

Intergenerational Trauma, Dependency, and Detachment

Shira Spiel, PhD, Kate Szymanski, PhD, and Robert Bornstein, PhD

Abstract: The literature on intergenerational transmission of trauma is predominantly focused on the mental health functioning of children and grandchildren of trauma survivors. Research shows that having a traumatized parent is related to increased psychopathology and dysfunctional attachment patterns in the next generation, but little is known about the effects of parental trauma on other aspects of interpersonal relating. The current study addresses this gap. Participants were young adult students from an urban college; individual and parental trauma histories, and indices of unhealthy dependency, dysfunctional detachment, and healthy dependency, were obtained. Results indicated that a wide range of parental traumas were positively correlated with dysfunctional detachment, but not related to destructive overdependence or healthy dependency. These results suggest that a wide range of parental traumas have a negative impact on the next generation's interpersonal dependency by fostering a tendency to distance themselves from close relationships.

Key Words: Intergenerational transmission of trauma, interpersonal dependency, personality, detachment

(*J Nerv Ment Dis* 2023;00: 00–00)

Intergenerational Trauma

The prevalence of trauma in the general population is quite high; the US Administration for Children and Families reported that 678,000 children were abused or neglected in 2018 alone (US Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2020). In a sample of nearly 3000 participants from across the United States, 89% of participants experienced at least one event that was defined as traumatic by the *Diagnostic and Statistical Manual, Fifth Edition*, such as serious injury, sexual, or physical violence, among other events (Kilpatrick et al., 2013). In a study of traumatic events across countries in the world, 70.4% of respondents reported at least one traumatic event in their lifetimes (*i.e.*, experience of combat, sexual abuse, physical traumas, etc.; see Benjet et al., 2016).

Parental experiences of trauma impact the next generation and are conceptualized as the intergenerational transmission of trauma (Bradfield, 2011). When discussing intergenerational transmission of trauma, Lev-Wiesel (2007) wrote, "The impact of a trauma, therefore, its contagion, such as behavior patterns, symptoms, and values that appeared in one generation, will affect not only the generation that was victimized but also the next one" (p 76).

Many studies have documented the connection between parental trauma and the next generation's mental health. Adult children of American Vietnam War veterans with high combat exposure scored significantly higher on trait anxiety and PTSD symptoms compared with adult children of veterans with low combat exposure (Suozzi and Motta, 2004). Lifetime maternal victimization was significantly correlated with maternal reports of children's internalizing and externalizing behaviors, which persisted in children from ages 4 to 8 years (Koverola et al., 2005). Adult children of Holocaust survivors were more likely to have mood or anxiety disorders in their lifetime, and slightly more likely to

have a substance abuse disorder, than demographically matched adults (Yehuda et al., 2008). Maternal victimization (both as a child and as an adult) was significantly correlated with their adolescent children's internalizing and externalizing behaviors (Claridge et al., 2014).

Although there are many studies linking parental trauma and the next generation's mental health, less is known about the relationship between parental trauma and the next generation's interpersonal functioning. However, some studies have begun to document this connection (*e.g.*, Claridge et al., 2014, found that maternal victimization is negatively related to the mother-adolescent relationship quality). This relationship has also begun to be assessed in the attachment literature. For example, Enlow et al. (2014) found that maternal PTSD was significantly associated with insecure infant attachment, particularly the disorganized attachment style. Across the literature on the effects of parental trauma and the next generation's interpersonal relating, no studies to date have assessed the relationship between parental trauma and interpersonal dependency.

The way trauma affects the individual supports the notion that parental trauma would impact the interpersonal relating of the next generation. Evidence supports this notion that caregivers' traumatic experiences affect their relationships to their children (Bradfield, 2011). The more tangible examples of this pathway are seen through the disruptions in caregiving/parenting practices. The affective lability, unpredictability, and dissociation of the traumatized parent is emotionally disorganizing for children (Brothers, 2014). For example, traumatized parents may respond in an attuned and empathic manner to a crying infant one moment, and become emotionally dysregulated when the infant cries the next time. As a result of such inconsistency, the child feels confused, rejected, anxious, and depressed (Bradfield, 2011). A meta-analysis conducted by Christie et al. (2019) found that parents with PTSD (stemming from a wide range of traumas, including military trauma, domestic violence, and sexual abuse, among others) were found to use more frequent controlling behaviors and hostility than parents without PTSD. Parents with PTSD also reported more parenting stress, poorer parent-child relationships, and less parenting satisfaction (Christie et al., 2019). Schwerdtfeger et al. (2013) found that parents with interpersonal trauma histories engaged in more authoritarian parenting practices (*i.e.*, verbal hostility, low nurturance, and physical coercion). Other research ties parental trauma, more specifically sexual abuse, to permissive parenting practices (*i.e.*, Jaffe et al., 2012).

The assertion that traumatized parents are more likely to act erratically and be emotionally disorganized is supported by neurological evidence on how traumatic memories are formed (van der Kolk, 2014). These effects are irrespective of the mental health sequelae of trauma and can be another method of trauma transmission. Traumatic events are encoded as raw sensory information disconnected from time and self due to certain neural pathways becoming disconnected during trauma (van der Kolk, 2014). Because traumatic memories are not symbolized and are remembered as fragmented sensations, images, and smells, traumatic events are difficult to speak about and difficult to integrate into a coherent personal narrative (Bornstein and Becker-Maturo, 2011). The ways in which traumatic memories are formed appear to contribute to emotional and mental disorganization, which in turn can affect the parent-child relationship, due to the way that neurological processing is "rewired" after trauma. For example, in a study measuring the effects of direct eye contact on the brains of individuals with and without chronic trauma, the frontal lobes of individuals with chronic trauma showed deactivation (van der Kolk, 2014), which in turn impairs interpersonal

Derner School of Psychology, Adelphi University, Garden City, New York.
Send reprint requests to Shira Spiel, PhD, Suite 104, 51 West 86th St, New York, NY 10024. E-mail: shiraspielphd@gmail.com.
Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.
ISSN: 0022-3018/23/0000-0000
DOI: 10.1097/NMD.0000000000001682

relating. The brain area involved in social engagement was shut down in response to the direct eye contact, and instead survival behaviors were engaged (van der Kolk, 2014). Eye contact is crucial for establishing a connection between infant and caregiver, and this disruption in eye contact can lead to dysfunctional attachment patterns (Robson, 1967).

Interpersonal Dependency and Detachment

As illustrated, the parent-child relationship is impacted when parents are traumatized. Because this relationship can be viewed as template for later relating, further research needs to be done to examine the wider social relating of children of traumatized parents. One way of operationalizing the ways in which people relate to others is through the concept of interpersonal dependency, and its converse, detachment.

Interpersonal dependency is defined as the desire to rely on others for care, protection, and assistance, even when independent functioning is sufficient (Bornstein, 2012). Researchers have typically assessed individual differences in interpersonal dependency in two ways. The majority of research in this area has used questionnaire and interview measures to examine the antecedents and correlates of interpersonal dependency and/or dependent personality disorder (DPD); these measures emphasize self-reported (or self-attributed) dependency strivings. A smaller number of investigations have used performance-based measures (e.g., the Rorschach Oral Dependency Scale; Bornstein and Masling, 2005) to examine underlying (or implicit) dependency needs. Studies support the validity and clinical utility of both approaches to assessing dependency, and—as is true of other constructs assessed using these two methods—scores on self-report and performance-based measures of interpersonal dependency are positively intercorrelated, with these correlations typically in the small to medium range (Bornstein, 2012, 2016).

The cognitive-interactionist (C/I) model of dependency “suggests that dependency is best understood as a personality orientation wherein cognitive, motivational, and affective tendencies interact to determine behaviors across varying contexts” (Denckla et al., 2011; pp 1012–1013) and combines four components from various theories—motivational, cognitive, affective, and behavioral (Bornstein 1992, 2016). The cognitive component of this model captures the perception of oneself as weak and ineffectual. The motivational component captures the underlying motivations behind interpersonal interactions, either by seeking out supportive others or avoiding others. The affective component encapsulates the quality of emotions that people experience in relation to their interpersonal interactions, either with fear of abandonment or fear of being hurt. Lastly, the behavioral component describes how individuals act based on their dependency styles, for example, clinging to others, social avoidance, reassurance seeking, and so on (Bornstein, 2005).

Based on these four components, Bornstein et al. (2003) defined three interpersonal styles using the Relationship Profile Test (RPT). The RPT is a 30-item self-report questionnaire that yields separate scores for healthy dependency (HD; a desire to be close to others while maintaining self-efficacy), dysfunctional detachment (DD; a view of others as hurtful, fear of others, and desire to be distant from others), and destructive overdependence (DO; a style characterized by abandonment concerns, clinginess, and fear of negative evaluation by others). In the cognitive component of the C/I model, those with HD tend to perceive themselves as competent and others as trustworthy, those with DD view others as hurtful or untrustworthy, and those with DO view themselves as weak and ineffectual. In the emotional component of the C/I model, those with HD have security in intimate relationships as well as confidence in their autonomy, those with DD have a fear of being hurt/overwhelmed, and those with DO fear negative evaluations from others and fear abandonment. In the motivational component, those with HD desire closeness and intimacy in the context of their own self-reliance, people with DD desire distance from others and need to feel in control, and those with DO desire closeness with caregivers/authority figures. Finally in the behavioral component, people with

HD function independently along with seeking appropriate help from others, those with DD exhibit social avoidance and rigid autonomy, and those with DO are clingy and reassurance seeking (Bornstein, 2011; Bornstein, 2012; Bornstein et al., 2003).

Trauma, Dependency, and Detachment

Within the literature on the effects of intergenerational trauma on the next generation's interpersonal relating, attachment security has been the primary focus. Research shows that parental trauma/PTSD is related to insecure attachment in the next generation (Enlow et al., 2014). However, attachment is merely one aspect of how one relates to others and does not illustrate in depth the motivational, cognitive, and affective factors behind seeking or avoiding closeness with others.

Currently, there are no studies that assess the effects of parental traumas on the next generation's interpersonal dependency and detachment, although some studies have assessed dependency in individuals who have survived trauma. Kolts et al. (2004) measured sociotropic (*i.e.*, concerns for what others think, dependency, and pleasing others) and autonomous (*i.e.*, need for control, perfectionism/self-criticism, and defensive separation) personality styles in individuals who have experienced traumatic experiences. The results indicated that both sociotropic and autonomous individuals reported more frequent and intense PTSD symptomatology than those without those maladaptive dependency traits. Interestingly, sociotropic individuals endorsed more negative self-schemas related to their trauma, and autonomous individuals reported more negative worldview schemas related to their trauma. Kachadourian et al. (2013) assessed maladaptive dependency schemas (*i.e.*, beliefs of impaired autonomy and performance) and posttraumatic hyperarousal symptoms in men who have perpetrated intimate partner violence. Those who survived traumatic events and experienced PTSD-hyperarousal symptoms were more likely to have maladaptive dependency schemas (Kachadourian et al., 2013). In addition, the combination of PTSD-hyperarousal and maladaptive dependency schemas increased the risk of mild intimate partner violence in this sample (Kachadourian et al., 2013).

Along somewhat different lines, research shows that adolescents on an inpatient unit with a history of childhood sexual abuse had increased dependency (*i.e.*, interpersonal dysphoria) scores compared with nonabused inpatient adolescents (Grilo et al., 1999). Hill et al. (2001) assessed dependency characteristics in a sample of adults seeking outpatient treatment for childhood sexual abuse and compared their scores to previous samples of adults in psychiatric inpatient units, non-clinical adults, and college students. Hill et al. (2001) found that female and male abuse survivors had significantly increased maladaptive dependency scores compared with the other groups.

There is also evidence that early life traumas are a risk factor for developing DPD, which is characterized by several components of unhealthy dependency, or DO (Bornstein, 2016). Individuals who survived repeated and/or prolonged childhood traumas had more incidence of DPD, compared with individuals who survived single incident childhood onset traumas and individuals with no trauma exposure (Allen and Lauterbach, 2007). Thus, chronic and prolonged childhood trauma appears to contribute to the development of DPD.

Betrayal trauma theory outlines why individuals may be at risk for retraumatization when they are physically or emotionally dependent on their perpetrator; with this in mind, DePrince (2005) theorized that victims of trauma in a dependent relationship preserve the positive regard for the relationship by dissociating the abuse. Subsequently, the victims develop an inability to detect threats in later relationships, thus putting them at risk for revictimization. In line with this theory, women who have had multiple abusive relationships have been found to have higher incidence of DPD and PTSD than those with only one abusive relationship, or no abusive relationships (Coolidge and Anderson, 2002). These studies lend evidence to the relationship between unhealthy dependency and greater traumatization.

Finally, there is evidence that personal traumas, both child and adult onset, are related to maladaptive dependency and detachment styles, as defined by both the C/I model and assessed via Bornstein et al. (2003) RPT. Bornstein et al. (2009) found that DO and DD were related to increased rates of childhood emotional, physical, and sexual abuse, and DO was additionally related to increased rates of childhood physical neglect. In adult-onset partner abuse (within the past year), DO was associated with prevalence of sexual and emotional abuse, and DD correlated with prevalence of sexual abuse. HD was negatively correlated with childhood physical neglect, but not other childhood traumas, and also negatively related to rates of emotional abuse perpetrated by partners within the last year. These findings illustrate that a wide range of childhood onset traumas may contribute to the development of maladaptive dependency and detachment, whereas only the absence of childhood physical neglect significantly contributes to healthy expressions of dependency. In addition, adult-onset traumas are also related to maladaptive expression of interpersonal dependency and detachment, and emotional abuse is negatively related to HD.

Across these studies, a wide range of traumatic experiences is related to unhealthy expression of interpersonal dependency and detachment. Clearly, trauma and unhealthy dependency are related on the individual level; however, the effects of parental traumas on the next generation's dependency styles have not been studied. The primary goal of this study is to explore how a wide range of parental traumas impact young adults' interpersonal functioning. College-aged children of survivors were assessed to explore the potential effects of parental traumas on the next generation at a time when the next generation is becoming increasingly independent from their parents. We hypothesized that a wide range of parental traumas will be positively associated with high levels of RPT-assessed DO and DD, and will negatively correlate with HD. This relationship will be irrespective of young adults' own trauma history.

METHODS

Measures

The C-SLESQ (Caregiver Stressful Life Events Screening Questionnaire) assessed lifetime exposure to traumatic events in participants' caregivers. It was adapted by this writer from the original Stressful Life Events Screening Questionnaire (SLESQ). In addition to 13 items from SLESQ, the list of traumas was expanded with two questions: "Was either caregiver adopted?" and "Was either caregiver in foster care?" For each event, respondents are asked to indicate which caregiver survived the trauma (primary or secondary caregiver), their caregiver's age at time of the event, the frequency, duration, whether anyone died, or was hospitalized.

The SLESQ was administered to assess young adults' trauma history and lifetime exposure to traumatic events in non-treatment-seeking samples. Research has shown that the SLESQ has good test-retest reliability, with a median kappa of 0.73, and good convergent validity with a clinician administered interview, with a median kappa of 0.64 (Goodman et al., 1998).

The RPT assessed interpersonal dependency and detachment, yielding separate scores for three subscales: DO (e.g., "I am most comfortable when someone else takes charge"), DD (e.g., "I don't like to reveal too much personal information"), and HD (HD; e.g., "In my relationships, I am comfortable offering support when the other person needs it, and asking for support when I need it"). Construct validity data for the DO, DD, and HD are compelling; scores on all three subscales show theoretically predicted relationships with indices of attachment, identity, relatedness, defense style, and affect regulation (Bornstein et al., 2002; Haggerty et al., 2016), and with measures of alexithymia, relational-interdependent self-construal, and overall satisfaction with life (Bornstein et al., 2003, 2009). RPT scores evidence expected patterns of gender differences and good retest reliability for periods as long as 3 years, even in participants who have experienced high levels

of daily stressors or major life events (Bornstein and Huprich, 2006). In previous studies, internal consistency was adequate. Bornstein et al. (2003) found that the Cronbach's alphas for DD, DO, and HD were 0.83, 0.68, and 0.75, respectively. More recently, internal consistency in another study (Haggerty et al., 2016) was 0.65 for DD, 0.85 for DO, and 0.76 for HD.

Procedure

The present study was part of a larger study on the effects of parental trauma on young adult mental and interpersonal functioning, administered online. Participants received course credit for their participation. The study's inclusion criteria were being between 18 and 25 years. Seven self-report measures, including the demographics measure, were administered in randomized order, with randomization generated by the Web software. The present study focuses on three of the six self-report measures.

RESULTS

Participants

One thousand one hundred ninety-four undergraduate students from urban college participated in the study. One hundred one students did not meet the age requirement, 88 students were excluded because English was not their primary language, and 18 participants had incomplete data. Thus, the final *N* for the study was 987 (power analysis shows that *n* of 138 achieves a power of 0.95, with an alpha of 0.05, and effect size of 0.3). The mean age of the participants was 19.15 (*SD* = 1.64). The majority of participants were women (65.9%), full time students (89.8%), and first-year students (55.0%). Thirty nine percent identified as Asian/South Asian, and 25.4% identified as White. Approximately 72% of participants reported being single. Eighty-seven percent of participants were currently living with their parents, and 39% of participants came from families with an annual income of \$40,000 or less. The primary caregivers in this sample were primarily mothers (76% mothers), and the secondary caregivers were primarily fathers (65.6% fathers). See Table 1A for sample characteristics.

As Table 1 shows, with regard to parental trauma histories, 44.6% of the participants reported one or more parental traumas. With regard to the type of parental trauma reported in this sample, abuse was most prevalent traumatic event (36.4%), followed by being a victim or witness to a violent crime (14.4% of the total sample).

As Table 2 shows, with regard to the participants' own trauma histories, 52.1% reported experiencing one or more traumas, and abuse was the most prevalent form of traumatization (59.3%), followed by being a victim or witness to a violent crime (15.5%).

Reliability of RPT Subscale Scores

The RPT shows strong internal consistency for all subscales: DD α = 0.834; DO α = 0.879; HD α = 0.800.

Young Adult Trauma

Because 52% of young adults reported experiencing trauma, a Pearson correlation with interpersonal dependency was calculated. Young adult trauma history was significantly correlated with DD and DO, with correlations of small magnitude (see Table 3). Gender, race, and parental income were also tested as potential covariates. Gender was related to DO and DD, and race was related to DO, and parental income was not correlated with the study measures (see Table 3). These findings reveal that participants' own trauma history, gender, and race were potential confounds in analyzing the hypotheses, and thus were subsequently controlled for.

Results from the multiple linear regression with the outcome measure destructive detachment indicated that there was a significant effect between parental trauma, young adult trauma, gender, and race

TABLE 1. Frequency and Type of Parental Traumas

	Count (%)
Frequency	
No trauma	547 (55.4)
One or more traumas	440 (44.6)
Type	
Abuse (physical, emotional, sexual)	359 (36.4)
Victim/witness of violence (e.g., robbery, threatened with a weapon, witness sexual violence, etc.)	142 (14.4)
Illness	126 (12.8)
Sudden loss	92 (9.3)
Any other situation where they were seriously injured, their life was in danger, or was extremely frightening	86 (8.7)
Accident	71 (7.2)
Being adopted	14 (1.4)
Experience of being in foster care	9 (0.9)

($F[4,964] = 28.77, p < 0.001, R^2 = 0.11$). Parental trauma was a significant predictor in the model ($\beta = 1.97, t = 4.03, p < 0.001$), when accounting for young adult trauma, gender, and race.

For HD indicated that there was a significant effect between parental trauma, young adult trauma, gender, and race ($F[4,964] = 2.4, p < 0.05, R^2 = 0.01$). The individual predictors were examined further and indicated that race ($\beta = 0.34, t = 2.4, p < 0.05$) was a significant predictor in the model. Young adult trauma ($\beta = -0.88, t = -1.95,$

TABLE 2. Frequency and Type of Young Adult Traumas

	Count (%)
Frequency	
No trauma	472 (47.9)
One or more traumas	514 (52.1)
Type	
Abuse (physical, emotional, sexual)	585 (59.3)
Victim/witness of violence (e.g., robbery, threatened with a weapon, witness sexual violence, etc.)	153 (15.5)
Illness	72 (7.3)
Sudden loss	136 (13.8)
Any other situation where they were seriously injured, their life was in danger, or was extremely frightening	89 (9.0)
Accident	70 (7.1)

$p = 0.52$), parental trauma ($\beta = 0.15, t = 0.34, p = 0.74$), and gender ($\beta = -0.28, t = -0.63, p = 0.53$) were not significant predictors.

For DO, there was a significant effect between parental trauma, young adult trauma, gender, and race ($F[4,964] = 13.14, p < 0.001, R^2 = 0.05$). The individual predictors were examined further and indicated that young adult trauma ($\beta = 1.81, t = 3.28, p = 0.001$), gender ($\beta = -2.56, t = -4.74, p < 0.001$), and race ($\beta = -0.57, t = -3.22, p = 0.001$) were significant predictors in the model. Parental trauma ($\beta = 1.03, t = 1.84, p = 0.66$) was not a significant predictor (see Table 4).

DISCUSSION

The present study examined the relationship between a wide range of parental traumas and young adult children's interpersonal styles. Results partially supported the hypotheses by demonstrating that children of parents with traumas present with high levels of DD, when controlling for their personal traumas, gender, and race. No significant relationship was found between parental traumas and children's DO or HD, after controlling for young adult trauma, gender, and race. Based on our findings, there is a relationship between parental exposure to trauma (as reported by offspring) and young adult children having an interpersonal style characterized by anxiety regarding closeness to others, along with a view of others as not trustworthy, and potentially intrusive and hurtful.

The existing literature on detachment could explain the present results. As noted, when parents are traumatized, they are more likely to have difficulties with affect regulation. Thus, their interactions with their children are often unpredictable and disorganized, thereby increasing their children's anxiety and decreasing their sense of safety and security (Roitman, 2017). To preserve a sense of parental connection, children may dissociate these negative experiences and become generally less engaged and receptive to interpersonal contact, becoming more reliant on themselves. Indeed, Roitman (2017) remarked that, when

TABLE 1A. Sample Demographics

	Mean (SD)
Age	19.15 (1.64)
Gender	n (%)
Female	650 (65.9)
Male	335 (33.9)
Race	n (%)
Asian/South Asian	385 (9.0)
White	251 (25.4)
Latino/a	175 (17.7)
Black	81 (8.2)
Other	36 (3.6)
Selected multiple races	43 (4.4)
Parental income	n (%)
<25,000	200 (20.3)
\$26,000–40,000	187 (18.9)
\$41,000–60,000	126 (12.8)
\$61,000–75,000	67 (6.8)
\$76,000–100,000	113 (11.4)
>\$101,000	141 (14.3)
Prefer not to disclose	153 (15.5)
Primary caregiver	n (%)
Mother	747 (75.7)
Father	204 (20.7)
Other	36 (3.6)
Secondary caregiver	n (%)
Mother	225 (22.8)
Father	647 (65.6)
Other	111 (11.7)

TABLE 3. Pearson Correlations Between Dependency and Potential Covariates

Potential Covariates	DO	DD	HD
Young adult trauma	0.14***	0.27***	-0.06
Gender	-0.16***	-0.16***	-0.03
Race	-0.07*	0.06	0.07*
Parental income	-0.05	-0.05	-0.04

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Downloaded from http://journals.lww.com/jonmd by BnDfMfGepHkav1zEoumTtQInfa-k+JhEzGpsHh04XWj0hCwWcX1A WNY/Qp/IOH1H3D00RFRVIT7TSF14C13V/C1Y0abgqZXd9G2MwZLeI= on 07/03/2023

TABLE 4. Linear Regression β and t Statistics Between Parental Trauma and Study Outcomes, When Accounting for Child Trauma, Gender, and Race

RPT Domains	Parental Trauma β	Parental Trauma t
DO	1.03	1.84
DD	1.97***	4.03***
HD	0.15	0.34

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

parents are unable to consistently regulate their children's emotional states, the children's anxiety and sense of instability lead to children coping by becoming dissociative and mistrustful of their parents. This type of interpersonal relating may become their template for other relationships. These types of parenting practices are in line with research on the development of detachment in the dependency literature, which illustrates that detachment develops when early socialization experiences emphasize independence and self-sufficiency at the expense of social connectedness (Clark and Ladd, 2000).

In line with Roitman's conceptualization, research shows that children of Holocaust survivors were more emotionally detached in their overall relationships than were children of nonsurvivors (Gangi et al., 2009). Moreover, Daud et al. (2005) found that, when comparing personality traits of children of torture victims with children of nontraumatized parents, the former exhibited increased detachment and less socialization than the children of nontraumatized parents. Research shows that various types of parental trauma appear to be related to the next generation's detachment from interpersonal relationships. In line with this conceptualization, it is not surprising that a wide range of parental traumas would be related to destructive detachment in offspring. It is important to note that due to the correlational nature of the study, directionality in the relationship of known parental traumas and youth detachment cannot be stated definitively. It could be that youth who have a detached style of relating elicit greater disclosure of parental traumas. Also, because parental trauma was reported by children, it could be that when children are aware of parental trauma, detachment, and interpersonal withdrawal are ways of coping within such family dynamics.

The current study did not find a significant relationship between parental trauma and young adult DO when controlling for young adult trauma exposure. This finding is unexpected in the context of the existing research. For example, Hock et al. (2020) found that parental maltreatment was linked with the next generation's dependent personality (which is closely related to DO characteristics). In addition, studies on children of Holocaust survivors demonstrated that the severity of parental trauma was associated with intrusive neediness (Miley, 2002) and lower autonomy in the next generation (Ofman, 1981), both of which are characteristics of unhealthy overdependency. One possible explanation for our result with regard to DO could be a confounding effect of the type, or multiplicity, of parental trauma(s) on this relationship. The current study assessed a wide range of parental traumas and did not separate single from multiple traumas. It is possible that certain parental experiences of trauma, or having had multiple traumas versus a single incident, would be more related to DO, whereas other types and frequencies of trauma are not. For example, perhaps the way in which prolonged and complex traumas are experienced and processed by survivors often leads to parenting practices that foster unhealthy overdependence. Herman (1992) described that complex posttraumatic stress disorder encompasses an interpersonal style of isolation and withdrawal, distrust, disruption in intimate relationships, among others. Studies show that DO develops when parents adapt an authoritarian parenting style (Head et al., 1991), which is characterized by overcontrolling,

decreased warmth, and distrustful parenting behaviors (Baumrind, 1971). Authoritarian parenting behaviors mirror some of the interpersonal difficulties that result from complex trauma, which may result in DO.

Another possible explanation could be that perhaps DO is more closely related to one's personal trauma history than to parental trauma history, as young adults' traumatic experiences were controlled for in this analysis. Indeed, when assessing the confounding effects of young adult trauma in the current analysis, young adult trauma was positively related to DO. It could be that when one is traumatized, one is more likely to feel weak and powerless, thus leading to DO. Future research should address this further.

Another unexpected finding was a lack of a significant relationship between parental traumas and HD. Bornstein et al. (2009) found that personal traumas were significantly and negatively related to HD. Extrapolating this finding to the intergenerational transmission, we predicted a detrimental impact of parental trauma on HD in young adult children, but this extrapolation may have been unwarranted. HD is developed in the context of authoritative parenting, and relationships that instill a sense that it is acceptable to ask for help (Clark and Ladd, 2000; Bornstein et al., 2003). The absence of parental trauma does not necessarily mean that parents will engage in authoritative or supportive parenting, which could explain the lack of association between parental trauma and HD. When examining the impact of young adults' personal trauma histories in the current study, young adult traumas were significantly negatively associated with HD. Because trauma impacts the ability to form healthy, intimate, and conflict free relationships (Herman, 1992), our finding that personal traumas impact HD is in line with prior research and theory.

The current findings should be interpreted in the context of the study's limitations. One important limitation was the lack of parental self-reports on their trauma histories; instead, adult children's reports were used. It is likely that some children were not completely knowledgeable about their parents' traumas, either underreported or overreported parental trauma, thus the accuracy of the reported parental traumatization was impacted. In addition, because parents themselves did not participate, parental mental health could not be assessed, which was another limitation. Studies of intergenerational trauma indicate that parental posttraumatic symptomatology (in addition to trauma exposure) impacts the next generation (e.g., Christie et al., 2019). Future research should address these methodological limitations.

Irrespective of the study's methodological constraints, our findings could have important clinical implications. Since a history of parental traumas as reported by children is related to young adults' style of interpersonal relating, awareness of the family trauma history may help clinicians identify the relational dynamics of their young adult patients. Because of the correlational nature of the study, directionality of the relationship between known parental traumas and young adult detachment cannot be claimed. Thus, it may be useful for clinicians to assess the family dynamics of young adults with a detachment style of relating, and how it may have influenced the learned awareness of their parents' trauma histories. In either direction, the knowledge of the relationship between parental trauma and young adult detachment can help clinicians to navigate possible challenges with establishing and maintaining a therapeutic alliance, and how the young adult patients relate to their family, friends, and romantic partners. Targeting patients' interpersonal functioning via intervening on the level of the therapeutic alliance could be one way that clinicians might help patients to overcome difficulties in their family, friendships, and romantic relationships. Comprehensive trauma assessments (including in-depth family histories) may be warranted for clinicians working with young adults, in that a large proportion of the current sample endorsed significant trauma experiences, which impacted their interpersonal functioning.

CONCLUSIONS

In conclusion, this exploratory study found that children of parents with traumas present with high levels of DD, irrespective of their

personal traumas. Based on existing literature, this finding may be explained by the dynamics between traumatized parents and their children. It may be that the parents' difficulties regulating their affect may impact the way in which they respond to their children, thus leading to children forming a more detached dependency style. Alternatively, it could be that children's detached style of relating could have influenced the parent-child relationship in such a way that their parents disclosed their trauma more readily. Future research should continue to explore these dynamics to determine how parental trauma (known and unknown) impacts the parent-child relationship and if young adult's dependency influences the parent-child relationship. This study's findings are important clinically for those who work with adolescents/emerging adults. Clinicians should be aware of the potential interpersonal difficulties that children of traumatized parents face.

DISCLOSURES

The authors report no conflicts of interest or funding.

Each author read and approved the final manuscript for publication. Dr. Shira Spiel completed the original data collection and analysis as a part of her dissertation research for her doctorate, under the mentorship of Dr. Kate Szymanski. Dr. Robert Bornstein was a chair of Dr. Spiel's dissertation committee. This article was written by Dr. Spiel, and edited by both Drs. Szymanski and Bornstein.

The authors consulted with Dr. Bernie Gorman on the statistics of this article, who is a statistics expert at Adelphi University.

The current study was conducted according to acceptable research standards and received institutional review board approval from both Adelphi University and the university in which the data were collected. All research participants gave informed consent.

REFERENCES

- Allen B, Lauterbach D (2007) Personality characteristics of adult survivors of childhood trauma. *J Trauma Stress*. 20:587–595.
- Baumrind D (1971) Current patterns of parental authority. *Dev Psychol*. 4(1p2):1.
- Benjet C, Bromet E, Karam EG, Kessler RC, McLaughlin KA, Ruscio AM, Shahly V, Stein DJ, Petukhova M, Hill E, Alonso J, Atwoli L, Bunting B, Bruffaerts R, Caldas-de-Almeida JM, de Girolamo G, Florescu S, Gureje O, Huang Y, Lepine JP, Kawakami N, Kovess-Masfety V, Medina-Mora ME, Navarro-Mateu F, Piazza M, Posada-Villa J, Scott KM, Shalev A, Slade T, ten Have M, Torres Y, Viana MC, Zarkov Z, Koenen KC (2016) The epidemiology of traumatic event exposure worldwide: Results from the world mental health survey consortium. *Psychol Med*. 46:327–343.
- Bornstein RF (1992) The dependent personality: Developmental, social, and clinical perspectives. *Psychol Bull*. 112:3–23.
- Bornstein F (2005) Conceptualizing dependency. In *The dependent patient: A practitioner's guide* (pp 3–19). Washington: American Psychological Association. doi:10.1037/11085-001.
- Bornstein RF (2011) An interactionist perspective on interpersonal dependency. *Curr Dir Psychol Sci*. 20:124–128.
- Bornstein RF (2012) From dysfunction to adaptation: In interactionist model of dependency. *Annu Rev Clin Psychol*. 8:291–316.
- Bornstein RF (2016) Interpersonal dependency. In Zeigler-Hill V, Marcus DK (Eds), *The dark side of personality: Science and practice in social, personality, and clinical psychology* (pp 341–359). Washington: American Psychological Association. doi: 10.1037/14854-018.
- Bornstein RF, Becker-Matero N (2011) Reconnecting psychoanalysis to mainstream psychology: Metaphor as glue. *Psychoanal Inq*. 31:172–184.
- Bornstein RF, Geisman KJ, Eisenhart EA, Languirand MA (2002) Construct validity of the Relationship Profile Test: Links with attachment, identity, relatedness, and affect. *Assessment*. 9:373–380.
- Bornstein RF, Huprich SK (2006) Construct validity of the relationship profile test: Three-year retest reliability and links with core personality traits, object relations, and interpersonal problems. *J Pers Assess*. 86:162–171.
- Bornstein RF, Languirand MA, Geisman KJ, Creighton JA, West MA, Gallagher HA, Eisenhart EA (2003) Construct validity of the relationship profile test: A self-report measure of dependency-detachment. *J Pers Assess*. 80:64–74.
- Bornstein RF, Masling JM (2005) The Rorschach Oral Dependency Scale. In Bornstein RF, Masling JM (Eds), *Scoring the Rorschach: Seven validated systems* (pp 135–157). Mahwah, NJ: Erlbaum.
- Bornstein RF, Porcerelli JH, Huprich SK, Markova T (2009) Construct validity of the relationship profile test: Correlates of overdependence, detachment, and healthy dependency in low income urban women seeking medical services. *J Pers Assess*. 91:537–544.
- Bradfield B (2011) The dissociation of lived experience: A relational psychoanalytic analysis of the intergenerational transmission of trauma. *Int J Psychoanal Self Psychol*. 6:531–550.
- Brothers D (2014) Traumatic attachments: Intergenerational trauma, dissociation, and the analytic relationship. *Int J Psychoanal Self Psychol*. 9:3–15.
- Christie H, Hamilton-Giachritsis C, Alves-Costa F, Tomlinson M, Halligan SL (2019) The impact of parental posttraumatic stress disorder on parenting: A systematic review. *Eur J Psychotraumatol*. 10:1550345.
- Claridge AM, Lettenberger-Klein CG, Farineau HM, Wojciak AS, McWey LM (2014) Maternal history of victimization and adolescent behaviors: Protective function of relationship quality among at-risk mother-adolescent dyads. *J Fam Violence*. 29:473–482.
- Clark KE, Ladd GW (2000) Connectedness and autonomy support in parent-child relationships: Links to children's socioemotional orientation and peer relationships. *Dev Psychol*. 36:485–498.
- Coolidge FL, Anderson LW (2002) Personality profiles of women in multiple abusive relationships. *J Fam Violence*. 17:117–131.
- Daud A, Skoglund E, Rydelius PA (2005) Children in families of torture victims: Transgenerational transmission of parents' traumatic experiences to their children. *Int J Social Welfare*. 14:23–32.
- Denckla CA, Mancini AD, Bornstein RF, Bonanno GA (2011) Adaptive and maladaptive dependency in bereavement: Distinguishing prolonged and resolved grief trajectories. *Personal Individ Differ*. 51:1012–1017.
- DePrince AP (2005) Social cognition and revictimization risk. *J Trauma Dissociation*. 6:125–141.
- Enlow MB, Egeland B, Carlson E, Blood E, Wright RJ (2014) Mother-infant attachment and the intergenerational transmission of posttraumatic stress disorder. *Dev Psychopathol*. 26:41–65.
- Gangi S, Talamo A, Ferracuti S (2009) The long-term effects of extreme war-related trauma on the second generation of holocaust survivors. *Violence Vict*. 24:687–700.
- Goodman LA, Corcoran C, Turner K, Yuan N, Green BL (1998) Assessing traumatic event exposure: General issues and preliminary findings for the Stressful Life Events Screening Questionnaire. *J Trauma Stress*. 11:521–542.
- Grilo CM, Sanislow C, Fehon DC, Martino S, McGlashan TH (1999) Psychological and behavioral functioning in adolescent psychiatric inpatients who report histories of childhood abuse. *Am J Psychiatry*. 156:538–543.
- Haggerty G, Bornstein RF, Khalid M, Sharma V, Riaz U, Blanchard M, Siefert CJ, Sinclair SJ (2016) Construct validity of the relationship profile test: Links with measures of psychopathology and adult attachment. *J Pers Assess*. 98:82–87.
- Head SB, Baker JD, Williamson DA (1991) Family environment characteristics and dependent personality disorder. *J Pers Disord*. 5:256–263.
- Herman JL (1992) *Trauma and recovery: The aftermath of violence—From domestic abuse to political power*. New York: Basic Books.
- Hill EL, Gold SN, Bornstein RF (2001) Interpersonal dependency among adult survivors of childhood sexual abuse in therapy. *J Child Sex Abus*. 9:71–86.
- Hock RS, Rabinowitz AG, Bryce CP, Fitzmaurice GM, PTC Jr, Galler JR (2020) Intergenerational effects of childhood maltreatment and malnutrition on personality maladaptivity in a Barbadian longitudinal cohort. *Psychiatry Res*. 290:113016.
- Jaffe AE, Cranston CC, Shadlow JO (2012) Parenting in females exposed to intimate partner violence and childhood sexual abuse. *J Child Sex Abus*. 21:684–700.

- Kachadourian LK, Taft CT, Holowka DW, Woodward H, Marx BP, Burns A (2013) Maladaptive dependency schemas, posttraumatic stress hyperarousal symptoms, and intimate partner aggression perpetration. *J Trauma Stress*. 26:580–587.
- Kilpatrick DG, Resnick HS, Milanak ME, Miller MW, Keyes KM, Friedman MJ (2013) National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *J Trauma Stress*. 26:537–547.
- Kolts RL, Robinson AM, Tracy JJ (2004) The relationship of sociotropy and autonomy to posttraumatic cognitions and PTSD symptomatology in trauma survivors. *J Clin Psychol*. 60:53–63.
- Koverola C, Papas MA, Pitts S, Murtaugh C, Black MM, Dubowitz H (2005) Longitudinal investigation of the relationship among maternal victimization, depressive symptoms, social support, and children's behavior and development. *J Interpers Violence*. 20:1523–1546.
- Lev-Wiesel R (2007) Intergenerational transmission of trauma across three generations: A preliminary study. *Qualitative Social Work*. 6:75–94.
- Miley KM (2002) Separation—Individuation and intimate relationships in adult children of holocaust survivors (order no. 3044816). ProQuest Dissertations & Theses Global (305494593). Available at: <https://www.proquest.com/openview/4355de9694fd09705d7151ba7405a949/1?pq-origsite=gscholar&cbl=18750&diss=y>. Accessed June 19, 2023.
- Ofman J (1981) Separation—Individuation in children of Nazi holocaust survivors and its relationship to perceived parental overvaluation (order no. 8201496). ProQuest Dissertations & Theses Global (303092727). Available at: <https://www.proquest.com/openview/d088f758e60617986333f44c1dced1bc/1?pq-origsite=gscholar&cbl=18750&diss=y>. Accessed June 19, 2023.
- Robson KS (1967) The role of eye-to-eye contact in maternal-infant attachment. *J Child Psychol Psychiatry*. 8:13–25.
- Roitman Y (2017) Intergenerational transmission of violence: Shattered subjectivity and relational freedom. *Psychoanal Social Work*. 24:144–162.
- Schwerdtfeger KL, Larzelere RE, Werner D, Peters C, Oliver M (2013) Intergenerational transmission of trauma: The mediating role of parenting styles on toddlers' DSM-related symptoms. *J Aggression Maltreat Trauma*. 22:211–229.
- Suoizzi JM, Motta RW (2004) The relationship between combat exposure and the transfer of trauma-like symptoms to offspring of veterans. *Traumatol*. 79:17–37.
- US Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2020) Child Maltreatment 2018. Available at: <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.
- van der Kolk BA (2014) *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
- Yehuda R, Bell A, Bierer LM, Schmeidler J (2008) Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors. *J Psychiatr Res*. 42:1104–1111.