The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 14, Issue 3, July- September, 2026
DIP: 18.01.070.20261403, DOI: 10.25215/1403.070
https://www.ijip.in

Research Paper

What We Inherit Without Being Told: Understanding Generational Trauma Beyond Blame

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ABSTRACT

Generational trauma involves the multi-generational transfer of systemic psychological, interpersonal, and physiological stress, occurring independently of any direct exposure to traumatic triggers within the descendant generations. This narrative review synthesises evidence from attachment theory, affective neuroscience, epigenetics, social learning theory, and historical-trauma scholarship to examine how unresolved adversity is carried forward through behaviour, belief, relationship, and the body. Organised around a biopsychosocial framework, the review traces three interacting pathways of transmission: biological adaptation in the stress-response system, relational and cognitive learning within the family, and systemic conditioning within cultural and historical contexts. An illustrative single-case study of a 29-year-old man in urban India is used to demonstrate how these pathways converge in a lived presentation and how therapeutic intervention can interrupt the cycle. The review gives particular attention to the contested status of epigenetic transmission in humans, to evidence of resilience and non-transmission, and to the cultural specificity of trauma transmission in collectivistic family systems. It concludes that awareness and relational repair are protective rather than passive, and also the fact that intergenerational transmission of trauma, while powerful, is not inevitable.

Keywords: *Generational Trauma, Intergenerational Transmission, Attachment, Epigenetics, Biopsychosocial Model, Resilience, Case Study*

There was a weight inside them that they could not quite explain. It was not their own memory, but a rhythm they had inherited in the way they panicked for no apparent reason, or felt a grief that was not theirs to carry. They were the unintended hosts for an old story, written in a language they could not understand, living out a life that had been shaped by earlier generations long before they were born. The weight had no obvious origin, which is part of what made it so difficult to name. There was no single event to point to, no wound to trace, only a persistent sense that they were responding to something they could not quite remember.

Such people often arrive at the same questions: Why do I react so strongly to certain situations? Why does safety feel unfamiliar? Why do I feel emotions that seem older than I am? To ask how much of ourselves is a reaction to a past we never lived is to question the

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Received: June 10, 2026; Revision Received: August 01, 2026; Accepted: August 06, 2026

very fabric of identity. We tend to think of personality as a collection of choices we have made; for many, it is closer to a set of echoes like responses learned so early, and repeated so often, that they no longer feel learned at all. They feel simply like who we are. The silence of a father, for instance, is rarely just an absence of words. It is often a fortress built to survive a world that felt unsafe. When that silence is passed down, the child does not merely inherit a quiet home; they may inherit the subconscious conviction that speaking up is dangerous (Bowlby, 1988). The father may never have intended to teach such a lesson, and the child may never consciously learn it, yet it is absorbed all the same, in the way that the emotional climate of a home is always absorbed before it can be understood.

Some people grow up in loving homes and still feel unsafe inside. Some feel responsible for others long before they understand themselves. Some carry anxiety, guilt, emotional distance, or an unexplained heaviness even when their lives, on paper, look stable. These are the cases that most resist easy explanation, because nothing in the present seems to warrant the distress, and so the distress is often turned inward and read as personal failing. The purpose of examining this phenomenon is neither to blame parents nor to glorify suffering. It is to understand how pain travels between generations, and how awareness can gently interrupt that journey. To understand the mechanism is not to excuse its consequences; it is to locate them accurately, which is the precondition for changing them.

This review uses the term intergenerational trauma to denote the effects in terms of transmission of adversity from caregivers to children through psychological, relational, and physiological mechanisms. The term is related to, but distinct from, transgenerational trauma (effects extending beyond those who had direct contact with the original survivor) and historical or collective trauma, which describes the cumulative wounding of whole communities across generations through events such as colonisation, slavery, or genocide (Brave Heart, 2003; Sotero, 2006). The distinction matters because these constructs operate at different scales and through partly different pathways: the intergenerational concept locates transmission largely within the family and the caregiving relationship, whereas the historical and collective concepts situate it within the shared experience of a wounded community and the social structures that sustain that wounding over time. Conflating them risks treating a systemic injury as though it were merely a private one, or a private one as though it required a population-level cause. Where these narrower constructs are intended in this review, they are named explicitly. Unresolved emotional pain does not end with one person; it reshapes itself and continues through behaviours, beliefs, relationships, and even the body across generations (Van der Kolk, 2014).

Generational trauma may not always be dramatic. It does not always announce itself as abuse, disaster, or tragedy. Sometimes it arrives as silence; sometimes as overprotection; sometimes emotional absence is mistaken for strength. This is part of why it so often goes unrecognised: the forms it takes are frequently indistinguishable from ordinary family life, and may even be valued as virtues. Trauma is not passed down because families wish it so. It is passed down because human nervous systems adapt in order to survive, and adaptations tend to repeat unless they are understood (Porges, 2011). What protects one generation becomes the inheritance of the next, carried forward not as deliberate instruction but as the only template available. Trauma need not be remembered to be inherited; it need only remain unprocessed (Levine, 1997). A parent who learned that emotions are dangerous may raise a child who struggles to express them; a family that survived instability may pass down constant vigilance even in conditions of safety; a generation that endured loss may teach emotional restraint as resilience (Yehuda & Lehrner, 2018). None of this occurs by

conscious design. It is, rather, the quiet logic of survival outliving the circumstances that once made it necessary and it is this persistence, the way an old adaptation keeps running long after the threat has passed, that the present review sets out to examine.

REVIEW OF LITERATURE

This paper is structured as a narrative, integrative review rather than a systematic one. Sources were selected to represent the principal theoretical traditions bearing on the transmission of trauma such as attachment theory, affective and developmental neuroscience, epigenetics, social learning theory, family systems theory, and historical-trauma scholarship, together with the clinical literature on trauma-focused intervention. Foundational and frequently cited works were prioritised alongside more recent empirical and review articles, with deliberate attention to findings that complicate or contradict the central thesis. The aim is conceptual synthesis and the integration of theory with a single illustrative case, rather than exhaustive or quantitative coverage.

1. The Body Remembers: A Biological Perspective

Trauma is not solely a psychological phenomenon; it has well-documented physiological correlates (McEwen, 2007; Van der Kolk, 2014). When a person lives through chronic stress with significant stressors such as war, poverty, violence, neglect, prolonged fear, with time the body adjusts its baseline. Stress hormones such as cortisol and adrenaline become familiar companions, and the nervous system learns to remain alert, guarded, or numb (McEwen, 2007). Over time, these states settle into something closer to biological expectations more than passing reactions (Porges, 2011).

Research in neuroscience and epigenetics suggests that prolonged stress can influence the expression of certain genes, particularly those governing the stress response (Meaney, 2001). This does not mean that trauma is genetically destined; it means that the body can carry biological traces of past survival (Yehuda et al., 2016). Studies of the descendants of trauma survivors, as in case of as “children of Holocaust survivors”, or communities exposed to long-term systemic oppression have reported altered cortisol regulation and stress responses even where the second generation did not directly experience original events (Yehuda et al., 2016; Kellermann, 2013). In simple terms, the body learns from its environment and sometimes passes those lessons forward (Meaney, 2001). This helps to explain why a person may feel hyper-alert, emotionally shut down, or easily overwhelmed without an obvious personal cause: the body may be following old survival instructions (Levine, 1997).

The language of biological inheritance invites a precision the current evidence does not yet support, and intellectual honesty requires acknowledging the debate. The animal research underpinning these claims which involves most influentially Meaney’s (2001) work on maternal care and gene expression in rodents is robust, but its translation to humans is far less certain. The human findings, including the much-cited work on FKBP5 methylation in “Holocaust survivors and their offspring” (Yehuda et al., 2016), rest on small samples and have proven difficult to replicate. A central methodological problem is that of disentangling true germline transmission from alternative explanations: intrauterine exposure, postnatal caregiving environments, and the relational and social learning pathways described below can each produce comparable outcomes without invoking inherited epigenetic marks. The most defensible reading of the present evidence is therefore cautious. Epigenetic mechanisms remain a plausible and actively investigated contributor to intergenerational transmission, but they are neither established nor necessary to account for the phenomena this review describes (Yehuda & Lehrner, 2018).

2. Psychological Pathways: How Trauma Becomes Pattern

Psychologically, generational trauma frequently appears as a set of patterns mistaken for personality (Herman, 1992). Common presentations include difficulty trusting others, fear of emotional closeness, over-responsibility or people-pleasing, emotional numbness, intense self-criticism, and chronic anxiety in the absence of any identifiable trigger. These are not character flaws but learned protective responses (Herman, 1992).

Children do not learn only from what is said to them. They learn from emotional availability, from styles of handling conflict, from what is avoided, from what is punished or rewarded, and from how safety is either communicated or withheld (Siegel, 1999). A child raised in an environment where emotions were overwhelming or ignored may learn to suppress their own; where love was conditional, they may learn to perform; where unpredictability was the norm, they may develop hypervigilance (Ainsworth et al., 1978).

Over time, these adaptations harden into beliefs that one's needs are too much, that one must stay in control, that connection is unsafe, that one is responsible for the emotions of others. Such beliefs feel deeply and privately personal, yet they are frequently relational inheritances (Young et al., 2003). Attachment research consistently demonstrates that early relational experiences affect and shape the internal working models to a large extent through which individuals interpret all subsequent relationships (Bowlby, 1988)

3. Trauma Lives in Systems: A Social Perspective

Trauma existence is not shown in isolation, but it's seen embedded in social, cultural, and historical contexts (Brave Heart, 2003). Entire generations may be shaped by poverty, displacement, colonisation, patriarchy, war or political instability, the cultural silencing of emotion, and the stigmatisation of mental illness (Sotero, 2006). In many families, survival required obedience, emotional suppression, or unquestioned deference to authority. What is adaptive in one generation may become restrictive in the next (Danieli, 1998). Silence may be taught as respect, emotional restraint equated with strength, and endurance substituted for emotional expression (Brave Heart, 2003).

Understanding this context does not excuse harm, but it adds compassion to comprehension, allowing trauma to be seen not as individual failure but as systemic inheritance (Sotero, 2006). Research evidence in collective and historical trauma further concludes that community-wide experiences of oppression and loss can alter the psychological and physiological baseline of whole populations across generations (Brave Heart & DeBruyn, 1998).

When Trauma Looks Like "Just Life":

Before turning to the extended case, three short composite illustrations show how these dynamics present in ordinary life. They are not clinical accounts but condensed sketches of recognisable patterns.

A. The eldest child- She learned early not to need too much. She became dependable, mature, and emotionally composed, and others admire her strength; inside, she struggles to rest or to ask for help. This is not independence so much as early responsibility learned as survival (Bowen, 1978).
B. The emotionally distant parent- He provides, protects, and shows up physically, but avoids emotional conversation. His children feel loved yet unseen. This is not an absence of care but emotional safety sought through distance (Main & Hesse, 1990).

C. The anxious child in a stable home-Everything appears fine, yet anxiety lingers. Safety feels temporary; calm feels unfamiliar. This is not irrational fear but a nervous system shaped by inherited alertness (Porges, 2011). These experiences are common, and they are meaningful.

Method: A Case Study: When the Past Speaks Through the Present

The following account is drawn from a therapeutic process and is presented as an illustrative single-case study. Identifying details have been altered, and certain elements combined, to protect confidentiality; informed consent for the use of this anonymised material was obtained. The case is offered not as a clinical report or as evidence of treatment efficacy but as a human story that illustrates how the mechanisms show up in real time. Outcome observations below are based on self-report and clinician observation; no standardised measures were administered, and the conclusions drawn should be read with that limitation in mind.

Rohan was 29 when he first came to therapy. On paper his life looked functional: he held a postgraduate degree, worked in a corporate setting, and lived in urban Delhi. Inside, however, something felt persistently wrong which felt like an emotional exhaustion he could not name, a pattern of relationships that broke down in the same ways, and a sense of always bracing for a catastrophe that never quite arrived. “I react as if everything is a threat,” he explained. “Even small arguments feel dangerous.”

He had experienced no single catastrophic event like an accident, a sudden loss, or any moment he could identify as the origin. Yet the symptoms were unmistakable: chronic anxiety, frequent anger, emotional withdrawal, and a deep and persistent sense of not being good enough. What emerged in therapy was something quieter and, in many ways, more complex: a story that had begun long before he was born. This significant distress in the absence of a single identifiable trauma is characteristic of what researchers have termed complex or developmental trauma, sometimes described as Type II trauma (Terr, 1991; Herman, 1992).

1. Three Generations of Silence

Rohan’s paternal grandfather grew up in severe poverty, where physical abuse was commonplace and emotional expression was not permitted. He survived, but at a cost: he became controlling and prone to anger, and later misused alcohol. Emotion, for him, had become dangerous. His wife (Rohan’s paternal grandmother), endured years of domestic violence. She normalised it, and when younger members of the family showed distress, she offered what she believed to be wisdom: adjust silently. This internalisation of suffering as inevitable is well documented both as a psychological response to chronic abuse and as a pattern transmitted to later generations through modelling and emotional conditioning (Seligman, 1975; Bancroft & Silverman, 2002).

Their son (Rohan’s father) grew up within that environment and learned, as children do, from what surrounded him. He learned that masculinity meant dominance, that strength meant silence, and that authority was how a man expressed care. He reproduced many of these patterns in his own home, not out of cruelty but because they were the only emotional language he had been taught. This replication of parenting behaviour across generations is consistent with Bowlby’s (1988) account of the intergenerational transmission of attachment and with Bandura’s (1977) social learning theory: children internalise the relational

templates within which they are raised and carry them forward unless those templates are consciously examined.

Rohan's mother was gentler and more emotionally present, but overwhelmed. Raised in her own emotionally invalidating household, she had learned to cope through submission, avoidance, and accommodation. She held the family together, but in doing so she quietly confirmed to Rohan that conflict was something to survive rather than to navigate. Research on emotional invalidation in early environments indicates that a caregiver's consistent minimisation of a child's emotional experience is strongly associated with later difficulties in affect regulation, shame-based self-concept, and insecure attachment (Linehan, 1993; Gottman et al., 1996). Thus, Rohan grew up in a home where nothing overtly terrible happened and yet something essential like emotional safety, the experience of being seen rather than merely managed, the knowledge that his feelings were permitted was missing.

2. What We Inherited

By the time he entered therapy, Rohan carried patterns that felt like personality but were, in fact, inherited survival strategies. He was hypervigilant, constantly scanning the tone and expression of others and reading every shift in mood as a potential threat, more like a chronic physiological alertness consistent with what Porges (2011) describes, through polyvagal theory, as a nervous system conditioned to operate predominantly in defensive states. In relationships he oscillated between desperately wanting closeness and withdrawing the moment vulnerability felt risky, a pattern characteristic of anxious-avoidant or disorganised attachment (Main & Hesse, 1990; Mikulincer & Shaver, 2007). He pleased others until he had nothing left, then felt a resentment he could not explain.

Beneath these behaviours lay a set of convictions he had never consciously chosen: that love must be earned, that conflict is dangerous, that emotion is weakness, that he was not enough. These were not conclusions reached through reasoning but the emotional atmosphere he had grown up breathing. Schema theory identifies such convictions and states that these are early maladaptive schemas which deeply hold all cognitive and emotional patterns formed during childhood in response to unmet core needs, which then organise perception and behaviour throughout adult life (Young et al., 2003).

His body, too, carried the weight of it. He lived in a state of low-grade physiological alertness of the kind that, as discussed above, has been proposed as a potential biological legacy of chronically stressed family environments, although the strength of that mechanism in humans remains contested (Yehuda et al., 2016; Meaney, 2001). Whatever its precise origin, his nervous system appeared primed to expect threat which can be understood as a disposition that is at least in part, as shaped by a family environment of fear extending back well before his birth.

The broader sociocultural context shaped his experience further. Growing up within a traditional patriarchal Indian household, Rohan had absorbed additional layers of conditioning concerning masculinity, emotional restraint, and the stigmatisation of vulnerability (Kakar, 1978; Roland, 1988). Research on collectivistic family systems highlights how norms of obedience, family honour, and emotional silence can make the transmission of intergenerational trauma more intense by removing the very language and permission needed to process it (Bhugra & Bhui, 2018; Chadda & Deb, 2013).

Rohan's presentation could reflect temperamental sensitivity, current occupational and relational stressors, or a combination of factors unrelated to inheritance, and a single case cannot exclude these possibilities. The intergenerational reading is advanced here not because competing accounts are impossible but because the convergence of a documented family history, the specific content of his core beliefs, and the relational character of his symptoms fits that interpretation more completely than the alternatives.

3. What Therapy Made Possible

Healing, in Rohan's case, did not come from uncovering a hidden trauma. It came from understanding the one that had always been visible but never named. The therapeutic work drew on several evidence-based frameworks. Trauma-focused cognitive behavioural therapy was used to identify and restructure the maladaptive beliefs and cognitive distortions that had formed in response to his early relational environment (Cohen et al., 2006). Attachment-based therapy helped him understand the origins of his fear of intimacy and his patterns of withdrawal (Wallin, 2007). Inner-child and schema-focused approaches allowed him to revisit unmet developmental needs and the younger self who had learned to stay small, quiet, and useful (Young et al., 2003).

Psychoeducation played a significant role throughout. Understanding the mechanisms of intergenerational trauma, attachment, and nervous-system functioning reduced self-pathologisation and increased insight (Siegel, 2010). Gradually, through grounding techniques, affect labelling, and the practice of nervous-system regulation, Rohan's baseline began to shift, consistent with neuroplasticity research showing that the brain retains the capacity for structural and functional change in response to new relational and emotional experiences (Siegel, 2010; Cozolino, 2010).

The turning point was not dramatic but a quiet recognition, arrived at slowly over many months: that these responses had never been about weakness but about survival, and that survival in that environment had required exactly this. The recognition of his own adaptations as intelligent rather than defective was where self-compassion began. This shift from shame-based self-appraisal to compassionate self-understanding is identified in the literature as a core mechanism of change in trauma recovery (Gilbert, 2010; Neff, 2011).

After approximately eleven months, Rohan reported a marked reduction in anger episodes and described firmer interpersonal boundaries; the grip of shame had loosened. He was not fully healed because developmental trauma rarely resolves that cleanly but he had done something significant. He had interrupted the pattern and become the first person in his family line to name what had been passed down in silence.

DISCUSSION

Rohan's experience is not unusual. It is, in many ways, an ordinary story, which is precisely what makes it important. His family did not intend harm; each generation passed on what it knew like endurance, silence, control, emotional restraint. In the contexts those earlier generations inhabited, marked by poverty, violence, and instability, these were genuine tools for survival. But survival tools are not the same as living tools. What is transmitted across generations is not malice but unprocessed pain in search of somewhere to go (Danieli, 1998); and without awareness, it tends to keep going, quietly, into the next life and the next.

The case also illustrates a finding the broader research consistently confirms: the absence of a single catastrophic event does not mean the absence of trauma (Herman, 1992; Terr,

1991). Chronic emotional invalidation, fear-based family environments, and inherited relational patterns can produce outcomes as significant as more visible forms of harm (Van der Kolk, 2014). The nervous system, while keeping the memory intact, makes the patterns repeat, until someone in some generation decides to understand them.

An account of transmission that stops here risks implying inevitability, and the evidence does not support such a conclusion. Not all descendants of trauma survivors show adverse effects; many demonstrate resilience, and some report growth arising from their families' histories. Indeed, broad reviews of the intergenerational literature caution that transmission is neither uniform nor universal, and that methodological limitations have at times inflated apparent effects (Yehuda & Lehrner, 2018). This variability is not a weakness in the argument but its hopeful core: if adversity were simply destiny, intervention would be futile.

The protective side of the same mechanisms is well established. Just as fear can be learned relationally, so can safety. Supportive relationships have been shown to reverse the effects of early adversity, precisely because the nervous system that learns threat through relationship can also learn regulation through it (Cozolino, 2010; Siegel, 2010). The repair of disrupted attachment within a single generation can alter what is passed to the next (Fraiberg et al., 1975). Awareness and meaning-making, including through structured reflective and expressive practices, are associated with reduced long-term impact (Pennebaker & Smyth, 2016). Transmission, in short, describes a tendency, not a fate.

Across psychology, neuroscience, and social research, several findings recur. Chronic stress reshapes nervous-system functioning (McEwen, 2007; Porges, 2011). Emotional regulation is learned relationally (Siegel, 1999; Schore, 2003). Unprocessed trauma can increase vulnerability across generations, although the magnitude and mechanisms of this effect remain debated (Yehuda & Lehrner, 2018; Kellermann, 2013). Supportive relationships can mitigate and sometimes reverse the effects of trauma (Cozolino, 2010; Siegel, 2010). Awareness and meaning-making reduce long-term impact (Pennebaker & Smyth, 2016). Perhaps most importantly, addressing trauma in even one generation can meaningfully reduce the burden carried by the next (Fraiberg et al., 1975). Understanding, on this evidence, is not passive but protective.

Clinical Reflection: Where Healing Begins

People often arrive in therapy believing that something is fundamentally wrong with them. They say that they do not know why they are the way they are, that nothing terrible happened and so they should not feel as they do, that they ought to be better by now. One of the most therapeutic shifts occurs when the governing question changes from "What is wrong with me?" to "What did my system learn before I had words?" (Siegel, 2010). Understanding generational trauma does not require reliving the past; it requires recognising patterns with compassion rather than judgement (Gilbert, 2010). Insight alone does not heal everything, but it creates a measure of safety which is the foundation of change (Porges, 2011).

CONCLUSION

This review has argued that generational trauma is best understood not as a single inherited wound but as the convergence of biological, psychological, and social processes through which the effects of adversity are carried forward. The biological pathway, involving the calibration of the stress-response system, is real but more contested in its human and epigenetic form than popular accounts often suggest. The psychological and social pathways

like the relational learning of attachment and schema, and the systemic conditioning of culture and history are more firmly evidenced and arguably do more of the explanatory work. The case of Rohan illustrates how these pathways interact in a single life, and how naming an inheritance can begin to loosen its grip.

Crucially, transmission is a tendency rather than a destiny. The same relational mechanisms that carry trauma forward can carry repair, and the evidence for resilience and reversal is as much a part of this literature as the evidence for harm. No one is responsible for the pain they inherit, but awareness introduces the possibility of choice: the capacity to pause rather than react, to feel rather than suppress, and to examine inherited patterns rather than repeat them unconsciously (Siegel, 2010). Healing, understood in this way, does not mean rejecting one's family or culture. It means understanding what helped earlier generations survive and deciding, deliberately, what will help the next to live (Danieli, 1998). Future work would benefit from longitudinal and cross-cultural designs capable of distinguishing the relative contributions of these pathways, and from continued attention to the cultural specificity of trauma transmission in collectivistic societies.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Mushtaq, A. & Malik, S. (2026). What We Inherit Without Being Told: Understanding Generational Trauma Beyond Blame. *International Journal of Indian Psychology*, *14*(3)*,* 832-842. DIP:18.01.070.20261403, DOI:10.25215/1403.070