*Corresponding Author's Email: maggiehouh5@hotmail.com
Proceedings of the International Conference on Humanities, Psychology and Social Sciences
Vol. 1, Issue. 1, 2024, pp. 13-21
DOI: https://doi.org/10.33422/hpsconf.v1i1.239

ISSN: 3030-0576 online

Intervention Proposal: Using Lego in Collaborative Play as an Intervention for Intergenerational Trauma in Chinese-Canadian Families

Huiqiao Hou
Royal Holloway, University of London, United Kingdom

Abstract

Intergenerational trauma is traumatic events experienced by ancestors which passed down through generations of descendants. While there has been published literature on intergenerational trauma, there lies a gap for culturally appropriate interventions for immigrant families that experience this type of trauma. This intervention proposal aims to utilise published research as well as Lego in therapy to bridge the gap in cross-cultural psychology by creating a treatment intervention for immigrant families experiencing intergenerational trauma, more specifically, Chinese immigrant families. Participant criterium are immigrant families with one or more children between the ages of eight to twelve-years-old and can commit to a minimum of 18 consecutive weekly sessions at two hours per week in a supervised therapeutic setting with a trauma-informed mental health professional. Sessions are divided into two interview sessions, 12 pre-determined Lego building tasks with increasing difficulty, and four free-building sessions. The supervising professional will conduct pre- and post- intervention interviews to assess the participants' baselines, promote constructive and concise communication during sessions, and debriefing with the family after each session. Expected outcomes of this Lego intervention for immigrant families experiencing intergenerational trauma are improved interpersonal communication skills, increased levels of trust, a better recognition of emotions with higher levels of emotion regulation skills, and living in a healthier family environment.

keywords: cross-culture, trauma, play-therapy, family, interpersonal

1. Introduction

Intergenerational trauma (IGT) is trauma that is passed down generationally and can be presented in different ways depending on the generation. There has been a lack of appropriate IGT interventions for immigrant families, notably Chinese-Canadians, that experience IGT. This intervention will aim to tackle the gap in the treatment of IGT for Chinese-Canadian immigrant families in the area of Vancouver, British Columbia. In order to allow the intervention for IGT to be age appropriate and enjoyable for the family, Lego building sessions

will be used to enhance communication skills and equal level of power within the Chinese-Canadian families that are experiencing IGT. The intervention will run for a total of 16 weeks for two hours per week. The family would participate in a total of 16 sessions in a supervised therapeutic setting with 12 sessions of Lego set building and four sessions of Lego free building.

These Lego building activities are used to promote effective communication skills within the family, better emotion processing, and to increase agency and trust. The mental health professional will help to resolve and deescalate family arguments during the sessions and discuss helpful communication techniques. The mental health professional will also be making sure that everyone in the family has the same amount of input during the Lego building experiences and intervene as needed.

1.1. Issue that it aims to address

Intergenerational trauma (IGT) has a large impact on immigrant families and their descendants. The term, IGT, has been used in the Chinese-Canadian community to explain difficulties and unhelpful behaviours that surfaces for families who immigrate to Canada. The most prominent impacts of intergenerational trauma in Chinese Canadians are psychological and can be identified through increased depressive symptoms, increased stress levels, and higher rates of physical and emotional abuse from parents when compared to the general Canadian population (Chou et al., 2022).

One of the hallmark symptoms of IGT is a person withdrawing from their family at certain times to distance themselves from dangers that may arise for their family members (Phipps & Degges-White, 2014). Furthermore, Chinese cultural values state that elders must be respected and what they say must be followed regardless of the applicability (Chou et al., 2022). With these two barriers in mind, open communication skills and establishing equal authoritative levels should be implemented in Chinese-Canadian families that struggling with the IGT cycle.

One consideration of this intervention is the taboo of therapy and mental health in Asia, usually with therapy being associated with negative beliefs and judgements (Cogan et al., 2023). This intervention allows a reduction in stereotyped clinical beliefs about therapy and decreases anxiety around what is present in a mental health setting.

An accurate prevalence rate of intergenerational trauma has not been predicted. However, previous literatures on the rate have deemed it to be high (Isobel et al., 2020). Lack of accurate prevalence rate can be a shortfall; but it simultaneously states the demands of understanding intergenerational trauma and offer individuals the opportunity to holistic treatment.

1.2. Target population

Chinese-Canadian families in the Vancouver, British Columbia, area will be the target population as a large number of Chinese families most often immigrate to Vancouver. The Chinese-Canadian families that will be participating in this intervention must have two parents who are not separated nor divorced and only one child between the ages of eight to twelve years old. Requirements for all family members are the ability to communicate using a common language within the family, both parents being born before 1990, and both parents have to be first generation Chinese immigrants.

1.3. Duration of the project

The course of this family Lego intervention will run for a total of 16 weeks for 2 hours per week. The ending date will be 16 weeks after the starting date. It is required for all the family members to be present during every project session unless it is an absence due to illness or unforeseen circumstances.

1.4. Aims

The aims of this Lego building project are to improve the effectiveness of communication skills and breaking down unnecessary components of hierarchy in the family systems theory within Chinese-Canadian families based in Vancouver, British Columbia. As a secondary aim, it is hoped that with the improved communication skills and the establishment of equal authority levels, healthier methods of emotion expression and description would be utilised within the family. Finally, the main overarching goal is to restore aspects of family harmony with an emphasis on developing a deeper understanding and emotion expression within the family members.

1.5. Background

Intergenerational trauma (IGT) was coined in the 1960s to describe the effect of the Holocaust upon its survivors and their descendants (Phipps & Degges-White, 2014). Since then, intergenerational trauma has been used to label the psychological impacts on immigrants and their descendants.

IGT is when trauma is transmitted from one generation to another in a family. Events that are significant for a population, for example, the Holocaust, or the exposure of trauma in elders increases the likelihood of IGT occurring in a family and can be passed down to descendants (Chou et al., 2022). Even though the Holocaust was the first event that was recognised as a contributor to IGT, immigration has become widely recognised within IGT causes as well as trauma associated with immigrant families. Pre-immigration events are a part of the history that a person had gone through before immigration and often offers an explanation of why the person decided to immigrate. After immigration events are the events that occur to the person after immigrating to a new country (Phipps & Degges-White, 2014). Both types of events can be traumatic, creating potentially traumatic events (PTEs). In the Chinese-Canadian community in Canada, pre-immigration events for parents who resided in China between 1960 to 1990 would be exposure to the Great Famine, the Sino-Japanese war, and class struggle when the communist party rose to power (Chou et al., 2022). After immigration events in the same population can be economic hardship, racial discrimination, language barriers, change in social status, and acculturation (Phipps & Degges-White, 2014).

As a result of PTEs in Chinese-Canadian elders, IGT is possibly present in Chinese-Canadian descendants. However, aside from PTEs before and after immigration, Chinese-immigrant families highly value education opportunities in their descendants due to the elders not being able to have these opportunities in communist China. As a result, parents may put an extraordinary amount of pressure and unreasonable goals onto their children (Chou et al., 2022).

In addition to academic stress, the Confucian-based model that is a cultural norm requires the younger individuals to respect elders and follow what they say regardless of the validity in their requests. If the requests of the elders are not followed, physical abuse is often followed to instill fear and acts as an outlet for frustration and dissatisfaction. Other than physical abuse, emotional guilt often occurs in descendants because of the elders repeatedly stating the sacrifices they made for their descendants to have a better life (Yang & Zheng, 2019).

Stemming from PTEs and Confucian-based cultural norms, communication skills and equal levels of authority are often lacking in Chinese-Canadian families. Therefore, there is a lack of agency in the descendants which can contribute to feeling helpless and increased levels of anxiety and depression. Psychological disturbance in descendants can also stem from the emotional abuse by Chinese-Canadian elders. Emotional abuse can lead to frequent mood swings, identity confusion, and it is often minimised by the culture and deemed as acceptable. (Ozturk & Sar, 2013)

Grabucker. A. M. (2021) stated that numerous symptoms overlap between post-traumatic stress disorder (PTSD) and high-functioning autism spectrum disorder (ASD). The following chart demonstrates the commonalities between the symptom presentation of both disorders.

PTSD	High-Functioning ASD
Hyperarousal	Sensory hyperreactivity
Feelings of detachment from others	Social-emotional reciprocity
Impaired ability to mentalize and recognise emotions	Impaired ability to mentalize and recognise emotions

Fig 1: Commonalities between post-traumatic stress disorder and high-functioning autism spectrum disorder

As PTSD and ASD share commonalities regarding emotional regulation and communication difficulties, it is assumed that novel therapeutic methods for high-functioning ASD can be utilised for PTSD as well. Owens et al. (2008) researched on the effects of Lego building in children with high-functioning ASD and their siblings. It was concluded that the domains of communication and socialisation improved.

The study by Owens et al. (2008) is applicable to IGT since families suffering from IGTs often have non-verbal and fragmented communication within the family. In addition, families from collectivist cultures do not discuss their feelings as they can damage the perceived in-group harmony (Dalgaard et al., 2019; Yang & Zheng, 2019). Furthermore, Lego building can foster a sense of connectedness since it requires the sorting of different pieces the building the set while following the instruction booklet. (Owens et al., 2008)

The main applications for Legos in IGT are as follows:

Communication ——— *Instruction giving and assembling Lego pieces*

Authority sharing —— *Instruction giving and effectiveness of construction process*

Fig 2: Targets for using Lego in collaborative play and how targets will be measured

2. Methods

2.1. Intervention

The intervention of using Legos to diminish the negative effects of IGT within a Chinese-Canadian family will span across 16 sessions. The first six sessions will consist of three Lego sets with increasing difficulties. Followed by one session of collaborative free build and then another six sessions of three Lego sets that increases in difficulty and three sessions of collaborative free build.

The 16 sessions will take place in an office with a qualified therapist or psychologist who is able to speak their common language and understands IGT as well as its impacts. It is expected that there will be times where communication can be strained within the family during the intervention sessions. This is when the professional will step in and deescalate the situation and will ask questions regarding the family's feelings and what prompted this disagreement. This process allows a safe space for the family along with constructive feedback. The de-escalation period will conclude with methods of resolving communication conflicts and the steps that can be taken in the future by all the family members.

The challenge of effective communication commences when the family has to choose the Lego set that they want to build first. The first three sets for the six sessions are the Wild Flower Bouquet, Bonsai Tree, and Everyone is Awesome. These sets are appropriate for families even though the targeted age range is 18 years and above and because this is for the family to collaborate on a challenging yet accomplishable task and determining the family dynamics. Session seven will be a collaborative free-build session where the family will be presented with a Large Creative Brick Box. Within the seventh session, the family must brainstorm and construct a real-life object with Lego bricks. For sessions eight to 13, the family will build Winnie the Pooh Treehouse, McLaren Formula 1 Race Car, and a picture of farm animals with Mosaic Builder. The Mosaic Builder set will be constructed in sessions 12 and 13 as it requires more patience in communication since the Lego Dots are only in the colours of black colour progression and needs to be placed in a designated location on the board. Sessions 14 to 16 will be the same as session seven, collaborative free build using a Large Creative Brick Box with an additional two sets of Serious Play.

Exclusion criterium for this study are:

1. Children in the family being third generation or higher for migrant families.
2. Families with more than one child due to the complexity of social interactions and extraneous factors.
3. Family members who are not able to communicate within the family and outside the family with any format.
4. Families who are not able to dedicate at least 16 weeks to participate in the full duration of the intervention.

3. Results

3.1. Expected outcomes

The expected outcomes of this intervention are improvements in communication skills within the family, increased trust from parents in children, and an increased frequency in discussing emotions. If the right moment occurs in the end of the intervention sessions, the parents might share stories of their past; but only if the child demonstrates readiness and cognitive capability (Dalgaard et al., 2019).

3.2. Assessment of the intervention

The assessment of the intervention will be based on whether the Lego set was completed within the two-hour period, the amount of collaboration and communication, and the number of times that the family required professional intervention.

If this intervention on IGT follows the pattern of Owens et al. (2008) in children with high-functioning ASD and their families, aspects of socialisation and communication should have a positive correlation to the number of intervention sessions, the number of required professional intervention should decrease, and the Lego sets and collaborative free build sessions should be completed by the end of each session in later intervention sessions.

Collaborative free build sessions will be measured with observation on authority sharing and the acceptance of different ideas. Bjørndahl et al. (2014) states Lego building distributes cognitive labour amongst the participants in a group free-build setting. Free build also allows for ideas to be presented with physical objects that are malleable in the physical realm. (Bjørndahl et al., 2014). Sessions seven and 16 are two of the most important sessions as it will determine if the family dynamic has changed with the practice of communication skills and challenging the previously lack of autonomy.

The mental health professional will take notes regarding the session and the researchers for this intervention will be analysing the data as a qualitative study. A thematic analysis will be conducted, and themes will be determined based on the conversations that occur each week during the intervention sessions.

Furthermore, conversations from the sessions, or the qualitative data, are to be categorized through thematic analysis. Thematic analysis will ensure themes within conversations are addressed and can be used to identify areas of improvement. Themes should be reoccurring through the 16 weeks as conversations should be carried out in a casual manner and imitate dynamics outside the clinical setting.

4. Discussion

4.1. Expected challenges

Expected challenges are conflicts within the family that occur before, during, and after the Lego building activity. If there has been conflicts within the family due to communication difficulties and idea silencing from family members in the previous week, they will be addressed before the building activity starts and a relatively short yet productive discussion will take place.

Another challenge is if family members are afraid of communicating the fact that they do not agree with something that someone says. In order to overcome this challenge, red and yellow pieces of paper will be given to each member and if something is bothering them that they are afraid to speak up about, red will represent that they have something that needs to be addressed right away where they have to stage to present their thoughts and yellow will represent that conversation needs to be more mindful to individual needs and voices.

To deescalate difficult emotions that may arise during the sessions, an hour after the session can be used to for the mental health professional to individually meet with the members and address concerns that were not brought up during the session.

4.2. Ethical considerations

Ethical considerations include sensitivity to cultural values and respect for their family dynamics. It is preferred that there will be a therapist or psychologist who is Chinese-Canadian. However, due to the lack of mental health professionals who associate as being Chinese-Canadian group, and in order to overcome this barrier, a mental health professional who is a person-of-colour and is from a collectivist culture with an understanding of Confucian-based patterns can also guide these sessions.

It is also expected that the family members will respect each other's privacy and not disclose information about the sessions to people that are not a part of the intervention process. This will be bound by a non-disclosure agreement that each member will agree to at the beginning of the 16 weeks on paper and a reminder will be given to the members at the start of each session by the mental health professional.

Lastly, with acknowledgement that conflicts will occur outside of the sessions, the sessions will begin with the mental health professional asking each member to state one or two events that they applied what they learned to during the week. It allows for a personal sense of accomplishment and reflects on visible progress and areas that needs improvement in.

4.3. Public engagement

As stated in Chou et al. (2022), there is a large population of Chinese-Canadians in the city of Vancouver. The effectiveness of this intervention method can be tested by promoting to

Chinese community centres in the city of Vancouver and families can sign up through the email provided on the poster. Also, a member of the intervention team will also hold question and answer nights within the community centre. An incentive for participation and completion in this intervention can be a Lego set of the family's choice; but the family can withdraw from this intervention at any time throughout the 16 weeks.

Aside from community centres, flyers will also be put up on the bulletin boards of Chinese supermarkets and on www.51.ca, a Chinese advertising and news website. This can allow the individuals from this intervention team to communicate with potential participants without meeting face to face and providing anonymity.

Lastly, the team will reach out to Chinese-Canadian mental health professionals located in Vancouver and determine if their current clients would be suitable for this intervention method.

5. Conclusion

Increasing the understanding of intergenerational trauma and developing therapeutic techniques that suit the needs of immigrant families is needed in the developing world. Lego in collaborative play aims to assist immigrant families by increasing their interpersonal communication and emotion recognition. By decreasing the stigma around therapy in immigrant families, it would allow for an increase of individuals seeking assistance with their mental health and well-being.

Limitations of this paper is it is a research-based intervention and generalizability. Research on intergenerational trauma and interventions are limited, this journal article maximized resources through research; but the intervention would need to be carried out in order to determine its' effectiveness. In terms of generalizability, the target population are Chinese-Canadians in this article; but if the intervention is effective with the stated population, it could be applicable to other immigrant families in various locations.

Future directions of this intervention proposal are to implement this intervention according to the guidelines and inclusion criteria provided in this article. As there is a lack of interventions for intergenerational trauma, Lego in collaborative play could allow immigrant families to live emotionally-fulfilling lives and create healthier family environments to decrease the severity of intergenerational trauma that is passed down to future generations.

Acknowledgements

I would like to express my gratitude to my supervisor from when I was an undergraduate student, Dr. Mat Savelli, for sparking my interest in cross-cultural psychology and transcultural psychiatry.

References

Bjørndahl, J. S., Fusaroli, R., Østergaard, S., & Tylén, K. (2014). Thinking together with material representations: Joint epistemic actions in creative problem solving. *Cognitive Semiotics*, *7*(1), 103–123. https://doi.org/10.1515/cogsem-2014-0006

Cogan, N. A., Liu, X., Chin-Van Chau, Y., Kelly, S. W., Anderson, T., Flynn, C., … Corrigan, P. (2023). The taboo of mental health problems, stigma and fear of disclosure among Asian international students: implications for help-seeking, guidance and support. *British Journal of Guidance & Counselling*, 1–19. https://doi.org/10.1080/03069885.2023.2214307

Chou, F., Buchanan, M. J., Mcdonald, M., Westwood, M., & Huang, C. (2022). Narrative themes of Chinese Canadian intergenerational trauma: offspring perspectives of trauma transmission. *Counselling Psychology Quarterly*. https://doi.org/10.1080/09515070.2022.2093165

Dalgaard, N. T., Diab, S. Y., Montgomery, E., Qouta, S. R., & Punamäki, R. L. (2019). Is silence about trauma harmful for children? Transgenerational communication in Palestinian families. *Transcultural Psychiatry*, *56*(2), 398–427. https://doi.org/10.1177/1363461518824430

Grabrucker, A. M. (Ed.). (2021). *Autism Spectrum Disorders*. Exon Publications. https://doi.org/10.36255/exonpublications.autismspectrumdisorders.2021

Isobel, S., McCloughen, A., Goodyear, M. *et al.* Intergenerational Trauma and Its Relationship to Mental Health Care: A Qualitative Inquiry. *Community Ment Health J* 57, 631–643 (2021). https://doi.org/10.1007/s10597-020-00698-1

Owens, G., Granader, Y., Humphrey, A., & Baron-Cohen, S. (2008). LEGO® therapy and the social use of language programme: An evaluation of two social skills interventions for children with high functioning autism and Asperger syndrome. *Journal of Autism and Developmental Disorders*, *38*(10), 1944–1957. https://doi.org/10.1007/s10803-008-0590-6

Ozturk, E., & Sar, V. (2013). The "apparently normal" family: A contemporary agent of transgenerational trauma and dissociation. In *Trauma and Dissociation in a Cross-Cultural Perspective: Not Just a North American Phenomenon* (pp. 287–304). Taylor and Francis. https://doi.org/10.1300/J189v04n03_06

Phipps, R. M., & Degges-White, S. (2014). A new look at transgenerational trauma transmission: Second-generation latino immigrant youth. *Journal of Multicultural Counseling and Development*, *42*(3), 174–187. https://doi.org/10.1002/j.2161-1912.2014.00053.x

Yang, J., & Zheng, Y. (2019). Links Between Perceptions of Successes, Problems and Health Outcomes Among Adult Chinese Children: The Mediating Role of Perceptions of Parents' Feelings and Intergenerational Relationships. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.02551

Appendix: Project time plan

Project Time Plan by Week

Week	Lego Build
1 to 6	Wild Flower Bouquet Bonsai Tree Everyone is Awesome
7	Free build - Large Lego Creative Box
8 to 13	Winnie the Pooh Treehouse McLaren Formula 1 Race Car Mosaic Builder (Farm Animals)
14 to 16	Free build – Large Lego Creative Box and two Serious Play sets