

Identity and Transgenerational Group Dynamics

Dr. Maria Ammon (Berlin/Munich)

Freud (1915) already says: "Man is a subject not only under the pressure of his direct cultural surroundings, but he is also influenced by the cultural history of his ancestors." Freud (1923) further presents the thesis that many habits, cultural conditions, ideals, ethical principles and others are being inherited through the superego. In his opinion a child's superego is not formed by the parents' ego, but by their superego. And thus all parts of the superego are being handed on to the next generation.

V. Volkan (2001) defines the transgenerational transmission as follows: It occurs when a grown-up person unconsciously externalises his traumatized self into the child's personality development. So the child becomes a reservoir of the unwanted parts of an earlier generation. As the grown-up influences the child, it will take up these wishes and expectations and is forced to act accordingly. Thus the child will be "given" the task to mourn and to compensate insults and feelings of helplessness, which are based on its ancestors' traumata.

The transmission of traumatized self-images happens in nearly the same way as the implantation of psychological DNA into the younger generation through their relation to the ancestors.

What will be passed on are traumata and feelings and parts of the superego, and most of all guilt and projections of destruction. The mother's unconscious fantasies are also transmitted like psychological genes to the growing-up children. This then may cause negative development, because the transgenerational transmission will turn into a vicious circle, as the trauma, which has not been treated, includes in itself the possibility of re-occurrence.

The studying of the transgenerational transmission of traumata and its meaning for different psychic illnesses has only just begun. Interesting in this respect are studies from the last years about psychoanalysis with children and grandchildren of holocaust victims, which allow conclusions about the transmission of traumata.

Kisker (1961), Venzlaff (1968) and Kestenberg (1995) reveal the effects of extreme traumatic experience in respect to psychotic breakdowns in connection with holocaust survivors.

Oliner (1995), Kogan (1995) as well as Link, Victor and Bruder (1985) have pointed to the psychotic disturbances in holocaust survivors of the second and third generation.

According to Troje (2000) features like traumatization, injustice or secrets are frequently to be met with not only in the lives of the patients, but may already stem from earlier generations. The transmission of guilt and injustice is very problematic, because these emotional qualities are being transmitted non-verbally and therefore resist psychic treatment. Each child is born with a burden from earlier generations. Who knows the murders, suicides and so on that go back to many generations before. Such facts are mostly unknown but nevertheless are being communicated unconsciously.

H. Faimberg (1993) says that the child's identification with his mother is again connected with the mother's identification with her mother. Often these are experiences taken on, but never questioned.

Racamier (1995) also describes the multigenerational transmission. He believes in a real incest, leading to further incestuous relationships in the succession of generations. Although the trauma has been encapsulated it remains alive with the tendency to repeat itself. A child harmed by incest tries to re-establish its integrity in its later life as mother or father with his

own child. A mother having been victim of an incest, will keep her child as the incestuous object in a narcissistic relationship. The incest may be repeated for generations. Racamier calls this incestuous milieu insane, psychosis and perversion become the latest possible mechanisms of defence.

Adelmann (1995) also describes the transmission of traumatic experiences for generations. She concludes that traumata manifest themselves in the memory not only as autobiographic incidents, but they form psychological constructs determining not only self-perception, but also the perception of others. The traumata's effects on the ego are transmitted for generations. According to Adelmann, an example for this are the innerpsychic conflicts, from which follow-up generations of holocaust survivors suffer.

Rosenthal carried through biographical studies about the transgenerational effects of persecution and perpetration. Especially in persecuted families the oppressed family history seriously effected the future generation's biography and the accompanying attachment and resulted in an obstructed autonomy development. In this context it is especially important how the transmission of the past had happened, i.e. in which life-historical connections something was hinted at or told to the children and grand-children, that had been concealed, or even rewritten. So-called family secrets have an especially oppressing effect on the newborn child. They will lead to the difficulty of distinguishing between reality and fantasy, especially when stories had been retouched or were even made up. This often happens when parts of the family history, that have become too threatening, are being declared to be unreal or are being reinterpreted.

Despite the fact that the National Socialism has been over for almost 50 years, the intergenerational consequences of the past have not weakened. Rosenthal studied three-generation-families of Nazi-perpetrators, sympathisers and victims of persecution of the fascist regime. The consequences of an oppressed society- and family-history partially

express themselves even clearer in the generation of grandchildren than in that of the children. The less open the past had been talked about in the family, the more severe the effects on the following generation will be.

Considerable differences can be seen between the transgenerational effects in families with a past of persecution and families with a past of pursuers.

Families of survivors fear to talk about incriminating memories, because they fear the feelings of being overwhelmed and so they conceal themes of shame and guilt. Above all this is the case when sexual violence and the murder of their children had been experienced.

These people don't want to strain their children and grandchildren with this past. Perpetrators on the other hand categorically deny a participation in crimes and any knowledge about it.

Thus they protect themselves against rejection and accusation by their descendants as well as against possible prosecution. The children and grandchildren of these families of perpetrators have only vague ideas. They doubt their own perception about the elders' past and blame themselves for their assumptions. Dialogue in families of perpetrators is mainly aggressive and of faultless justification, displaying the following features:

- denial of being perpetrator or witness
- construction of a biography of a victim
- accusation of others

They complain about their own distress, like captivity, escape, expulsion and so on, whereas they remain silent to the suffering of others. It's the diffuseness of this denial that is being passed on to the next generation, who do not consciously perceive it. They often suspect a lot, but then deny those parts of their fantasies that are actually true. Some perpetrators calculatedly make partial confessions so that real incriminating acts won't be known. These perpetrators are still convinced of their doing's legitimacy, but they have learned not to openly express it. Open dialogue is not possible. If the following generation puts forward any questions, the generation of perpetrators often becomes aggressive, blaming the younger

ones for their mistrust, allotting guilt onto them. This transmission of guilt is more distinct in the generation of grandchildren than in the middle generation. Whereas on the part of the generation of perpetrators there is a discourse of denial, the transmission of the not-talked-about past in families of survivors is rather characterised by maintaining silent about certain themes, by fragmentary talks and by concrete patterns of behaviour.

This transmission of not worked-through family traumata unconsciously effects the life-history of children and grandchildren. It may lead to a restricted autonomy development and oppressed attachment to the family (cf. Barocas and Barocas 1979, Bar-on 1993, Davidson 1980, Wardi 1992). The results become mostly clearer in the 3rd generation. More often than not the generation of children is occupied with the defence of traits of the past in their life, whereas the grandchildren develop manifest disturbances and illnesses.

As becomes clear by the literature described above, the transgenerational transmission complicates the following generation's demarcation and identity development.

In my studies on schizophrenic patients and their family members on a basis of qualitative research with biographical interviews, all families had suffered from war traumata. The parents had not worked them through and had transmitted them to their children. Furthermore it became clear with all families that they had not separated from their original families and at the same time lived according to the ideology of an "ideal world" (M. Ammon 2001).

In families, in which the father showed severe war traumata, the not assimilated anxiety and aggression were transmitted to their children with enormous pressure and strict rules. Concerning contact the parents were not reachable for the children. Mothers who had experienced refugee traumata were over-considerate, controlling or rejecting. Also Fonagy (1998) regards it as a possible kind of transmission, that parents try to come to terms with their own traumata by excessive care and control over their children.

In all the families I studied the parents had not broken away from their original families. Injuries of the generation boundaries were also clearly apparent in the studies by Lidz, Cornelison, Fleck and Terry (1969). The parents were still highly attached to their own parental home, which made the founding of their own family even harder.

In all these families an ideology of the ideal world was conveyed. A mechanism similar to the "conveyance of ideal world and denial of feelings", occurring in all families, was also found by Wynne, Rychoff, Day & Hirsch (1969) in families with schizophrenic patients, in connection with so-called "pseudo-communities". This mechanism makes it more difficult for the patients to delimit their identity. One of these mechanisms is the forming of myths, legends and ideologies. A further mechanism is to especially point out one ideology, due to which harmony has to prevail in all aspects. It is most difficult to integrate different influences from the outside into this rigid family system.

The families' transgenerational missions and the child's personality development depicted above are of crucial importance. These emotionally unsolved traumata and experiences in the primary group will, from birth, be transmitted to the child as emotional experience deficiencies, especially non-verbally. The child's ego-boundaries, still only faintly developed, will be threatened by inner and outer non-ego-content. Ego-energy, necessary for the development of human structure, cannot be formed. The child experiences a real deficiency of experience with denial of the outer reality. This structural deficiency in the personality or identity is based on the mutual relation between group-dynamic social-energetic experience and the forming of brain correlation.

Furthermore the deficiency in human-structure corresponds with an injury of ego-boundaries, the so-called "hole" in identity-delimitation. This means that possible experiences for development and structure-forming cannot be taken up. Here G. Ammon (1979) says: "Where boundaries may not develop, the building of structure, i.e. of identity does not take

place." That means that the child, with its certain un-integrated identity-realms stays in a diffuse dependence from undifferentiated communication patterns. This then leads to a disturbance in ego-integration, which is an important function of the ego-identity.

The accompanying feelings of anxiety and rage may not be perceived, but have to be warded off by denial. For a successful identity-development the primary group has to support the child's ego-demarcation towards the inside as well as towards the outside for a long time. Social-energy as psychic energy is to be understood as social energy amongst human beings and is subject to group-dynamic laws. Identity development happens in a social-energetic field, defined by a surrounding which is determined by relationships.

The conveyance of social-energy between individual and group takes place unconsciously, the more so, the younger the child. A group with aptitude to experience, enables an exchange of positive social-energy with feelings of support, certainty and well-being, as well as acknowledgement and understanding of the other one in his personality. In this context it is crucially important to recognise the want for demarcation, aggression and other feelings.

Dynamic Psychiatry regards identity as an expression of the holistic image of man. It comprises all of man's realms, the unconscious as well as the conscious ones, the biological-neurophysiological conditions, as well as his creative, and deficient-destructive abilities, skills and doings. Then again identity is also understood as a human function which interdependently connects and integrates all the other human functions. The development of identity takes place on a group-dynamic level, at the border of individual and group. Conflict solving at the border opens up a field, in which both may develop, group as well as individual. The social-energetic process of exchange will take place in a group with aptitude to experience. Social-energy is that kind of energy, which results in structure and identity-forming, thus having the function of a transmitter between group-dynamics and identity-

development. Identity in this sense is "function, structure, space, group-dynamic expression and economic principle, with each dimension being included in the other" (G. Ammon 1986).

Identity development happens at the border between space and time. Here the dimension of the unconscious becomes important, because the unconscious is the place where group-dynamic experiences express themselves. And it includes the past as well as the future. The unconscious is, at the same time, open towards the present as well as to the real group-dynamic experiences. Thus the experience of the present exists at the border between space and time. It is at the same time a synergistic process between past and future in the unconscious and it builds up identity. Social-energetic conflict solving leads to border situations which affect man as a whole in his existence; his values and his importance in the different realms of his personality will be affected, will change and may easily be incorporated.

Due to an inaptitude to experience, a pathological group cannot enable a child to experience border situations. Instead its members will maintain their own illness-producing aspects, will not show them openly and will transmit transgenerational, not worked through traumata, unconsciously. Thus this will prevent or lock into place the growing and development of identity and will keep the person in dependency.

In these families, the child will hardly be approached with challenges for identity, which would have been crucial to a healthy development, in order to be able to step out of dependencies and build up boundaries of its own. In this context, conflict solving with constructive aggression, means contact and growing. In the families I had studied, demarcation and consequently adequate steps of separation were hardly possible, because of the unstable, deficient, destructive social-energetic network of relationships connected to a multi-generation conflict.

Already in early childhood, over-caring, spoiling or too little challenge and over-anxiety towards the patients were prevalent, and therefore the patients' ego-boundaries could be

developed only indistinctly. According to this, the situations of separation during childhood, when kindergarten and school had to be visited, were related to a high amount of anxiety. Identity challenges during puberty were then mostly followed by psychotic reactions, as a kind of attempted but failed separation. Because of the ideology of an ideal world the child is, again and again, forbidden to perceive the conflicting family situation, which is available for its development only in the form of unstable relationships. The parents bring along unsolved problems from their own families and pass them on to the children, especially the patients; but also their unsolved traumata. The problem of demarcation starts not later than in early childhood. Four families put far too little demands to the patients with a spoiling and over-caring mother, and in two families the mothers demanded too little and behaved over-anxiously towards the patients.

Many authors regard puberty as especially difficult, because it means a threshold, marked by the breaking away from the parents and by de-idealisation of the parents' values and ideals, and because the adolescent has to come to terms with his changed body, with sexuality and changing friendships (cf. Mertens 1996).

In this respect, the problem of separation and the ability to mourn on the parents' part is equally important (cf. Mertens 1996; Zetzel 1974). And also the parents' ability for communication and problem-solving is crucial. Schreer (1995) showed this in his study of 63 families with adolescents aged between 13 and 18. He had studied them by means of questionnaires and found a significant relation between lacking communication and problem-solving-ability on the parents' side, and a parent-child-relationship full of conflict.

It was already during puberty that all the patients in my study displayed strikingly unusual behaviour and symptoms.

Studying the second generation of Holocaust survivors Orwid (2000) found that the parents were afraid to reveal to their children the traumatic degrading experiences. They feared to strain the children too much. Besides they feared the despise and rage their children might feel for them. With the group-therapeutic experience they found a means to express themselves and to communicate. So the generation of children was relieved from a great burden. They could come back to themselves again, as their perception and suspicion was confirmed, and they could better understand their parents.

They could better differentiate themselves and make steps of demarcation, for they did not want to experience the same fate as their parents had. The earlier the experienced traumata were revealed, the better the children could come to terms with them. The more the unsolved transgenerational transmission had been internalised, the harder and more problematic the grown-up generation of children was able to cope with it. They reacted psychosomatically, with psycho-pathological symptoms or they decompensated. They felt they had been deceived and everything would break down.

One can conclude that transgenerational group-dynamic missions prevent a constructive social-energetic exchange. This means they make it impossible for the child to adequately demarcate itself and to adequately experience a successful identity development of itself. The amount of transmission is determined by hierarchy, by time, content, meaning and intensity. The social-energetic group-dynamic transmission takes place in a holistic sense, psychosomatically and unconsciously.

For these people it will be the therapy's task - as a group or in single treatment - to make available to them a social-energetic therapeutic field which will allow change and growth in the sense of a retrieval of identity development, as is attempted in our Dynamic-Psychiatric Clinic Mengerschweige in Munic on a verbal as well as on a non-verbal level. For this work it is fundamental to allow the patients to do steps of demarcation and conflict solving in order to

develop an identity of their own with perception of the family group's unsolved traumata. The family groups should certainly be involved in this process, as is done in our clinic. These patients' psychopathology and the conflicts and transmission that have turned unconscious and which had oppressed the development of identity, do not only lead to consider the pathogenic group-dynamics of the family, but also that of the surrounding community, who have never come to terms with and have denied their own crisis of identity and traumata. A family's transgenerational group-dynamics always also depend on the surrounding society and on the question, whether or not it recognises the problem, opens it and turns it into dialogue.