PSYCHIATRIKI 25 (1), 2014 15

Editorial Άρθρο Σύνταξης

Transgenerational transmission and Child Psychiatry

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Transgenerational transmission is one of the major issues in child and adolescent psychiatry. Not only because, as in other fields of mental health, it fuels the nature nurture theoretical controversies or the body mind scientific debates, but also because it is, with children, at the center of every day medical, psychological or psychiatric practices.

It is indeed difficult to deny that, in front of a mental health disorder at this age, one of the main stakes of the professionals is to weight cautiously the part taken by the relational environment in the mechanisms leading to the child's disorder onset. To be sensitive to the specific dependency of the child to his context is indeed one of the corner stone of child psychiatry and associate disciplines; so much as they can be seen as their main specificity in the field of medicine, psychiatry and social sciences. In child psychiatry, this very strong stream is however frequently challenged by another vivid trend: the tendency to see any disorder emerging at an early stage of life as the natural consequence of a dysfunctional development, with the idea that the more precocious it is the more biological it has to be.

This other stream is clearly illustrated by the observation that among the many concerns raised by the recent release of DSM-5, very few dealt with the change of labeling for the chapter the most specific to child psychiatry: from the DSM-IV purely descriptive "Disorders usually first diagnosed in infancy, childhood or adolescence" to the more etiologically oriented DSM-5 "Neurodevelopmental disorders".

In the current scientific context, it is hard to believe that this new label means that DSM-5 assumes that all the other DSM-5 disorders are not neurodevelopmental at all. Such assumption would indeed ignore a large number of works suggesting the contrary. For example in Schizophrenia where genetically induced neurodevelopmental impairments are likely to be involved, and this not only for those who adopt neurodevelopmental perspectives but also for those who advocate one of the vulnerability models. Is it then that DSM-5 considers the non neurodevelopmental determinants infancy childhood or adolescence onset disorders to be less relevant or to have less impact in childhood mental disorders than they have in schizophrenia and other later onset psychiatric disorders? Such assumption may be less scientifically (or even politically) incorrect than the previous one, but it is as neglectful of number of empirical evidences showing the weight of relational (non genetic) transmission and of many environmental factors strongly influential in the development of the child.

The best example of the importance of such mechanisms is given by the number of evidence based papers on Attachment Transmission.¹ As we all know, attachment is defined as an innate behavioral system that enables the baby to regulate his/her closeness to his/her mother; its relevance in human as it is in animal, was a crucial point of Bowlby' s breaking through theory in 1969.² Standardized instruments were developed by Bowlby's followers^{3,4} to assess the quality of attachment; they helped to validate the hypothesis whereby there exists a variety of attachment patterns in mothers as in infants that are underpinned by mental representations Bowlby described as Internal Working Model.² The same research tools also showed that most of these attachment patterns were transmitted by the mother to the baby.⁵ Moreover, several studies showed that some attachment pattern are protective factors for various mental health disorder whereas other attachment pattern can be considered as risk factors for these disorders or others, when associated with aversive life events or traumatic experiences¹⁻⁶ Transmission of attachment became a topic of clinical relevance to contribute to the explanation of complex phenomenon as vulnerability or resilience in mental health.¹

16 PSYCHIATRIKI 25 (1), 2014

Because of the evidences that the mechanism of this transmission was of a non genetic nature⁷ researchers were facing what they called a transmission gap, 8 showing that beside the attention we have to give to the genetic determinant of neurodevelopemental dimensions of the mental health disorders in childhood there is an equal need for attention to psychological dimensions of the transgenerational transmission. However, recent advances in neuroscience and psychology teach us that this new stake imposes us to keep in mind that we have reached "a time when the clarification of the essence of our biological embodiment is of growing interest for phenomenology".

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