encounter with his son. A German soldier during World War I briefly returns home from his duties to his family. He arrives during a snowstorm and his 10-year-old son is startled both by his sudden appearance in their parlor and by the freezing blast of cold air that assails him as his father's enters. The boy cries out in apparent fear.

The son's frightened demeanor enrages the father, who cannot bear to see in his son the emotion that he denies. He tells him in a saccharine voice that he will help his son learn to be "friends" with the cold. He bundles the boy up in warm clothes, sends him outdoors into the blizzard, and bolts the door behind him. Hours later, now night, the child is still outdoors, compulsively polishing the snow he has tamped down to a mirrored surface, kissing the snow, oblivious to the fact that the skin of his lips is sticking to the ice. The child has disowned his fear of the cold so totally that he can neither respond to sensations of cold nor pain. Trapped by his father's disavowal of fear, the boy cannot register the danger he is in.

This passage vividly portrays the rapidity with which projective identification can be enacted between family members, the degree to which it operates out of conscious awareness,

and the relational work children do in an effort to repair the experiences suffered by their parents. Although this example is fictional, it alerts us to the unique ways that repair can occur—befriending the snow and the cold—reminding us of the convoluted paths that symbolic representation may take. Further, it cautions us against being too literal in imagining what actions may constitute repair of fear and horror.

Familial Mechanisms

Family life provides an infinite variety of ways for members to go about their business and interact. Solitary activities coexist with social ones, private space and time press up against public ones, family members know more than they are told, intuit more than they see, and register more than they hear.

Silence is a key mechanism by which trauma in one generation is communicated to the next. We are accustomed to think of silence as an absence of sound, but it functions in families in much more complex and confusing ways (Danieli, 1998*b*, 1998*c*). Silence can communicate a wealth of meanings. It is its own map: Don't go there; don't say that; don't touch; too much; too little; this hurts; this doesn't. But why the territory is as it is cannot be read from the map of silence.

Sometimes silence is total, sometimes it is pocked with speech. Often parents who have suffered political violence cannot bring themselves—or may be unable—to tell a sequential narrative of the ordeal. Children in families in which speechlessness dominates and few facts have been disclosed may fantasize details to imagine the parental trauma (Ancharoff, Munroe, & Fisher, 1998; Weingarten, 2003). In families in which detail has been blurted out, often with incongruous affect, silence may follow disclosure, like waves overtaking castles in the sand.

Parents who have suffered from experiences related to political violence know that the world can be a dangerous place. Depending on the experiences they have had, they may also believe that humans are capable of sadistic or indifferent cruelty. Fundamental assumptions about the world may have been shattered. Janoff-Bulman (1992) proposes that trauma shatters three fundamental assumptions about the world and the self: 1. the world is benevolent, 2. the world is meaningful, and 3. the self is worthy. I agree that the shattering of fundamental assumptions about the world and the self is a psychological sequela of trauma, but doubt that there are universally held assumptions that shatter. In my clinical experience, first, many people have never held these beliefs before a trauma and second, the assumption that has been shattered is often connected to unique personal circumstances and cannot be stated as a grand, abstract proposition. A parental imperative is to keep one's children from harm. Warning children about danger is a primary means of safeguarding them. However, when the warnings themselves terrify and have the potential to harm, parents are in a terrible bind.

Parents often unconsciously strike a compromise, using one "channel" to tell and one to conceal. They may not literally tell an anecdote, but symbolically communicate the message in other ways (see Spiegelman, 1986, 1991). Or the parent may have decided not to speak about experiences but rather responses to stimuli that remind him or her of the experience may provide a "map" to what he or she has suffered (Ancharoff et al., 1998). One client's mother was on the kindertransport, which saved mainly Jewish children from death in concentration camps during World War II by sending them to Great Britain. The client's mother arrived abroad at age 6 without either parent and was fostered by a Protestant family. The mother never directly told her daughter a sequential narrative of her memories of her years with this family. Instead, she would telegraph information to the daughter in situations that she could only imagine were evocative.

For instance, her mother would withdraw into an icy coldness when her daughter would disagree with her, telling her she had no idea how lucky she was to have a mother at all. Or, she would be dismissive about cards the daughter produced in school for Mother's Day, speaking sarcastically about how little "Americans" understood about hardship.

This kind of communication, messages with multiple, embedded meanings, is of the sort that family therapists are adept at deconstructing with families. Family therapists can assist families with gaining greater conscious control over the meanings they communicate (Ancharaoff et al., 1998).

Societal Mechanisms

Silence plays a crucial role in passing trauma from one generation to the next. This is the case whether it is the silence left in the wake of dissociation, the silence imposed by implicit or explicit family rules, or the silence shared by communities of people overwhelmed by the task of facing what political violence has wrought. Silence operates at the individual, family, and national level, often in an interlinked fashion such that the silence at one level takes on additional meanings by its associations with other levels.

As has been discussed, silence is multifaceted and co-occurs with numbers of other phenomena. Shame, a painful affect in which one feels exposed as "fundamentally deficient in some vital way as a human being," (Kaufman, 1992, p.9⁶) is one of them. As with silence, shame exists at the individual, family, and national level. If silence incubates fear, shame incubates violence, often retaliatory violence (Gilligan, 1997). Shame, thus, also plays a role in the transmission of trauma from one generation to the next (Kaufman, 1992).

New research points to regional and national experiences of shame, perhaps more aptly called humiliation, as central to the ways that trauma passes collectively from members of one generation to the next (Lindner, 2001*a*, 2001*b*; Volkan, 1997, 1999, 2000). Although humiliation is enacted and experienced by individuals, it is built into the structure of social relations and institutions. Persons or groups who are humiliated are meant to feel put down or taken down, in line with the root meaning of the word as *humus* or earth, to be degraded (Lindner, 2001*a*). In those societies in which preserving the dignity of all persons is felt to be essential, humiliation can take on traumatic dimensions, not just at the level of individual persons but of the group as a whole (Linder, 2001*b*).

Thus humiliation and trauma can become linked at the individual and group identity levels. A recent caption for a triptych of photographs of a large statue in Baghdad of Saddam Hussein being pulled down by American Marines reads “About Face” (*New York Times*, 2003). The caption succinctly captures the interpretation of this event by many in the Arab world. Talal Salman, the publisher of a respected newspaper in Beirut, wrote in a front-page editorial, “What a tragedy again plaguing the great people of Iraq. They have to choose between the night of tyranny and the night of humiliation stemming from foreign occupation” (MacFarquhar, 2003).

When whole groups are humiliated and must swallow their resentment, the desire for revenge builds. Children who see, know, or intuit that their parents or grandparents have been humiliated are particularly vulnerable to developing retaliatory fantasies. When one generation fails to restore social and political equality, this failure forms the next generation’s legacy.

Volkan (2001⁷) has identified the concept of “chosen trauma” to account for the transmission of such legacies across generations. He writes:

Within virtually every large group there exists a shared mental representation of a traumatic past event during which the large group suffered loss and/or experienced helplessness, shame and humiliation in a conflict with another large group. The transgenerational transmission of such a shared traumatic event is linked to the past generation's inability to mourn losses of people, land or prestige, and indicates the large group's failure to reverse . . . humiliation inflicted by another large group, usually a neighbor, but in some cases, between ethnic or religious groups within the same country. (p. 87)

By "chosen" Volkan (2001)⁸ is not implying that the group consciously desires to take on traumatic experiences, but rather that out of the multitude of traumas that groups have suffered, one is selected and the meanings attached to it are passed on to succeeding generations. Apprey (1999) and Scott (2000) have applied Volkan's model to the situation of African Americans, in which the legacy of slavery is passed unconsciously from one generation to the next but intersects with the conscious knowledge of current discrimination and racism. Unconsciously burdened by the expectation and hope that they can redeem the history of brutal violence, the authors believe that African-American children are confronted by powerlessness in their current circumstances. They perceive the need to reverse the humiliation, but are blocked from doing so. In addition, processes of mourning that are essential for repair of losses in the previous generations provide no relief: all life is loss (Apprey, 1999; Scott, 2000). Thus societal mechanisms of intergenerational transmission of trauma contribute to a "transfer of destructive aggression from one generation to the next" (Apprey, 1999⁹, p. 32).

CLINICAL IMPLICATIONS

Clinical Vignettes

The purpose of gaining familiarity with intergenerational mechanisms of transmission is not so that we can identify *which* mechanism may be operating for which child in a family, nor so that we can understand exactly *how* the trauma of political violence is transmitted in a family. Rather, the purpose of gaining familiarity is to ground us solidly in the knowledge that transgenerational transmission of political trauma occurs so that as we engage in dialogue with our clients, we can incorporate this domain into our inquiry about their lives. Whether we are working with the children themselves or the parents who talk to us about their children, understanding the role of the child as witness to the effects of political violence provides avenues for understanding and change. Consistent with this point of view, the clinical examples that follow illustrate the general thesis, rather than a particular mechanism of transmission.

Situation one. In reviewing clinical notes for this article, I recalled working in the late 1970s with Mara, a 20-year-old Chinese American, at a time when I did not have a systematic framework for conceptualizing the intergenerational transmission of the effects of political violence. Nonetheless, the work was consistent with the clinical perspective elucidated in this paper. Mara had been referred by her university health service with a presenting problem of bulimia, depression, and writer's block.

In the first session she informed me that her parents were “anti-Mao” and had escaped China in 1948. Her father, but not her mother, had found work in the United States appropriate to his Chinese education and training. Although her parents were forthcoming about the histories of

their families in China, neither would tell Mara how they met. We soon realized that this had become an obsession for her. Mara would ask her mother if she loved her father; her mother would say, "I don't know." Mara reported that sometime between the ages of 10 and 12, when she would wake in the night and get a glass of water, she could hear her mother tell her father "take your hand away."

In therapy, Mara realized that her bulimia was an embodied symbolic expression of her fantasy of her mother's story, which she believed was one of loss and compromise. The bulimia kept her thin, closer to her mother's expectation of how a Chinese woman should look, but achieved in a manner that was shameful to her and to her parents. The bulimia led her to date but then reject men, for fear that they would discover her eating disorder. She thus enacted what she unconsciously believed was her mother's situation with her father: A marriage forced by political exigencies that her mother protested by keeping her father at arm's length. Finally, the bulimia sapped her energy both physically and psychologically, leading to an inconsistent academic performance. This too was a complex expression of loyalty, honoring her parents' wish for her to succeed, but always on the brink of "losing everything." In this way, she allied herself with the professional limits that forced immigration had caused her mother. As she made connections between the bulimia and what she had witnessed and imagined, she gained more options.

Bulimia no longer served as the solution to her family legacies.

Situation two. Faraz and Leila, a middle-aged Iranian couple who had each left Iran for political reasons in the late 1970s with most of their families, had met and married in the United States. They consulted me about long-standing marital conflict, which they feared was "making our son nervous." Their son, age 12, complained of frequent stomachaches and he isolated himself from his peers at his public school, while playing well with the children of his parents'

expatriot friends. Although the couple had prospered economically and professionally in the United States, their lives felt flat and empty to them.

In therapy, I suggested that they tell me not only about their current lives, but also about what they had imagined their adult lives were going to be like. This unleashed a torrent of rage, grief, and bitterness. They contrasted the life they would have lived in Iran—a life of privilege, status, and power—with the ways they felt discriminated against by Americans. At the same time, they found much to admire about America and Americans.

They had told their son almost nothing about the context of their leaving Iran. We discussed the possibility that in the absence of having been told, he had created a story to fit what he imagined to have been the circumstances. Could this “story” be one he lived out himself in his own life? Had he imagined his parents betrayed by one group of people and, now, he was cautious about his American classmates?

Uncomfortable talking directly to their son, Faraz and Leila agreed to “pepper” their normal conversation with facts about the politics of the time just before they left Iran and their experiences during this time. In a few months, the couple’s relationship was less conflictual and their son complained of fewer stomachaches. Coincident with his transition to middle-school, about 6 months into his parents’ therapy, he joined two student groups and invited a new friend home.

Situation three. A former colleague of mine consulted with me about her family when both of her adolescent children were “acting out.” At the same time, her husband, a Vietnam veteran, was acting more and more withdrawn, a process that she told me had started in 1991 during the Gulf War. Upon further questioning, I learned that her husband was too anxious to do much parenting, relying on his wife to manage their children. When he did intervene, she said,

his attitude was catastrophizing, his approach draconian. With her permission, I gave her a summary of the ideas I have presented in this article, suggesting that they might be of some use to her.

Follow-up 1 year later revealed that her husband has started pharmacological and psychotherapeutic treatment at a Veteran's Center; the family had been seen in counseling; and both children were doing better. My colleague told me that simply naming the possibility that the children had been affected by their father's unprocessed feelings about his war-time experiences had been relieving and clarifying to them, starting a process of healing in their family.

Situation four. Leslie had worked with me in therapy to relieve symptoms of intrusion related to her mother's death from cancer. Her older child, a daughter who was conceived shortly after her grandmother's death, was 6 years old when Leslie originally came into therapy. She found her difficult to handle and described them both as prone to "temper tantrums." Leslie worked successfully on her traumatic grief and on her parenting, ending her therapy feeling satisfied with her gains.

About 1 month after the start of the War in Iraq, Leslie consulted with me about her younger child, Sam, a 7-year-old boy. Her decision to seek consultation was prompted by her positive experience in therapy, not worry about the severity of the child's symptoms. She reported that Sam was "overly focused on death and suffering." Since the start of the war, he had been biting his nails, twisting his hair compulsively, complaining of stomachaches and waking up with the nightmares. Leslie believed that Sam was sensitized to these issues because of her experiences of traumatic grief.

She and her husband avoided discussing the war in front of him, never listened to news in his presence and quickly put the newspaper in a bin after reading it out of Sam's view.

Nonetheless Sam was relentless with his questions. “How can we help the people if we are killing them?” was a typical question of his. “I may have to lie to protect him,” Leslie said.

Approach to Interventions

Leslie’s response to Sam is prototypical. Parents wish to protect their children from the horrors that exist in the world. When those horrors are ones that people inflict on each other, the urge to shield children from knowing about this is even greater. However, the wisdom of the ages, whether literary or clinical, encourages us to resist the temptation to conceal and instead find safe ways to reveal.

For a clinician then, the task is to create a safe context for whomever he or she is working with to begin to describe and later to integrate the political dimensions into the narrative of the person or family’s life. This narrative always has at least three aspects: The story of the political violence itself; the story of the effects on the parent or parents; and the impact on the child, regardless of age. It is important for the clinician to have in mind that the impact usually confers both vulnerabilities and strengths to the child (Novac & Hubert-Schneider, 1998; Rousseau, Drapeau, & Platt, 1999). Greenspan (2003), a noted feminist psychotherapist and author, whose parents were both Holocaust survivors, has written about her mission to comfort her parents and the gift that came from this: “In the inarticulate heart-centered way that children know things, I knew that emotional pain had a story to tell that needed to be heard. And I knew that, from knowing this story, something good would grow” (p. 227).

Awareness alone, however, does not bring relief. Referring back to the witness positions, we can see that awareness must be coupled with empowerment. In the session with Leslie, having drawn her a sketch of the witness position grid and discussed the concepts with her, she

succinctly summarized her situation: “I’ve been trying to make Sam unaware and it doesn’t work. I need to move him up, not to the right.”

For Sam, the way to “move him up” included activities that would make him feel that he was part of a peace movement—making anti-war signs, a peace button—and activities that would allow him to express his anger and fear—kicking a soccer ball that he named Osama Bin Laden’s head. Leslie and I discussed that empowerment might also come from her acknowledging and appreciating qualities of his that led him to worry about the suffering of others.

For adults and children, doing something that either changes that which we are aware of or changes a proxy of it is helpful and may feel empowering (Weingarten, 2003). Although the “doing” may be symbolic or literal, it is especially helpful when the doing permits a “physical experience of efficacy and purpose” (van der Kolk, 2002, p. 381), when it is in solidarity with others who are actually or imaginatively present, and when the news about the activity can be circulated to others who might understand, appreciate, or validate the action (Madigan & Epston, 1995; Weingarten & Worthen, 1997).

Sometimes remembering and grief are the most challenging and courageous responses to legacies of political violence (Bar-On, 1989, 1995, 1996; Botcharova, 2001; Green, 2000; Shahini, 2001; Thomson, 2000). Clinicians can help clients understand that mourning the pain and losses suffered by the previous generations is a major contribution to acknowledging the past and securing the future by repairing the present.

Clinicians have a crucial role to play in helping people to make sense of the ways that political violence seeps in and affects their lives. Understanding that children can be witnesses to the effects of political violence on their parents and that parental trauma can pass to children is

an important competency for family therapists. In providing a safe and knowledgeable environment to work on these challenging issues, clinicians themselves serve as compassionate witnesses to those who learn to become aware and empowered witnesses to their loved ones (Weingarten, 2003).

CODA

In this article, I have focused on the ways that the effects of parental political violence impact children, that is, how politics impacts the domestic. In closing, I want to provide a contrasting example, to show the inherent circularity of these effects and the impossibility of ever definitively assigning directionality.

Fred Marchant (2000) is a Boston poet whose work traverses the domestic and political realms. His second book of poetry, *Full Moon Boat*, opens with a stunning evocation of the political ramifications of lessons learned in the domestic realm. A Marine officer during the Vietnam War, stationed in Okinawa, he became one of the first Marine officers ever to be honorably discharged as a conscientious objector. Flying home on an empty military plane in 1970, he writes, “the creases/ of deep, dried-out arroyos remind me/of the pack that belonged to the soldier/who hung over my childhood sleep/and taught me, before I ever understood/ a word like puttee, how good it would feel/ to take a helmet off, to set a weapon down.”¹⁰p.4.

[punctuation is now wrong. Please correct.]

He is referring to an etching, “The Return,” that hung in his room, of a soldier from the First World War, kneeling before a crucifix, with a helmet and rifle on the floor, “his calves wrapped with puttees, his head/ half-hidden by a bulging cinched-up knapsack.” P.3. Later in

the book, we learn that Marchant's journey from war to conscientious objection is connected to lessons he learned at home. His poem, "African Violets," paints the past with the indelible detail of the hyper-aroused, whose memory—heightened by intense emotion—focuses on sensory elements in the charged scene. As his mother tells him about her beatings, with "tears that seemed to ooze," p.19 he studies the petals of an African violet, the "deep purple petals/and bright yellow eyes at the heart" p.20 and he hears "whenever/a car slows and sounds as if it will stop," p.20 as if this attention at the periphery will dilute the power of the poignant encounter with his mother's pain.

He writes that he was "pure listening in training," p.19 although he sat "as far away from her" p. 19 as he could, absorbing lessons "no matter how much they hurt." P.20 In his case, the lessons are ones about "the nature of love:/ never swear at a woman, never raise my hand." P.19 It must have been monumental in Okinawa to realize that the lesson he had learned in his living room about the nature of love was no less humanity's.

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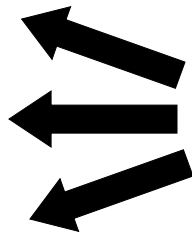
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NOTES

Each witness position affects:

- Family
- Community
- Society



Witness positions can change:

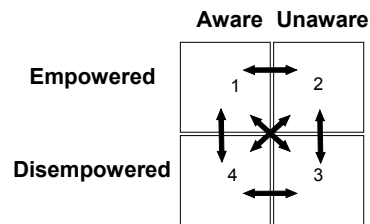


Figure 1. Witnessing Schema