

## Letter to The Editor

### The Ripple Effects of Depressive Schemas on Psychiatric Patients

The March 2001 edition of the Archives of Psychiatry and Psychotherapy published an excellent article by Zięba and Dudek (2001) regarding the specifics of psychopathology of depressive syndromes in Poland. The article, which was very comprehensive, yet concise, nicely elucidated many of the cultural aspects of psychopathology that affect depressive syndromes in the authors' native land. It contains implications that may be applicable to depressed people in many other nations throughout the world.

While the authors did a thorough job of covering all of the aspects of depression, including religion, socioeconomic transformation and social attitudes of psychiatric patients, one possibly important area was not addressed: the collective effect of societal repression as a result of such horrors as the Holocaust and decades of government repression in many Eastern European countries.

In their fine article, the authors cite Aaron T. Beck's Theory of Cognitive Therapy which highlights cognitive patterns and beliefs that become dysfunctional in depressive patients over the course of a lifetime. These patterns of belief render the patient continually susceptible to depression because they help maintain depressogenic symptoms.

The authors go on to state that these cognitive patterns are formed both as a result of life experiences and opinions imparted by parents and teachers, as well as the culturally specific ways in which the world is interpreted.

In conceptualizing a patients' depression, I think it is extremely important to also consider ripple effects of oppression and catastrophic events in the life of the family-of-origin. Examples include the Holocaust and oppression by Communistic regimes, which affected not only individuals directly exposed to the traumas, but subsequent generations exposed to depressogenic schemas handed down within these traumatized families.

This ripple effect may affect individuals both inside and outside the family. This concept is analogous to the extensive root structure of a tree, with veins and tributaries that extend widely throughout the ground, affecting other plant life for long distances and over decades.

The ripple effect of traumatically-engendered depressive schemas no doubt has a lasting effect on subsequent generations and may contribute to descendants being predisposed to a broad range of depressive disorders.

A classic example is a case involving three generations of a Czechoslovakian-American family. I saw them in treatment because of the 10-year-old son's defiant oppositional behaviors in school. Upon the initial assessment, I surmised that the child's acting-out behaviors, as with most cases, were related to issues involving his family-of-origin. I asked the parents to come in for family therapy sessions, and constructed a genogram revealing that both of the child's parents were first generation Czechoslovakian-Americans.

The parents of both the mother and father (the child's maternal and paternal grandparents) had been born in Czechoslovakia. Both sets of grandparents were Holocaust survivors and two of the grandparents had witnessed the direct execution of their own parents, as well as other relatives, by the Nazis during the German occupation of World War II.

The grandparents had eventually been released from German labor camps and had migrated to the United States. But after witnessing so many atrocities, they had experienced severe depression which affected them for the remainder of their lives. This had inadvertently affected their offspring, who had grown up struggling with their parents' chronic depression and despair. The parents of the 10-year-old told me that when they were children, they had often become depressed and withdrawn due to the general emotional atmosphere in their household. They also said they had difficulty trusting others and had experienced a generalized sense of oppression by authority.

This emotional affect had been handed down in an indirect form to the child, who I designated in therapy as the identified patient. Instead of responding with typical depressive symptoms however, the child had denied his depression and expressed his conflicts via acting-out behaviors in school, which, once again, was a representation of his family issues with authority.

Treatment involved family therapy and also some family-of-origin sessions in order to address the lineage of depression which had been handed down from one generation to the next in an almost unknowing fashion. Much of the work involved helping the boy's parents become aware of how an almost 60-year-old trauma had affected several generations of their families.

This is a classic example of how generations are affected by significant collective traumas such as the Holocaust or Communist oppression. In other countries, other forms of collective trauma can have similar effects.

In several publications, Kaslow [1,2] has elaborated on the lasting and devastating scars affecting survivors of the Holocaust, and the ripple effect on first, second and even third generation families. This topic is more extensively discussed by Davidson [3] who treated scores of Holocaust survivors while in Israel.

It is important that the aforementioned factors be taken into consideration when evaluating depression in individuals, especially those in nations that have sustained years of oppression.

The specific issues stated in Zięba and Dudek's thoughtful article include issues such as concern over a sense of harm for the injury and loss of youth and the feeling of guilt and negative opinion of certain attitudes with regard to authority.

British pioneers in family therapy, namely John Byng-Hall [4,5] believe that often family myths and generational patterns of depression may originate from unresolved crisis such as failed mourning, abandonment, or abortion, and may become dominant forces in family's psychic lives.

Furthermore, the concept of „trauma organized systems” suggests that some families

organize in certain ways to cope with crisis and trauma and do not change their way of reacting and functioning even when the trauma has long passed. This concept has proven quite helpful in understanding the behavior of the families subjected to the Holocaust or other forms of genocide and political oppression, as well as those traumatized by physical and sexual abuse [6].

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#### References

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