

## Toxic Inheritance?: The Reverberation of Intergenerational Trauma from the Holocaust and Its Resonance with First Nations Experience

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*"I am your father!... No one will love you like I do" – Peter Helfgott, Shine (1996)*

In its depiction of the relationship between Holocaust survivor Peter Helfgott and his son David, Australian director Scott Hicks' 1996 film *Shine* implies that the toxic and ambivalent nature of that relationship is in large measure the origin of David's later severe mental health problems.<sup>1</sup> While an extreme manifestation of the transmission of the trauma of the Holocaust from parent to child, the film provides a worthwhile point of reflection, specifically, how a person's traumatic experiences can inhabit the lives of later generations.

In a similar vein, Art Spiegelman's graphic novel *Maus*<sup>2</sup> depicts his absorption of the traumatic experiences of his father Vladek during the Holocaust. A critical reading of the work reveals how trauma is inherited by subsequent generations. The psychological dissonance of Spiegelman's traumatised by events of which he has no direct experience, is communicated by his use of animals as avatars for the protagonists in the family tragedy. His only direct experience of trauma is his mother's suicide, conveyed in the section of *Maus* "Prisoner on the Hell Planet," where his characters are human. Spiegelman becomes morbidly obsessed with the Holocaust to the point that "his awareness that he did not live through the Holocaust contributes to his feelings of incompetence".<sup>3</sup>

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1. Alan Rosen and Garry Walter, "Way out of tune: lessons from *Shine* and its exposé," *Australian and New Zealand Journal of Psychiatry* 34, no. 2 (2000): 237-44.

2. Art Spiegelman, *Maus. A Survivor's Tale. Part I: My Father Bleeds History* (New York: Pantheon, 1986).

3. Stanislav Kolář, "Intergenerational Transmission of Trauma in Spiegelman's *Maus*," *Brno Studies in English* 39, no. 1 (2013): 227-41.

*Maus* is a vivid illustration of the phenomenon of “post memory” that “characterizes the experience of those who grow up dominated by narratives that preceded their birth; whose own belated stories are evacuated by the stories of the previous generation shaped by traumatic events that can be neither understood nor recreated”.<sup>4</sup> Events not experienced by the descendent are remembered through a process of intense psychological identification with the survivors of historical trauma, who experience displacement, alienation, and an inadequate sense of selfhood. Spiegelman experiences chronic depression driven by traumatic grief from his mother’s suicide, the absorption of his father’s traumatic narrative, and chronic feelings of inadequacy in the shadow of the memory of his brother Richieu, killed in action during the war.

Despite the bleakness communicated by these artistic representations, we note that recognition of and engagement with intergenerational trauma can facilitate positives in realms such as health and wellbeing and cultural resilience and identity, and inform and contextualise academic, civil, and political discourse. How we come to understand and ascribe meaning to the concept of intergenerational trauma is influenced by multiple factors, including the nature and circumstances of historical traumatic events as well as the cultural, social, political context of its impact. Kirmayer and colleagues contend that comparative assessments of the Holocaust, genocide and other forms of mass organised violence “can do much to illuminate both common mechanisms and distinctive features” of intergenerational trauma, emphasising that “‘survivorship’ differ[s] in many striking ways”. In this paper, we propose to focus on how discourses in mental health disciplines<sup>5</sup> have conceptualised

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4. Marianne Hirsch, *Family Frames: Photography, Narrative and Postmemory* (London: Harvard University Press, 1997), 22.

5. Laurence Kirmayer, Joseph Gone, and Joshua Moses, “Rethinking historical trauma,” *Transcultural Psychiatry* 51, no. 3 (Jun 2014): 301; Fred Chou and Maria Buchanan, “Intergenerational Trauma: A Scoping Review of Cross-Cultural Applications from 1999 to 2019,” *Canadian Journal of Counselling and Psychotherapy* 55, no. 3 (2021): 363-95.

the problematic reverberations of the Holocaust through the intergenerational transmission of the trauma of that period and, in progressing a musical metaphor, seek to identify if this knowledge has resonance for our understanding of the intergenerational trauma of Australia's First Nations peoples.

### The Transmission of Trauma across Generations in Families of Holocaust Survivors

Following the revelations from survivor testimonies in the 1961 trial of Adolf Eichmann and the seminal work of Henry Krystal in 1968 outlining the psychiatric sequelae of the Holocaust among survivors,<sup>6</sup> the intergenerational effects of the Holocaust have been studied intensely. This research has problematised these sequelae as prevalence of specific disorders such as posttraumatic stress disorder (PTSD) and non-clinical phenomena such as problematic interpersonal dynamics or disturbed adult development. Scholarly meta-analytic studies from Israeli<sup>7</sup> and North American<sup>8</sup> populations have yielded widely varied results: ranging from no psychological impact to higher rates of anxiety and mood disorders and PTSD in the offspring of Holocaust survivors.<sup>9</sup> Some work in the field has indicated that PTSD appeared to emerge in the families of Holocaust survivors, particularly when a mother suffers from the condition.<sup>10</sup> Younger age, LGBTQI status,<sup>11</sup> and psychosocial vulnerabilities also mediate the emergence of psychiatric disorder in the offspring of Holocaust survivors.<sup>12</sup>

Beyond psychiatric disorders, the offspring of Holocaust survivors have been shown to have had greater difficulty in living through the COVID-19 pandemic<sup>13</sup> and experience greater anxiety responding to threats of terrorism<sup>14</sup> or geopolitical challenges.<sup>15</sup>

6. Henry Krystal, ed., *Massive Psychic Trauma* (New York: International Universities Press, 1968).
7. Zahava Solomon, "Transgenerational effects of the Holocaust: The Israeli perspective," in *International handbook of multigenerational legacies of trauma*, ed. Yael Danieli (New York: Plenum, 1998), 69-83.
8. Irit Felsen, "Transgenerational transmission of effects of the Holocaust: The North American research perspective," in *International Handbook of Multigenerational Legacies of Trauma*, ed. Yael Danieli (New York: Plenum, 1998), 43-68.
9. Rachel Yehuda et al., "Relationship between posttraumatic stress disorder characteristics of Holocaust survivors and their adult offspring," *American Journal of Psychiatry* 155, no. 6 (June 1998): 841-43.
10. Rachel Yehuda et al., "Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors," *Journal of Psychiatric Research* 42, no. 13 (October 2008): 1104-11.
11. Geva Shenkman et al., "Interpersonal vulnerability among offspring of Holocaust survivors gay men and its association with depressive symptoms and life satisfaction," *Psychiatry Research* 259 (2018): 89-94.
12. Yael Danieli, Fran Norris, and Brian Engdahl, "A question of who, not if: Psychological disorders in Holocaust survivors' children," *Psychological Trauma* 9, no. 1 (2017): 98-106.
13. Amit Shrira and Irit Felsen, "Parental PTSD and psychological reactions during the COVID-19 pandemic among offspring of Holocaust survivors," *Psychological Trauma* 13, no. 4 (May 2021): 348-445.
14. Yaakov Hoffman and Amit Shrira, "Shadows of the past and threats of the future: ISIS anxiety among grandchildren of Holocaust survivors," *Psychiatry Research* 253 (July 2017): 220-25.
15. Amit Shrira, "Transmitting the sum of all fears: Iranian nuclear threat salience among offspring of Holocaust survivors," *Psychological Trauma* 7, no. 4 (July 2015): 364-71.

In synthesising these research findings, Kellermann distils the intergenerational transmission of Holocaust trauma to offspring into four categories of disturbance: self-experience, cognitive schema (how a person psychologically processes their lived experience), emotional difficulties, and problems in interpersonal functioning.<sup>16</sup> The offspring of Holocaust survivors experience more frequent problems with adult development<sup>17</sup> and have greater difficulties adjusting to the ageing process.<sup>18</sup>

## Mechanisms of “Transmission” of Intergenerational Trauma

The scientific literature examining the health and welfare of Holocaust survivor offspring has commonly sought to categorise the mechanisms of intergenerational transmission of trauma. The literature in the area has emphasised the term “transmission” in understanding intergenerational trauma – this has referred to either the transmission of a specific psychopathological condition e.g., PTSD, or indirect psychopathological disturbance arising from multiple factors in the family system.<sup>19</sup>

Like many explanations of the human condition, the traditional environment-heredity split<sup>20</sup> has applied to the research conducted in intergenerational trauma in Holocaust survivor offspring.<sup>21</sup> In this tradition, we will outline both psychosocial and biological modes of intergenerational transmission of Holocaust trauma. This approach is consistent with the orthodoxy in mental health discourses which seek understanding of complex human phenomena using a bio-psycho-social eclecticism first advocated by Engel in the 1970s.<sup>22</sup>

## Psychosocial Factors

The evidently harmful relationship *père et fils* depicted in

16. Natan Kellermann, “Transmission of Holocaust trauma – an integrative view,” *Psychiatry* 64, no. 3 (2001): 256-67.

17. Sharon Dekel, Christine Mandl, and Zahava Solomon, “Is the Holocaust implicated in posttraumatic growth in second-generation Holocaust survivors? A prospective study,” *Journal of Trauma Stress* 26, no. 4 (August 2013): 530-33.

18. Amit Shrira, “Parental PTSD, health behaviors and successful aging among offspring of Holocaust survivors,” *Psychiatry Research* 271 (January 2019): 265-71; Amit Shrira, “Parental Holocaust Exposure, Related PTSD Symptoms and Subjective Aging Across the Generations,” *The Journal of Gerontology: Series B* 75, no. 1 (January 1, 2020), <https://doi.org/10.1093/geronb/gbz012>.

19. Sharon Schwartz, Bruce Dohrenwend, and Itzhak Levav, “Nongenetic familial transmission of psychiatric disorders? Evidence from children of Holocaust survivors,” *Journal of Health and Social Behavior* 35, no. 4 (1994): 385-402.

20. Sara Jaffee and Thomas Price, “Gene-environment correlations: a review of the evidence and implications for prevention of mental illness,” *Molecular Psychiatry* 12, no. 5 (2007): 432-42.

21. Sharon Schwartz, Bruce Dohrenwend, and Itzhak Levav, “Nongenetic familial transmission of psychiatric disorders? Evidence from children of Holocaust survivors.”

22. George Engel, “The need for a new medical model: a challenge for biomedicine,” *Science* 196, no. 4286 (April 8, 1977), <https://doi.org/10.1126/science.847460>.

*Shine* or *Maus* are, ultimately, artistic representations of the absorption and psychological identification of the offspring of Holocaust survivors with their parent's traumatic Holocaust experiences.<sup>23</sup> The process is aporetic and complex to the observer.

Psychoanalysis has throughout its history evolved multiple theoretical constructs to explain such complex interpersonal processes. We suggest that two of these constructs have explanatory power and are accessible to the lay reader.

The unconscious psychological process of "projective identification" was first introduced by Melanie Klein.<sup>24</sup> The crux of Klein's work was that existential anxiety in pre-verbal infants led to the unconscious splitting of the world into a rudimentary notion of good and bad. To Klein, how the person ultimately resolves that split determines later mental health. A critical mechanism by which an infant does this is to "project" the negative psychological content to the caregiver, who by containing and nurturing the distressed infant or child, psychologically processes this and returns a positive "introject," which is psychologically internalised by the child. These introjects comprise psychological representations of relationships and are carried through life.<sup>25</sup> As defined by Segal:

parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts... Various parts of the self may be projected, with various aims: bad parts of the self may be projected in order to get rid of them as well as to attack and destroy the object, good parts may be projected to avoid separation or to keep them safe.<sup>26</sup>

23. Dani Rowland-Klein and Rosemary Dunlop, "The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors," *Australian and New Zealand Journal of Psychiatry* 32, no. 3 (June 1998): 385-69.

24. Melanie Klein, "Notes on some schizoid mechanisms," *International Journal of Psychoanalysis* 27, no. 3-4 (1946): 99-110.

25. Robert Hinshelwood, *Clinical Klein: from theory to practice* (New York: Basic Books, 1994).

26. Hanna Segal, *Introduction to the Work of Melanie Klein* (New York: Basic Books, 1974), 27-28.

This process continues into adult relationships, where one member starts to play a part in the other's inner world,<sup>27</sup> i.e., unconsciously compelled into the other's experience, making them act and feel in the same way as the other person.<sup>28</sup> Applied to relationships between Holocaust survivors and their children, there is projective identification from parent to child of their traumatic experiences and their psychopathological sequelae, with the resulting emotional and behavioural consequences.<sup>29</sup>

The second theoretical framework with instrumental value in understanding intergenerational trauma is attachment theory, derived from the work of British psychoanalyst, John Bowlby.<sup>30</sup> Attachment theory posits that the early experience of infants in their interactions with caregivers determines their later relationships. The nature of the interaction between infant and caregiver effectively imprints an "inner working model" of relationships, which serves as a template for subsequent relationships.

Attachment theory is based on empirical observations of infants and their emotional and behavioural reactions to separation and later reunification with a caregiver. Based on a research method, the "Strange Situation Procedure," infants' responses to separation and reunion with caregivers falls into "secure" attachment (65–70%) and two forms of insecure attachment—anxious-avoidant (20–25%) and anxious-resistant (<10%).<sup>31</sup> A later category of "disorganised attachment" was described in infants who had experienced trauma, such as sexual abuse.<sup>32</sup> Later research paradigms involving qualitative analysis of narrative interviews provided a means of assessing attachment styles in adults.<sup>33</sup> While insecure attachment is not, in itself, a psychopathological state, it confers a

27. Wilfred Bion, *Learning from Experience* (London: William Heinemann, 1962).

28. Thomas Ogden, "The concept of internal object relations," *International Journal of Psycho-Analysis* 64 (1981): 227–41.

29. Uri Müller and Aviva Yahav, "Object relations, Holocaust survival and family therapy," *British Journal of Medical Psychology* 62, no. 1 (March 1989): 13–21.

30. John Bowlby, *Attachment and loss: Vol. 1. Attachment* (New York: Basic Books, 1969).

31. Mary D. Salter Ainsworth et al., *Patterns of attachment: A psychological study of the strange situation* (Oxford: Lawrence Erlbaum, 1978).

32. Mary Main and Judith Solomon, "Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation," in *Attachment in the preschool years: Theory, research, and intervention*, ed. Mark T. Greenberg, Dante Cicchetti and E. Mark Cummings (Chicago: University of Chicago Press, 1990), 121–61.

33. Mary Main, Ruth Goldwyn, and Erik Hesse, *Adult attachment rating and classification systems, 1984–2003*, University of California, Berkeley, Berkeley, CA.



substantive vulnerability to later psychopathology in childhood and later life.<sup>34</sup><sup>35</sup>

Parental trauma can engender disturbances of attachment in their offspring, possibly linked to disturbed interactions with their children in critical phases of emotional development through unprocessed emotional distress and porous interpersonal boundaries between parents and children<sup>36</sup> and traumatic cognitive schema.<sup>37</sup> While Holocaust survivors have greater levels of insecure attachment compared to controls,<sup>38</sup> the transmission of insecure or disorganised attachment styles to their children is neither uniform nor inevitable.<sup>40</sup>

### “Hereditary” Factors

In mainstream psychiatric discourse, there is a general assumption of a genetic contribution to the development of psychopathological states.<sup>41</sup> Beyond simplistic theories of passive Mendelian inheritance, contemporary formulations in psychiatric genetics emphasise epigenetic processes.<sup>42</sup> Epigenetics refers to the modulation of genetic expression through chemical “switches,” the most studied being the methylation of sequences of DNA in the genome.<sup>43</sup> Epigenetic modification is considered a

34. Mark T. Greenberg, Matthew L. Speltz, and Michelle Deklyen, “The role of attachment in the early development of disruptive behavior problems,” *Development and Psychopathology* 5, no. 1-2 (1993): 191-213.

35. Mario Mikulincer and Phillip Shaver, “An attachment perspective on psychopathology,” *World psychiatry: Official journal of the World Psychiatric Association (WPA)* 11 (2012): 11-15.

36. Mary Main and Erik Hesse, “Parent’s unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/of frightened parental behavior the linking mechanism?” in *Attachment in preschool years: Theory, research, and intervention*, ed. Mark Greenberg, Dante Cicchetti, and E. Mark Cummings (Chicago: University of Chicago Press, 1990), 161-82.

37. Suzan Song, Wietse Tol, and Joop de Jong, “Indero: Intergenerational trauma and resilience between Burundian former child soldiers and their children,” *Family Process* 53, no. 2 (2014): 239-51.

38. İdil Alaftar and Tuğba Uzer, “Understanding Intergenerational Transmission of Early Maladaptive Schemas from a Memory Perspective: Moderating Role of Overgeneral Memory on Adverse Experiences,” *Child Abuse and Neglect* 127 (2022), doi: 10.1016/j.chiabu.2022.105539.

39. Esti Cohen, Rachel Dekel, and Zahava Solomon, “Long-term adjustment and the role of attachment among Holocaust child survivors,” *Personality and Individual Differences* 33, no. 2 (2002): 299-310.

40. Abraham Sagi-Schwartz et al., “Attachment and traumatic stress in female Holocaust child survivors and their daughters,” *American Journal of Psychiatry* 160, no. 6 (2003): 1086-92.

41. John Nurnberger, Wade Berrettini, and Alexander Niculescu, “Genetics of Psychiatric Disorders,” in *The Medical Basis of Psychiatry*, ed. S. Hossein Fatemi and Paula J. Clayton (New York: Springer New York, 2016), 553-600.

42. Randy Jirtle and Michael Skinner, “Environmental epigenomics and disease susceptibility,” *Nature Reviews Genetics* 8, no. 4 (April 2007): 253-62.

43. Farzeen Kader, Meenu Ghai, and Leah Maharaj, “The effects of DNA methylation on human psychology,” *Behavioural Brain Research* 346 (July 2, 2018): 47-65.

critical mediating process in gene-environment interactions.

This notion that environmental factors influencing parental health can be transmitted to the foetus dates from population studies of the Dutch Hunger Winter (1944–1945)<sup>44</sup> and later British birth cohort studies.<sup>45</sup> Researchers in the US had observed that there were similar disturbances in the functioning of the adrenal gland in Holocaust survivors and their children,<sup>46</sup> particularly in maternal survivors with PTSD.<sup>47</sup>

The next phase of this research focused on molecular biology. A candidate gene<sup>48</sup> for epigenetic transmission of trauma across generations is the FK506 binding protein 51 (FKBP5), which affects glucocorticoid (stress hormone) receptor expression and is implicated in the origin of anxiety and depressive disorders.<sup>49</sup> Epigenetic manipulation of this gene through methylation is frequently observed in childhood adversity,<sup>50</sup> possibly influencing the development of mental health problems<sup>51</sup> and may account for clinical differences in psychopathological states<sup>52</sup> as the degree of methylation severity of psychiatric disorder<sup>53</sup> as well as potentially predicting response to treatment.<sup>54</sup>

44. Gian-Paolo Ravelli, Zena A. Stein, and Mervyn W. Susser, "Obesity in young men after famine exposure in utero and early infancy," *New England Journal of Medicine* 295 (1976): 349-53.

45. David Barker et al., "Weight in infancy and death from ischaemic heart disease," *Lancet* 334, no. 8663 (1989): 577-80.

46. Rachel Yehuda, Sara Halligan, and Linda Bierer, "Cortisol levels in adult offspring of Holocaust survivors: relation to PTSD symptom severity in the parent and child," *Psychoneuroendocrinology* 27, no. 1-2 (2002): 171-80.

47. Amy Lehrner et al., "Maternal PTSD associates with greater glucocorticoid sensitivity in offspring of Holocaust survivors," *Psychoneuroendocrinology* 40 (February 2014): 213-20.

48. The term "candidate gene" refers to a gene that is believed to be related to a particular trait, such as a disease or a physical attribute. Because of its genomic location or its known function, the gene is suspected to play a role in that trait, thus making it a candidate for additional study. See <https://www.genome.gov/genetics-glossary/Candidate-Gene>, webpage last updated 29 March 2023.

49. Elisabeth B. Binder, "The role of FKBP5, a co-chaperone of the glucocorticoid receptor in the pathogenesis and therapy of affective and anxiety disorders," *Psychoneuroendocrinology* 34 (2009): 186-95; Leonardo Tozzi et al., "Epigenetic changes of FKBP5 as a link connecting genetic and environmental risk factors with structural and functional brain changes in major depression," *Neuropsychopharmacology* 43, no. 5 (2018): 1138-45.

50. Pingxing Xie et al., "Interaction of FKBP5 with childhood adversity on risk for post-traumatic stress disorder," *Neuropsychopharmacology* 35, no. 8 (2010): 1684-92; Laura Watkins et al., "FKBP5 polymorphisms, childhood abuse, and PTSD symptoms: Results from the National Health and Resilience in Veterans Study," *Psychoneuroendocrinology* 69 (July 2016): 98-105.

51. Torsten Klengel et al., "Allele-specific FKBP5 DNA demethylation mediates gene-childhood trauma interactions," *Nature Neuroscience* 16, no. 1 (January 2013): 33-41.

52. Divya Mehta et al., "Using polymorphisms in FKBP5 to define biologically distinct subtypes of posttraumatic stress disorder: evidence from endocrine and gene expression studies," *Archives of General Psychiatry* 68, no. 9 (2011): 901-10.

53. Laura Watkins et al., "FKBP5 polymorphisms, childhood abuse, and PTSD symptoms: Results from the National Health and Resilience in Veterans Study."

54. Susana Roberts et al., "DNA methylation of FKBP5 and response to exposure-based psychological therapy," *American Journal of Medical Genetics. Part B Neuropsychiatric Genetics* 180, no. 2 (March 2019): 150-58.



The above-mentioned US researchers returned to their studies of Holocaust survivors and their offspring, demonstrating that methylation FKBP5 gene was found in both parents and children,<sup>55</sup> again with maternal PTSD particularly implicated.<sup>56</sup>

This brief survey of key biological and psychological discourses of the transmission of the historical trauma of the Holocaust in survivor offspring demonstrates that there may be potential universalisability of the discussed mechanisms. However, any decontextualised account of the lived experience of intergenerational trauma of the Holocaust has limited instrumental value in formulating approaches to intervention, such as clinical care or public policy. As indicated by the artistic depictions of *Maus* and *Shine* and the scientific research on survivor offspring and their adaptation to different life stages, the broad social context of the experience of intergenerational trauma is a critical factor in any understanding of the individual and collective experience of the phenomenon.

By way of example, any approach to the mental health of young people who are grandchildren of Holocaust survivors cannot fulfil its purpose without contextualising the need of the group (or the individual young person) to the broader sociocultural experience of the Holocaust and its immediate post-war challenges within a family and a community. This must integrate post-memory, intrafamilial interpersonal dynamics, formulation of identity as a young Jewish person born of trauma and survivorship, and the current experience of antisemitism and its broader manifestations.

Mindful of this injunction, we will turn to the experience of intergenerational trauma in Australian First Nations Peoples.

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55. Rachel Yehuda et al., "Holocaust Exposure Induced Intergenerational Effects on FKBP5 Methylation," *Biological Psychiatry* 80, no. 5 (2016): 372-80.

56. Linda. M. Bierer et al., "Intergenerational Effects of Maternal Holocaust Exposure on FKBP5 Methylation," *American Journal of Psychiatry* 177, no. 8 (2020): 744-53.

## Transgenerational Trauma in Australia's First Nations Peoples

As *Maus* draws us into the inner life of the child of a Holocaust survivor, the raw emotion of the 1990 song, "Took the Children Away," written by Gunditjmara and Bundjalung man Archie Roach, resonates the historical trauma of Australia's First Nations Peoples:

Told us what to do and say  
Told us all the white man's ways  
Then they split us up again  
And gave us gifts to ease the pain  
Sent us off to foster homes  
As we grew up we felt alone  
'Cause we were acting white  
Yet feeling black.<sup>57</sup>

Australia's unacknowledged genocide of First Nations Peoples comprised colonial era dispossession of traditional lands, mass killings, and state policies of ethnic cleansing.<sup>58</sup> At the time of the 1991 reporting of the Royal Commission into Aboriginal Deaths in Custody, then Commissioner, Yawuru man Pat Dodson, noted that the legacies of colonisation for Australia's First Peoples included dispossession, destruction of traditional lifestyles, forced rapid cultural change and estrangement, disruption of families and communities, discrimination, poverty, lack of educational opportunity, and poor health status.<sup>59</sup> As noted by McKendrick and others:

Today Aboriginal people are the most socioeconomically disadvantaged group in Australia and their health status is well below that of the general community, with an average life expectancy 10-20 years less than that of other Australians. Assimilationist policies such as the forced removal of Aboriginal children from their families have disrupted the fabric of Aboriginal family and community life. Aboriginal people are incarcerated up to 20 times more than the general Australian community, high school retention rates are many times lower and unemployment rates many times higher than for the general population.<sup>60</sup>

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57. From the 1990 Album "Charcoal Lane" released by *Mushroom Records* in Melbourne

58. Colin Tatz, "Genocide in Australia," *Journal of Genocide Research* 1, no. 3 (1999): 315-52.

59. Commonwealth of Australia, *Royal Commission into Aboriginal deaths in custody: Regional report of inquiry into underlying issues in Western Australia* (Canberra, 1991).

60. Jane McKendrick et al., *Aboriginal and Torres Strait Islander healing programs: a literature review* (Canberra: The Healing Foundation, 2013), 12.

The Australian Government's "Closing the Gap Annual Report" (2022) reported that there had been slow or no progress in disparities of life expectancy, physical and psychological morbidity, childhood development, incarceration rates, removals from family, or suicide.<sup>61</sup>

Zubrick and colleagues distilled the phenomenon of intergenerational trauma thus:

The trans-generational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatising where children witness the ongoing effect of the original trauma, which a parent or other family member has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality.<sup>62</sup>

Of the crimes of the Australian colonial era perpetrated against First Nations Peoples, the most conspicuous is the ongoing shadow cast by the Stolen Generation – the systematic removal of Aboriginal children from their families under a legislated process of forced assimilation began with the Victorian Aboriginal Protection Act (1869) and continued until the 1970s.<sup>63</sup> Traumatic separations continue in the absence of official state policy – First Nations children are currently ten times more likely to be placed in out-of-home care than other children, particularly children from mothers living with substance-use problems in remote, disadvantaged communities.<sup>64</sup>

61. Commonwealth of Australia, *Commonwealth Closing the Gap Annual Report 2022* (Canberra, 2022), <https://www.niaa.gov.au/sites/default/files/publications/niaa-closing-the-gap-annual-report-2022.pdf>.

62. Stephen Zubrick et al., *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People* (Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2005), 21.

63. Peter Read, "The stolen generations," *Occasional paper No. 1 Ministry of Aboriginal Affairs, Sydney* (1982).

64. Melissa O'Donnell et al., "Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'," *Child Abuse & Neglect* 90 (April 2019): 88-98.

In 2023, the Australian Institute of Health and Welfare (AIHW) published an update on its 2018 report on Indigenous peoples' intergenerational trauma and mental health.<sup>65</sup> The AIHW study takes a “cultural determinants of health” approach, which “recognises that addressing trauma should not only focus on the individual and their illness but also on collective trauma within the community and the potential for re-traumatisation along with important factors of resilience.”<sup>66</sup> It notes that “the link between intergenerational trauma and increased incidence of poor health and wellbeing is well established” and “rooted in colonisation of and dispossession from Aboriginal and Torres Strait Islander lands and in subsequent (and continued) oppressive colonising policies and practices.”<sup>67</sup> The authors describe the trauma experienced by Aboriginal and Torres Strait Islander people as “contemporary, historical and intergenerational,” where unresolved trauma can lead to harmful behaviours and re-traumatisation as well as the passing down of trauma to subsequent generations. Data shows that surviving members of the Stolen Generations experienced a range of adverse health, cultural and socioeconomic outcomes at a rate higher than the Indigenous population that had not been removed. Their descendants were also consistently more likely to have experienced adverse outcomes over a broad range of health, socioeconomic and cultural indicators.<sup>68</sup>

In the face of such inequity and inequality of outcomes, the reverberations of intergenerational trauma in Australia's First Nations Peoples continue to be an affront to Australian society.

Intergenerational trauma in First Nations Peoples in Australia, the US, Canada and New Zealand has been

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65. Fred Chou and Maria Buchanan, “Intergenerational Trauma: A Scoping Review of Cross-Cultural Applications from 1999 to 2019.”

66. Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Stolen Generations and descendants – Numbers, demographic characteristics and selected outcomes*, Australian Institute of Health and Welfare (Canberra, 2018), 2.

67. Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Stolen Generations and descendants – Numbers, demographic characteristics and selected outcomes*, Australian Institute of Health and Welfare, 5.

68. Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Stolen Generations and descendants – Numbers, demographic characteristics and selected outcomes*, Australian Institute of Health and Welfare.

a focus of academic inquiry in psychiatry, psychology, and other health and social sciences.<sup>69</sup> Despite the particularities between and within each group, there are some common themes in the experience of different First Nations populations deriving from the historical legacies of colonisation. These include the impact of the lasting shadow of the intergenerational trauma of European colonisation on cultural and linguistic identity leading to cultural alienation and ongoing structural racism and public policy failures in these different jurisdictions.<sup>70</sup>

While the dominant representation of intergenerational trauma in research originates from Holocaust survivor families, Chou and Buchanan note that the literature on cross cultural perspectives – which can help build our understanding of the variations in individual, familial and societal traumas – is still emerging. The scope of recent research includes questions about how intergenerational trauma is defined and operationalised – such as the individual and/or collective dimensions of traumatic experiences involved in exposure to significant historical events (such as genocide) and/or continuous events that did not have a distinct end point (such as colonial oppression) – as well as theories for understanding the process of transmission and the consequences for traumatised individuals, offspring and subsequent generations.<sup>71</sup>

As observed previously, Holocaust survivor offspring research that suggests a biological transmission of trauma might be generalisable to other groups, although there is limited work on this topic related to First Nations Peoples.<sup>72</sup> An example of this research is Canadian work identifying in-utero epigenetic mechanisms in survivors of the “Indian Residential Schools Program,”<sup>73</sup>

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69. Amy Bombay, Kimberley Matheson, and Hymie Anisman, “The intergenerational effects of Indian Residential Schools: implications for the concept of historical trauma,” *Transcultural Psychiatry* 51, no. 3 (2014): 320-38; Maria Yellow Horse Brave Heart et al., “Historical trauma among Indigenous Peoples of the Americas: concepts, research, and clinical considerations,” *Journal of Psychoactive Drugs* 43, no. 4 (October-December 2011): 282-94, <https://doi.org/10.1080/02791072.2011.628913>; Kimberly Matheson et al., “Canada’s Colonial Genocide of Indigenous Peoples: A Review of the Psychosocial and Neurobiological Processes Linking Trauma and Intergenerational Outcomes,” *International Journal of Environmental Research and Public Health* 19, no. 11 (May 26, 2022): 6455; Jonathan Koea, “Indigenous trauma: a New Zealand perspective,” *Injury* 39 Suppl 5 (Dec 2008): S11-18.
70. Roberto González, Hector Carvacho, and Gloria Jiménez-Moya, “Psychology and Indigenous People,” *Annual Review of Psychology* 73 (Jan 4, 2022): 431-59; Laurence Kirmayer, Joseph Gone, and Joshua Moses, “Rethinking historical trauma.”
71. Fred Chou and Maria Buchanan, “Intergenerational Trauma: A Scoping Review of Cross-Cultural Applications from 1999 to 2019.”
72. W. Phillips-Beck et al., “Early-life origins of disparities in chronic diseases among Indigenous youth: pathways to recovering health disparities from intergenerational trauma,” *Journal of Developmental Origins of Health Disease* 10, no. 1 (2019): 115-22.
73. Ian Mosby, “‘Hunger was never absent’: How residential school diets shaped current patterns of diabetes among Indigenous peoples in Canada,” *Canadian Medical Association Journal* 189, no. 32 (2017): E1043-45.

a “systematic, government-sponsored attempt to destroy Aboriginal cultures and languages and to assimilate Aboriginal peoples so that they no longer existed as distinct peoples”<sup>74</sup> which has been recognised as a genocide.<sup>75</sup> Warin et al note that Indigenous peoples around the world have consistently rejected genetic research for ethical, cultural, and political reasons,<sup>76</sup> including concerns over problematic research practices and its use to reinforce (negative) essentialist biological concepts of race. First Nations Australians have, until recently, “remained cautious about genetic and genomic research, and so very limited research has been conducted in this population.”<sup>77</sup> More recently, however, First Nations researchers and advocates in Australia, New Zealand, Canada and the US have increasingly used epigenetics as “an important explanatory framework that links the social past with the biological present, providing a culturally relevant way of understanding the various intergenerational effects of historical trauma”.<sup>78</sup> These authors posit a compelling account of this uptake of Indigenous epigenetics, which frames Aboriginal health and the biological as hopeful and consistent with Indigenous views of Country and health and describe “how the molecular embodiment of colonial oppression provides a biological explanation for the intergenerational transmission of historical trauma.”<sup>79</sup> At the same time, they and other scholars caution that epigenetics and other biological approaches to intergenerational trauma may further justify biopolitical interventions in peoples’ lives or obscure ongoing structural inequalities and violence.

Research findings identifying the psychosocial factors of intergenerational trauma among Holocaust survivors and their offspring – which may include models such as

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74. National Centre for Truth and Reconciliation, Residential School History, online <https://nctr.ca/education/teaching-resources/residential-school-history/>. Accessed 3 April 2023.

75. Temitayo Olarewaju, “Residential school system recognized as genocide in Canada’s House of Commons: A harbinger of change,” *The Conversation*, 12 January 2023, online <https://theconversation.com/residential-school-system-recognized-as-genocide-in-canadas-house-of-commons-a-harbinger-of-change-196774>. Accessed 3 April 2023.

76. Megan Warin, Emma Kowal, and Maurizio Meloni, “Indigenous Knowledge in a Postgenomic Landscape: The Politics of Epigenetic Hope and Reparation in Australia,” *Science, Technology, & Human Values* 45, no. 1 (2020): 87-111.

77. Megan Warin, Emma Kowal, and Maurizio Meloni, “Indigenous Knowledge in a Postgenomic Landscape: The Politics of Epigenetic Hope and Reparation in Australia,” 88.

78. Megan Warin, Emma Kowal, and Maurizio Meloni, “Indigenous Knowledge in a Postgenomic Landscape: The Politics of Epigenetic Hope and Reparation in Australia,” 87.

79. Megan Warin, Emma Kowal, and Maurizio Meloni, “Indigenous Knowledge in a Postgenomic Landscape: The Politics of Epigenetic Hope and Reparation in Australia,” 89.



projective identification and attachment theory – as discussed previously – cannot be generalised either. Key distinctions involve differences in historical and contemporary trauma, including experiences among First Nations Peoples of colonisation, forced assimilation, and family separations as well as ongoing structural or institutional violence, such as excess incarceration rates, violent interactions with law enforcement, or limited recognition of other forms of cultural oppression. At the same time, it is recognised that whether it relates to survivors of the Holocaust or First Nations genocides, intergenerational trauma is as much a collective as an individual experience.<sup>80</sup> The psychoanalytic theories discussed earlier in this paper are based on Western models of mind that privilege individual psychology over collective experience.

### **Resonance of the Holocaust and the First Nations' Experience**

The connection between Australia's Jewish community and First Nations Peoples is embodied in Yorta Yorta man William Cooper, whose social justice activism included his famed protests to the Nazi regime in the aftermath of the November 1938 pogroms, also known as "Kristallnacht". While Cooper's advocacy for Germany's Jewish citizens remains a poignant nexus between Jewish and Indigenous Australians, it has been argued that, partly, Cooper was seeking to draw attention to the plight faced by his own people.<sup>81</sup> Regardless, Cooper's actions highlight the profound affront of both antisemitism and the racism facing First Nations People in mid-twentieth century Australia. Both problems remain in the present day. Clearly, there are limitations to analogies that can be drawn between the Holocaust and the First Nations' experience in Australia. We have identified in the literat-

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80. Karen Menzies, "Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma," *International Social Work* 62, no. 6 (2019): 1522-34, <https://doi.org/10.1177/0020872819870585>.

81. Gary Foley, "Australia and the Holocaust: A Koori perspective," The Koori History Website, 1997, [http://www.kooriweb.org/foley/essays/pdf\\_essays/australia%20and%20the%20holocaust.pdf](http://www.kooriweb.org/foley/essays/pdf_essays/australia%20and%20the%20holocaust.pdf)

ure on intergenerational trauma affecting Holocaust survivor offspring that biological and psychological processes as a means of framing intergenerational trauma may have putative universal applicability. Jewish and First Nations communities in Australia also have many differences that restrict the extent to which observations of intergenerational trauma in Holocaust survivors may be generalised to First Nations Peoples, such as descendants of the Stolen Generation. Discourses from biological psychiatry or psychoanalysis may provide plausible frameworks to approach understanding intergenerational trauma. However, there is no metanarrative that would reconcile the critical differences between the two groups under consideration.

Antisemitism, Holocaust denial and the more recent phenomenon of Holocaust distortion (the politically motivated re-narration of the history of the Shoah that seeks to minimise the extent of culpability of perpetrators other than German Nazis) pose ongoing affronts to Jewish communities worldwide. Moreover, the complex geopolitical situation facing Israel and the frequent conflation of antisemitism and repudiation of assertive Zionism in the Levant – particularly by the political left in the Anglosphere and European democracies – where authoritarianism and resurgent antisemitism pose realistic threats to social stability – also present significant psychological challenges to Jewish communities worldwide.

First Nations Peoples in Australia face ongoing challenges of inequity and inequality of health and social outcomes. This is compounded by inconsistent historical engagement and politicisation by the broader community of the historical narrative of the settler-colonist period in Australia, and fomentation of partisan political division

over contemporary public policy affecting First Nations Peoples. In addition, the institutionalisation of racism and the legacies of colonialism in health care and research (among other spaces) require attention from multiple disciplines in order to tackle the harms of discrimination and centre First Nations voices and standpoints.<sup>82</sup>

One of the most significant differences between intergenerational trauma affecting the offspring of Holocaust survivors and First Nations Peoples would appear to be the extent of social disadvantage of First Nations People that contextualises the experience of that trauma.

This can never be argued as a situation of “like for like”. However, the resonance of the large body of knowledge constructed over more than half a century to understand the experience of intergenerational trauma in Holocaust survivor offspring can offer important and necessary contextualization of the experience of historical trauma in First Nations Peoples. Specifically, this research injuncts the contextualisation of historical trauma to contemporary challenges of Holocaust survivor families and First Nations communities in general.

As such, applying what we know about intergenerational trauma in Holocaust survivors and subsequent generations has heightened instrumental value if it can inform effective approaches to mitigating the effects of historical trauma, in Jewish and First Nations communities in Australia. For example, it has been argued that the apparent differences in post-colonial health and welfare between Māori populations in Aotearoa and First Nations Peoples in Australia may be linked to the apparent progress in reconciliation in the shadow of the Treaty of Waitangi.<sup>83</sup> This analysis,

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**82.** Chelsea Bond, David Singh, and Sissy Tyson, “Black bodies and Bioethics: Debunking Mythologies of Benevolence and Beneficence in Contemporary Indigenous Health Research in Colonial Australia,” *Journal of Bioethical Inquiry* 18, no. 1 (2021): 83-92; Christopher Mayes, Yin Paradies, and Amanuel Elias, “Lead Essay—Institutional Racism, Whiteness, and the Role of Critical Bioethics,” *Journal of Bioethical Inquiry* 18, no. 1 (2021): 9-12; Thalia Anthony and Harry Blagg, “Biopower of Colonialism in Carceral Contexts: Implications for Aboriginal Deaths in Custody,” *Journal of Bioethical Inquiry* 18, no. 1 (2021): 71-82; Sana Nakata and Sarah Maddison, “New collaborations in old institutional spaces: setting a new research agenda to transform Indigenous-settler relations,” *Australian Journal of Political Science* 54, no. 3 (2019): 407-22.

**83.** Gary Foley, “Australia and the Holocaust: A Koori Perspective”; Jonathan Koea, “Indigenous trauma: a New Zealand perspective.”

however, may be overly simplistic as mental and physical health outcomes for Māori people continue to lag behind non-Māori.<sup>84</sup>

A demonstration of applying the lessons of research in intergenerational trauma in Holocaust survivor families in policy affecting First Nations Peoples has been the implementation of two principles of the design and implementation of healthcare for First Nations Peoples – “trauma informed practice”<sup>85</sup> and “cultural safety” in practice.<sup>86</sup> Trauma informed healthcare resides in how a person’s traumatic narrative affects their experience of illness and healthcare, including considerations extending from their subjective distress to their experience of retraumatisation in healthcare settings, particularly if the person’s trauma related to institutional violence. “Cultural safety” informs the delivery of healthcare services to First Nations People based on the assumption that the person’s culture is equally valid in informing healthcare decisions as well the importance of paying attention to overt and covert racism in healthcare systems. A specific example of cultural safety in healthcare is the considerations required in perinatal mental healthcare services, where a woman from a First Nations background living with postnatal depression avoids engaging in treatment. This is contextual to the lived experience of institutionalised racism in other settings and a traumatic family narrative of forced removals of children in that woman’s community.

Our argument is that in light of what we have learned from inquiry into intergenerational trauma in Holocaust survivor offspring, any approach to intergenerational trauma, whatever group is affected, requires historical and contemporary contextualisation,<sup>87</sup> otherwise effective interventions will not succeed.<sup>88</sup>

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84. Ian Anderson et al., “Indigenous and tribal peoples’ health (The Lancet-Lowitja Institute Global Collaboration): a population study,” *Lancet* 388, no. 10040 (2016): 131-57.

85. Elizabeth Reeves, “A Synthesis of the Literature on Trauma-Informed Care,” *Issues in Mental Health Nursing* 36, no. 9 (2015): 698-709.

86. Mary Belfrage, “Why ‘culturally safe’ health care?” *The Medical Journal of Australia* 186, no. 10 (2007): 537-38.

87. David McCallum, “Law, Justice, and Indigenous Intergenerational Trauma—A Genealogy,” *International Journal for Crime, Justice and Social Democracy* 11, no. 3 (2022): 165-77.

88. Karen Menzies, “Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma.”

The reverberation of the Holocaust through generations, from the molecular to the societal level, has resonance for First Nations Peoples in Australia. As William Cooper saw, the two peoples shared a common bond of experiences of historical trauma. It is our task to critically examine how each may inform the other.

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