Transgenerational trauma, mental health and prejudice: the role of integrated education

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Plan of the talk

1. Mental illness and suicidal behaviour in Northern Ireland – evidence of the exposure and effects of trauma.
2. The cycle of transgenerational transmission of trauma.
3. The link with prejudice and the role of integrated education.
1. The Methods

World Mental Health Survey Initiative

• NI Study of Health and Stress (World Mental Health Surveys).
• International studies run by the World Health Organisation.
• Random sample of 4340 representing the whole population (68% response rate).
• Questions about mental health symptoms and experiences.
• We used the answers to establish whether a person met the criteria for a disorder.
• Used a person-centred statistical technique to detect co-occurrences of disorders, life experiences and risk factors.
• Identified “latent” sub groups who share certain characteristics.
Traumatic Experiences & Mental Disorders in NI
World Mental Health Surveys

- Any conflict related trauma 39%
- Saw someone killed or seriously injured 18%
- Any mental disorder 39.1%, 3rd
- Any mood disorder 18.8%, 4th
- Any substance disorder 14.1%, 3rd
- Post Traumatic Stress Disorder 8.8%, highest
- Re-experiencing, hypervigilance, avoidance (numbing)

Women: anxiety & mood disorders (internalising disorders)
Men: impulse-control & substance disorders
(externalising disorders ➔ suicide).

Bunting, Murphy, O’Neill, Ferry (2011) Psychological Medicine
Suicidal Behaviour in Northern Ireland

- Ideation: Seriously considered suicide.
  - Females: 10.6%, Males: 7%
- Made a plan for suicide.
  - Females: 2.5%, Males: 2.4%
- Suicide attempt.
  - Females: 4.3%, Males: 2.3%
- Deaths by suicide have doubled in 10 years.
- Highest suicide rates in the UK- no sign of dropping.

Trauma and Suicidal Behaviour in NI

Suicide Plan
• Mental disorder 15.8 times
• Non-conflict trauma N/S
• Conflict related trauma 2.2 times

Suicide Attempt
• Mental disorder 15.2 times
• Non-conflict trauma 2.6 times
• Conflict related trauma N/S

• Higher likelihood of death on first attempt (access to means: pain exposure, capability).
Suicide in Northern Ireland

• High rates of post-conflict mental disorders.
• Legacy of the conflict: deprivation, hate crime, intolerance, racism (high rates among LGBT and Irish Travellers).
• Use of alcohol and substances.
• Exposure to trauma.
• Conflict increases connectedness.
• Post conflict legacy and perceived injustice: reduced connectedness (especially those who have been most affected).
• Exposure to pain $\rightarrow$ capability, habituation (less fear/ more expertise).
Moral Injury & PTSD

• Perpetrating, failing to prevent, bearing witness to, or learning about- acts that transgress deeply held moral beliefs and expectations.

• Moral injury requires an act of transgression that contradicts personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards.

(Litz et al., 2009)
2. Trans-Generational Transmission

Epigenetic risks from ongoing violence & stress

Parental limitations & mental illness compromise attachment

Growing child exposed to negative relationship and parenting styles

Adverse childhood increases risk of anxiety, depression and other disorders

Adolescent struggles with self-regulation in times of stress, & develops mental health problems & substance use

Young adult makes maladaptive life & relationship choices

Young adult conceives children

Collective legacy of conflict and ongoing paramilitarism

Poor family & community support characterised by narratives promoting prejudice

Wider economic & social post-conflict context

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The role of self regulation & childhood attachment

• Self regulation mediates the stress response (physiological-genetic FIGHT OR FLIGHT RESPONSE) (Fonagy, 2001).
• Someone with a predisposition to feel intense anger is less likely to behave anti-socially if they can self regulate.
• Self regulation is physiologically “programmed” in early childhood.
• Attachment: parent responds to child’s distress.
• Impacts upon child’s stress activation response & ability to self soothe.
• Synchronous interactions: promote identification & regulation of emotional state
• Self regulation protects against mental illness (resilience).
Attachment and prejudice

• Attachment behaviour and maternal sensitivity promote “mind mindedness”.
• Helps the child identify and regulate their own emotional responses (mentalisation).
• Helps the child identify the emotional responses of others and respond appropriately (Fonaghy, 2001).
• Helps build empathy, which reduces prejudice.
• Enhancing attachment (early childhood interventions) may reduce prejudice (e.g. Boag et al., 2016).
Emotional numbing post trauma

- Part of the avoidance cluster of symptoms.
- Difficulties in experiencing positive emotions (love).
- Loss of interest in activities that were once important.
- Feeling distant from others.
- An attempt to escape painful feelings (re-experiencing, flashbacks, & activation of fight or flight).
- People often use substances as a means of avoidance.
- Creates relationship problems.
- Can compromise a parent’s ability to identify and attend to their child’s needs (parental sensitivity and attachment).
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Four Population Groups: Mental Health & Conflict Related Traumas

McLafferty, Armour, O’Neill, Murphy & Bunting (2016)
Journal of Affective Disorders
The High Risk Groups

<table>
<thead>
<tr>
<th></th>
<th>Mental Health Problems (14.6%)</th>
<th>Conflict-Trauma Mental Health Problems (9.6%)</th>
<th>Conflict Multi-Trauma Mental Health Problems (4.3%)</th>
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</thead>
<tbody>
<tr>
<td>Exposure to Conflict</td>
<td>LOW</td>
<td>HIGH</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Childhood Adversity</td>
<td>HIGH</td>
<td>MODERATE</td>
<td>HIGH</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>HIGH</td>
<td>MODERATE</td>
<td>HIGH</td>
</tr>
<tr>
<td>Substance Use Problems</td>
<td>MODERATE</td>
<td>HIGH</td>
<td>HIGH</td>
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<tr>
<td>Suicidality</td>
<td>8.965</td>
<td>5.359</td>
<td>15.375</td>
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</tbody>
</table>
3. The role of integrated education

Social Identity Theory

- Group membership and social identity are important sources of pride and self-esteem (Tajfel).
- In order to increase our self-image we enhance the status of the group to which we belong.
- We can also increase our self-image by discriminating and holding prejudiced views against the out group.
- We divide the world into “them” and “us” based through a process of social categorization (putting people into social groups).
- This is known as in-group (us) and out-group (them). Social identity theory states that the in-group will discriminate against the out-group to enhance their self-image.
Why integrated education?

- Mental health problems linked to trauma exposure (conflict) can be associated with poor attachment.
- Poor attachment is the first element of the cycle of transgenerational trauma transmission.
- Attachment promotes mind mindedness, mentalization and empathy.
- Poor attachment is linked to poor self regulation, social difficulties, and prejudice.
- Social identity theory: the creation of in and out groups promotes prejudice and discrimination.
- Segregated education exaggerates group differences and promotes prejudice (visible differences, uniforms, are very important).
- This effect is likely to be more attenuated in areas with high rates of mental illness and transgenerational transmission of trauma.
Other Implications

Policy

- Two generation approach, people as potential parents.
- Teach child development in secondary schools.
- Mental health test all health & social policy decisions.
- Screening & early intervention.

Mental Health Services

- Integrated, evidence based individual & family therapies.
- Trauma informed care, screening for Troubles & suicidal ideation.
- Interventions to promote positive parenting.
- Screening & intervention in schools.
Thanks....

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