

The Inheritance of Loss: Examining the Psychological and Emotional Effects of Descendants in Post-Trauma Societies

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Abstract - Descendants often experience emotional and psychological effects stemming from their ancestor's trauma in post-traumatic societies. It can cause them depression, anxiety, complexity in forming behaviour and healthy relationships, and lead to post-traumatic stress disorder (PTSD). Intergenerational trauma is recognized as main emotional and psychological effect transmitted to descendants; that is, trauma faced by one generation can have a lasting impact on descendants. It is crucial to learn about the effects of trauma on future generations because trauma can affect the physical and mental health and the complete well-being of following generations and cause cycles of emotional grief and unhealthy behaviour. Through the inheritance of loss, this research examines how the emotional and psychological legacies of suffering, like genocide, political violence, and war, are transmitted to future generations. This study aims to describe the emotional and psychological impacts of descendants who have come from survivor backgrounds and live in post-traumatic societies. It explores the prevalence of trauma and PTSD in countries with its trauma type. This paper also discussed the models and prevention of intergenerational trauma transmission and PTSD symptoms and the experiences of three generations with transgenerational transposon trauma. As a result, PTSD has a high impact on the descendants of survivors, and it has a high opportunity for future studies to identify the prevention of PTSD, transgenerational trauma transmission, and intergenerational transmission of trauma.

Keywords: Post-traumatic Stress Disorder (PTSD), Intergenerational Trauma Transmission, Transgenerational Trauma Transmission, Depression, Anxiety, Emotional Inheritance.

shock that is obvious in a lack of direct trauma in the descendant's own life. In emotional inheritance, children face a sort of emotional inheritance where the loss of their descendants can affect and build their behaviors, emotional responses, and points of view about the world. In post-trauma societies, descendants get the memories and stories of their ancestors' grief and also unsettled emotional burdens surrounding the community and family structure (Simson & Kinslin, 2024). These genetic impacts are patent in many ways, like identity confusion and complexity in interpersonal relationships. The difficulty of emotional inheritance in the background highlights the need for a strong understanding of how these emotional impacts clarify across generations and the factors worsening them (Muller & Romano, 2024). It is essential to study the effect of trauma on future generations because trauma is hereditary and not only affects the person; it also disturbs their descendants through epigenetic changes and behavioral forms. It also possibly leads to cycles of grief and delays societal progress (Kumar, 2024). Studying the impact of trauma is necessary because it can make descendants understand the intergenerational transmission of trauma and is essential for breaking the cycle (Rzesutek et al., 2023).

I. INTRODUCTION

The Inheritance of Loss in a psychological context connected to the concept of grief, trauma, and loss can be spread across generations (Pakbazi et al., 2024). It includes the psychological and emotional impacts experienced by descendants who inherit unsettled trauma and pain from their descendants (Nie & Liu, 2024). For example, children of a person who has experienced a heavy loss carry the emotional burdens of that loss even if they have not directly faced the event themselves (Ismail, 2024). Transgenerational trauma and emotional inheritance are key points included in the inheritance of loss. Transgenerational trauma is considered as the trauma and loss that is transferred psychologically and genetically, impacting descendants in many ways (Szydluk, 2004). It includes PTSD, depression, anxiety, and emotional

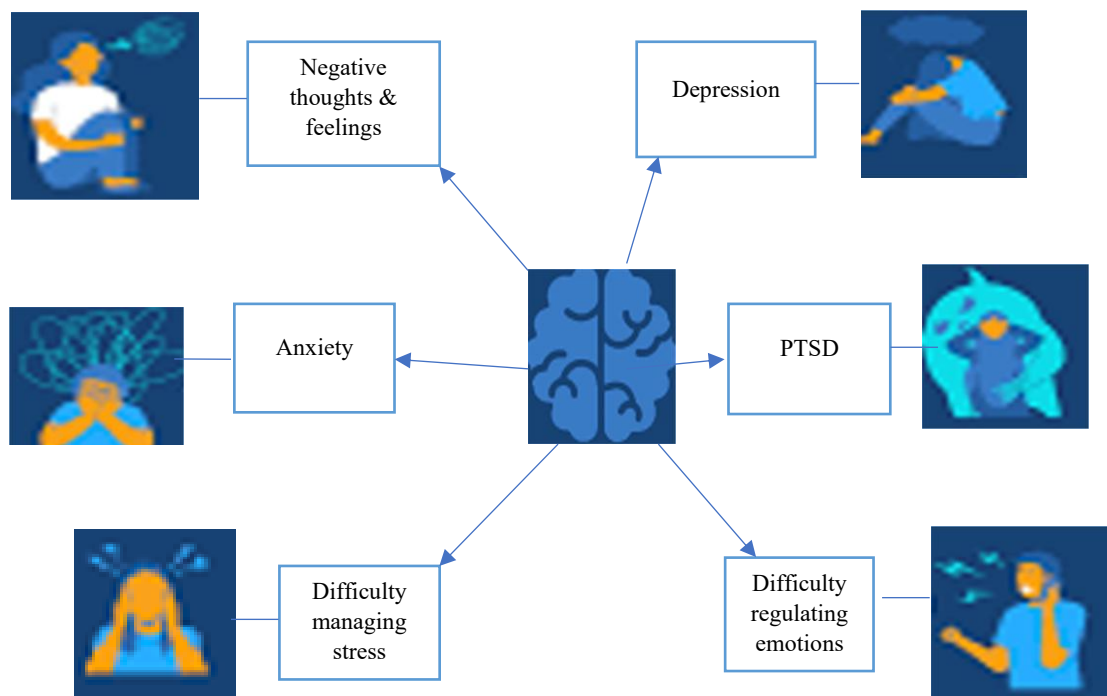


Fig. 1 Mental Problems in Generational Trauma

Fig. 1 shows the mental problems of generational trauma, and it includes anxiety, depression, and negative thoughts and feelings. It also explains that generational trauma can cause complexity in managing stress and controlling emotions. Many studies prove that generational trauma can lead to post-traumatic stress disorder in the descendants (Pakbazi et al., 2024).

1.1 Contribution

This paper explores the inheritance of loss and the psychological and emotional effects on descendants in post-trauma societies.

- To examine the prevalence of PTSD (Post-traumatic stress disorder) in many countries with different trauma types.
- To discuss the transgenerational transmission of trauma and PTSD symptoms levels and experiences of trauma among three generations
- To display the models and prevention of intergenerational trauma transmission.

This study is structured to examine the psychological and emotional impacts of future generations of survivors. Section 2 includes the literature review, which has previously published studies related to post-traumatic stress disorder and other psychological and emotional effects. Section 3 includes the case study related to PTSD trauma. Section 4 contains the

analysis and discussion of the study, and section 5 shows the summary of key points and future works of study.

II. LITERATURE REVIEW

This section explains the previously published studies about the inheritance of loss and the psychological and emotional effects of descendants in post-traumatic society. According to (Kizilhan et al., 2021), intergenerational transmission of trauma is the impact of trauma faced by one person in the family; it will also affect the descendants of that family directly exposed to traumatic events (Yehuda & McFarlane, 1995). This study shows many literature surveys based on psychological and emotional impacts on descendants in post-trauma societies. Table I shows the surveys based on descendants' psychological and emotional effects. It includes the research's description, proposed solution, and future work.

TABLE I REVIEW OF PSYCHOLOGICAL AND EMOTIONAL EFFECTS OF DESCENDANTS IN POST-TRAUMA SOCIETY

Reference	Description	Proposed Solution	Future Work
Lehrner & Yehuda, (2018) [5]	Examines the mechanisms by which traumatic practices like torture or war impact the mental health of descendants. It is a high point that children of trauma fighters regularly show higher rates of depression, PTSD, and anxiety.	It highlights the necessity of early psychological interferences for descendants and concentrates on trauma-informed attention and resilience-building plans to ease the transgenerational transmission of trauma.	To discover longitudinal influences and develop culturally complex therapeutic methods tailored to affected communities.
Yehuda et al., (2015) [7]	This work discovers how holocaust trauma has impacted the following generations, not both the spread of trauma and the development of flexibility.	It proposes participating in family-based therapy, story reconstruction, and community support to adoptive resilience and found intergenerational trauma.	Future studies should concentrate on recognizing protective factors and developing interferences that help to heal and prevent the continuation of trauma.
Perez, (2018) [10]	This research surveys the mental health results of child militaries in Sierra Leone and the impact on their descendants, highlighting the enlarged danger of depression, anxiety, and PTSD.	The solution includes applying community-based mental health facilities, peer support collections, and educational programs to address the desires of affected individuals and their families.	Future work will assess the effectiveness of many intervention strategies and explore the long-term results of different therapeutic methods.
Kizilhan et al., (2021) [4]	This research describes the psycho-traumatic events that unavoidably force a person to reconsider their life track and plans, concluding in the continuous transformation of the system of life prospects.	Change is attended by revision and review of new meanings and morals of life and the search for new chances; it contributes to the post-traumatic evolution in positive changes in persons after a traumatic incident, like personal resources and growing self-esteem.	A longitudinal study is recommended for future research, as it would offer more details on long-term significance and data about the mental health of emergency volunteers.
Breslau, (2002) [12]	The research aims to provide an effective review of scholarship printed between 1999 and 2019 and to recognize how intergenerational trauma is considered in cross-cultural applications.	It supported moving the intergenerational trauma study forward. It covered the way for the methodical examination of the generational influence of mass trauma, and it subsidized the legitimization of historically quieted events.	In future work, many different cultural groups have faced collective trauma; a study on intergenerational trauma will provide a path for the second and third generations of fighters of human slaughters to share the practices of their relations and ancestors. These stories and life experiences aid in teaching tales that can offer a thoughtful of the effects of historical and cultural trauma across generations.
Breslau et al., (2017) [24]	This study discussed how the inheritance of residential schools had pretentious the mental health of the Native population in Canada, with developed rates of depression and material abuse among descendants.	It promotes culturally based healing practices, community-led enterprises, and policy improvements that aim to understand and help affected communities.	Future studies will examine the efficiency of culturally exact interferences and the part of community resilience in healing intergenerational trauma.

2.1. The Prevalence of PTSD (Post-Traumatic Stress Disorder) in Many Countries with Different Trauma Types

This study (Yehuda et al., 2015) discussed that the post-traumatic stress disorder condition will progress through acquaintance with highly traumatic events like combat, interpersonal fierceness, dangerous accidents, and natural tragedies. PTSD symptoms involve intrusive memories, distressing nightmares of the trauma, hypervigilance, and irritability. It also includes poor concentration, insufficient sleep, and emotional confusion. People who have PTSD continuously avoid actions, places, and effects that recap them of the trauma. PTSD is also associated with substantial medical comorbidities, including irritation, chronic pain, sensitive danger of dementia, and cardiometabolic illnesses. This study explores that PTSD research has a separate technical benefit than many other psychiatric conditions in amygdala-based anxiety circuitry, and hypothalamically

controlled hormone replies to stress are comparatively preserved across types. Fig. 2 shows the prevalence of post-traumatic stress disorder (PTSD) with trauma type. Fig. 3 displays the prevalence level of PTSD condition in many countries. Table II and Table III describe the prevalence comparison of trauma type in population and comparison of countries with the prevalence of PTSD.

TABLE II COMPARISON OF PREVALENCE OF PTSD WITH TRAUMA TYPE IN THE POPULATION

Trauma Type	Prevalence of Trauma	Prevalence of PTSD	Not Developing PTSD
Accident	20	20	90
Witness	30	20	90
Attack	10	30	80
Threat	20	30	80
Combat	10	35	70
Molestation	9	35	70
Rape	5	50	50
Childhood	8	45	60

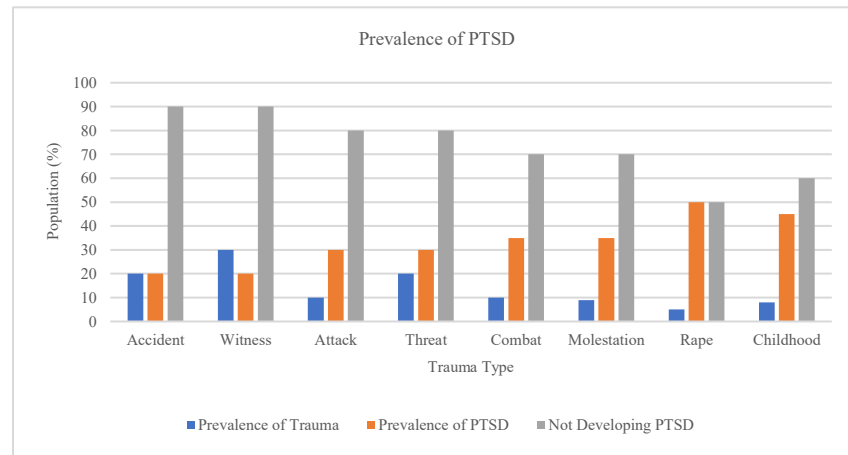


Fig. 2 Prevalence of PTSD

TABLE III COMPARISON OF COUNTRIES FOR PREVALENCE OF PTSD

Country	Prevalence
Brazil	1.5
Columbia	0.5
Germany	0.9
Italy	0.5
Lebanon	2
Netherlands	1.5
Northern Ireland	4
Romania	0.5
Spain	0.5
United States	2.5
Belgium	0.8
Bulgaria	1.5
France	2
Israel	0.5
Japan	0.5
Mexico	0.5
New Zealand	2.5
China	0.3
South Africa	0.5
Ukraine	2

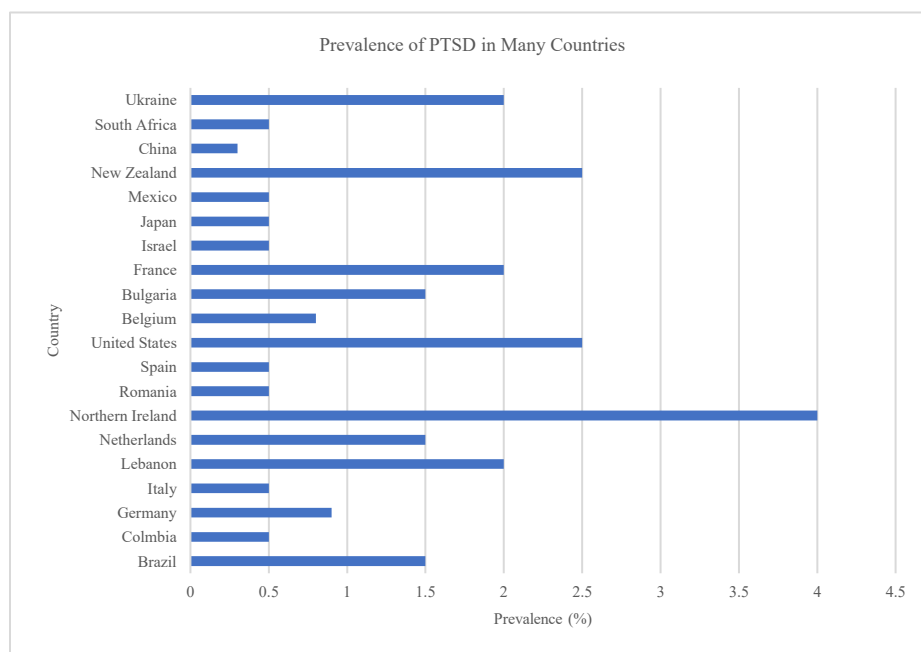


Fig. 3 Prevalence of PTSD in Many Countries

Fig. 2 shows that many individuals visible to trauma do not emerge from PTSD. Such low rates of PTSD later trauma propose that PTSD is only one of numerous answers to trauma. This study explains that many persons do not progress with mental health symptoms following trauma experience. The mean 12-month prevalence of post-traumatic stress disorder in many countries worldwide is shown in Fig. 3. Witnessing a trauma is believed to be a shock in and of itself (Yehuda & Lehrner, 2018). Childhood traumas are any shocking exposures that happen in childhood and can involve child abuse. As per Fig. 2, compared with other trauma types, witnesses and accidents do not develop PTSD in populations. Rape and childhood are the necessary trauma type that develops a high prevalence of PTSD. At the same time, witnesses and accidents have an increased prevalence of trauma than others. As per Fig. 3, Northern Ireland has a high rate of prevalence of PTSD. The United States and New Zealand have second higher rates of prevalence of post-traumatic stress disorder. Whereas China and Columbia have low rates of prevalence of PTSD overpopulation (Yehuda et al., 2015).

The finding that women have a twice as high lifetime risk of emerging post-traumatic stress disorder (PTSD) as males remains supported by several current studies. According to one explanation, women are more likely to get PTSD because they are more likely to have been exposed to incidents like rape and sexual abuse, which are very loosely associated with the disorder. Once the patient's history of sexual victimization was taken into consideration, the effect of female sex on PTSD symptoms ceased to be significant. In addition, women are more likely than males to experience various types of violence throughout their lives, including re-victimization, which is difficult to measure in prevalence research. Even after controlling for a history of abuse or victimization, specific epidemiological investigations covering a wide range of traumatic exposures have demonstrated that increased trauma exposure cannot explain women's twice higher risk for PTSD. According to these results, women are more susceptible to PTSD than males (Straussner & Calnan, 2014).

2.2. Transgenerational Transmission of Trauma and PTSD Symptoms Levels and Trauma Experience of Three Generations

This paper (Kizilhan et al., 2021) explores the transgenerational transmission of trauma and PTSD among three generations. In this research, the author aims to discuss the potential connection between historical factors like key events that still occur in the memories of family and group members with contemporary issues like present events, which remind us that events are distinct by the ethnic group of Kurdish Alevis who were showing to groups of harassment and genocidal action in a constant environment. This research includes the Posttraumatic Diagnosis Scale (PDS) to collect the samples and analyze the PTSD level among three generations. PDS can be used as the quantitative approach to

examine the PTSD symptoms seriousness, and it is used in many researches on trauma-affected sets. It is the self-assessment survey that calculates the occurrence of the 17 PTSD symptoms stated in DSM-IV with a four-step scale. Intrusions, hyperarousal, and avoidance are the three symptom complexes for which the mean values of the attributes are examined (Cowan et al., 2016). The overall score, the cluster of intrusive symptoms, the avoidance symptoms, and the hyperarousal all had retest reliability of $r=0.74$, $r=0.66$, and $r=0.56$ in the original edition.

TABLE IV PTSD SYMPTOMS LEVELS AND TRAUMA EXPERIENCE OF THREE GENERATIONS

PDS	Avoidance n (%)	Hyperarousal n (%)	Re-experiencing the event n (%)	Repercussions for previous symptoms on actions of daily lifespan n (%)	Individual experience of traumatic actions n (%)
Whole sample	13 (43.2)	11 (36.7)	12 (40.1)	9 (30.0)	13 (43.3)
First generation	4 (50.1)	5 (62.5)	6 (75.0)	4 (50.0)	8 (100.1)
Second generation	5 (41.7)	4 (44.3)	4 (33.3)	3 (25.0)	3 (25.0)
Third generation	4 (33.3)	2 (16.7)	2 (16.7)	2 (16.7)	2 (16.7)

Table IV shows the PTSD symptoms levels, which are measured by PDS (Posttraumatic Diagnostic Scale) and experience of trauma of three generations (Kizilhan et al., 2021). As per Table III, of all contestants of the first generation, 100% described an individual trauma history, the second generation 25%, and the third generation 16.7% expressed their family's trauma history. All first-generation participants discussed their forced migration experience with 100 %, while 16.7 % of the second-generation members discussed their families' forced migration. The third generation was grown up in Germany and has no private history of flight, but they are rising in a stable atmosphere.

This interview analysis was directed with three generations, allowing the categories system to be developed. There are many unanswered questions and problems in these categories. They begin by discussing the recollections of people impacted by the 1937 and 1938 atrocities (Kirmayer et al., 2014). They document the communication around the massacres. This is in line with the known frequency and the measures that help the first and succeeding generations deal with the massacres events and build resilience. This categorization system is used to illustrate how trauma is passed down to future generations and how people who are impacted may develop resilience to deal with transgenerational trauma (Danieli, 2008).

2.3. The Models and Prevention of Intergenerational Trauma Transmission

This paper (Isobel et al., 2019) describes the models and prevention methods of intergenerational trauma transmissions. The separate process and manifestation of emotional trauma that is passed down through families and communities is known as intergenerational trauma. It can be passed on by connection bonds in which the parent has gone over relational shock and has a lasting effect on the child. To address the intergenerational transmission of relational trauma in parent-child interactions, this study attempts to gather and critically evaluate the pertinent literature (Hasan, 2024). This study's first step was to search for evidence on intergenerational trauma therapies systematically. As the fundamental theoretical framework developed, components that help prevent intergenerational trauma were found and informed more research. The final synthesis includes 77 publications from the disciplines of attachment treatments, trauma intervention, and intergenerational trauma. According to the findings, the two main strategies that can prevent intergenerational trauma are energetically supportive parent-child connection and resolving parental trauma.

TABLE V INTERGENERATIONAL TRAUMA TRANSMISSION MODELS

SI. No	Model	Procedure of transmission	Product that conveyed
1	Sociocultural models	Social standards are transmitted by social learning	Mediated opinion and imitation. Educated understanding of the self and the world or community.
2	Biological model	The neural organization simulates changed neurochemical states. Biological and genetic memories and replies to trauma are conveyed by electrochemical processes in the brain.	Hyper attentiveness, fear, epigenetic weakness to post-traumatic stress disorder.
3	Psychodynamic model	Insensible, evacuated emotions are conveyed over interpersonal relationships.	Homogenous growth or self and other unconscious interests of suppressed or natural parents' experiences.
4	Family system model	Entangled outlines of mediated knowledge or paradoxical nonverbal vague message, with pervasive silence.	Unspoken knowledge without a close story or emotion, complexity with differentiation and separation.

Table V shows intergenerational trauma transmission models and their process and product (Kellermann, 2001). Analyzing intergenerational trauma interference unavoidably requires investigating how trauma is conveyed and what is transmitted. According to (Kellermann, 2001). Has planned

thorough theoretic models of trauma transmission among descendants, which are displayed in Table V.

These theoretic models define both possible transmission methods and associated vulnerabilities (Kellerman, 2001). They all make an effort to describe the same thing, which is how shock from one generation may manifest itself in later generations. Naturally, there are a lot of different factors in the behaviors of the parents and the child, the consequences on the parent and the child, and the larger context of both that may have an impact on the transmission process and the final result in every parent-infant attachment. It is recognized that intergenerational trauma is a connectively conveyed exposure and susceptibility that can occur in both families and individuals, regardless of the way by which it is transferred (Wilson, 2008). If the trauma is once transmitted, it shows its consequences and personal impacts in both interpersonal and psychological forms of developing trauma, which involves susceptibility for extra spread of trauma to descendants (Spytska, 2023). The findings of this research offer an essential theoretical influence on thoughtful the implications and effects of intergenerational disturbance in a separate procedure of relational trauma and develop the theoretical basis of any interference work (Lifton, 1993).

III.CASE STUDY

3.1. Impact of World War II Trauma on Post-Traumatic Stress Disorder Symptoms

This case study (Rzeszutek et al., 2023) primarily aimed at investigating the enduring impacts of World War II trauma within a national example of extremes, focusing on fighters' post-trauma adaptation styles and their association with present symptoms of post-traumatic stress disorder and levels of personification among contributors. This research was directed among an affectionate sample of 1598 grownup extremes attained from an outside company. Participants answer the Danieli inventory of multigenerational inheritances of trauma, the information about hurtful World War II practices in the family survey, the PDS (Post-traumatic Diagnostic Scale), and the knowledge of personification scale.

This survey is entirely voluntary and anonymous. Every participant offers knowledgeable consent, and the company provides compensation by conceding specific tokens. 50.7% of females and 49.3% of males are similar, and many participants are aged between 18 and 46. The commonly identified place is the village; 44.2% of participants have higher education, and 49.7% are married. Table VI shows the present study's descriptive statistics of the interval variable.

TABLE VI DESCRIPTIVE STATISTICS OF INTERVAL VARIABLES IN THE PRESENT STUDY

Variables	M	SD	Min	Max	S	K	Alpha	Omega	Pearson's correlation coefficients				
									1	2	3	4	5
Fighter	2.82	0.51	1	5	0.02	1.51	0.65	-	-	-	-	-	-
Victim	2.56	0.58	1	5	0.17	0.76	0.91	0.92	0.70	0.87	-	-	-
Numb	0.61	0.51	1	5	0.25	1.34	0.76	0.77	0.62	-	-	-	-
Embodiment	116.88	18.51	50	164	0.11	0.08	0.93	0.93	-	-	-	-0.11	-
Lack of knowledge of family's WW II trauma	18.11	28.78	0	108	1.76	2.16	-	-	-	-	-	-	-
PTSD symptoms	16.36	15.93	0	80	1.13	0.78	0.97	0.97	0.30	0.41	0.49	-	-

Table VI contains standard deviations, mean values, maximum and minimum standards, events of kurtosis and skewness, Cronbach's alpha internal consistency constants, and Pearson's correlation matrix. Table IV shows no essential deviations by usual distribution except for the absence of knowledge, tilted, and leptokurtic delivery. The scores of the numb, fighter, and victim scales are definitely connected with

each other and with PTSD symptoms (Tedeschi & Calhoun, 2004). At the same time, PTSD symptoms are negatively linked with embodiment levels. The lack of knowledge of World War II trauma connected destructively with scores on the fighter scale and the embodiment level. These two undesirable associations are very weak.

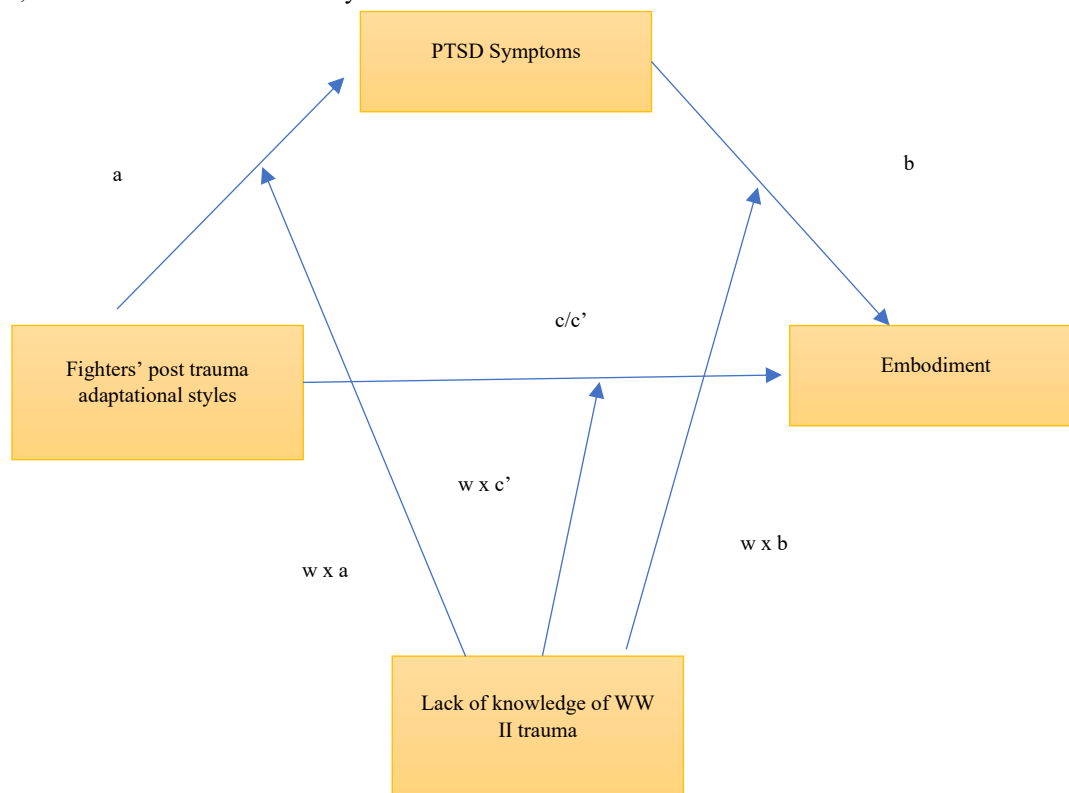


Fig. 4 Analysed Model of Relationships between Variables

Fig. 4 shows the analyzed model of the relationship among variables. Three distinct models are designed for three posttraumatic adaptational elegances. The a, b, c, and w symbols are displayed in Fig. 4. All three post-trauma adaptational styles are positively linked to PTS intensity. PTSD symptoms are related to the embodiment level in all three analyzed models. The associations between post-trauma adaptational styles and degrees of embodiment in all three adaptational styles—victim (B (95% CI) = [-0.20; -0.12]), numb (B (95% CI) = [-0.17; -0.10]), and fighter (B (95% CI) = [-0.18; -0.10]) were also mediated by PTSD

symptoms. Higher PTSD levels were linked to higher adaptational style levels.

As a result, the first generation has a high level of emotional and psychological effects and has experienced a variety of terrible experiences during World War II. A family is forced to remain silent about occurrences due to severe and complicated trauma. Two sometimes opposing factors, such as the desire to defend other family associates from the family's unbearably shocking past, the difficulties trauma survivors face when sharing their traumatic experiences of

family members allied to trauma, and the lack of social recognition of traumatic memories, give rise to this impulse. These processes are mentioned as intergenerational trauma transmission because they result in grief transmission to descendants. It is significant to keep in mind that families that experienced similar horrific events during World War II can also develop closer bonds with one another, which could improve psychological health. Overall, it seems that just disclosing the complete family history. Recent research has shown that having children, regardless of how painful the past is and how difficult it may be to discuss, can help break the cycle of trauma being passed down through generations.

3.2. The Difference Effects of Holocaust Trauma among 3 Generations

This study (Lurie-Beck, 2007) investigates the impacts of Holocaust trauma between three generations. It explores the cause of differential effects of Holocaust trauma on fighters and survivors and the differential intergenerational trauma transmissions of survivor's descendants. First, a comprehensive examination of the literature on the psychological well-being of Holocaust survivors and their descendants was used to evaluate the hypothesis of the

differential impact of Holocaust trauma. Second, data from empirical studies was analyzed. In this study, 124 participants joined in an empirical study conducted with 27 Holocaust fighters, 28 grandchildren of survivors, and 69 survivor's children. A global selection process was used to attain these participants. Aspects of the survivor's Holocaust trauma are among the demographic variables evaluated in an empirical study that are identified explicitly as possible forecasters of not only their emotional health but also have a significant impact on determining the psychological health of their descendants. This study also emphasizes the Holocaust's ongoing impact and the discovery that the number of ancestors impacted by the Holocaust was the best demographic indicator of the psychological well-being of survivors' grandchildren. This paper contains ten case studies: five holocaust survivors, two grandchildren of survivors, and three survivor's children. Table V shows the additional trauma transmission modes of preliminary models that each generation experienced by Holocaust trauma.

Trauma transmission styles to the preliminary model of the differential influence of Holocaust trauma among three generations shown in Fig. 5.

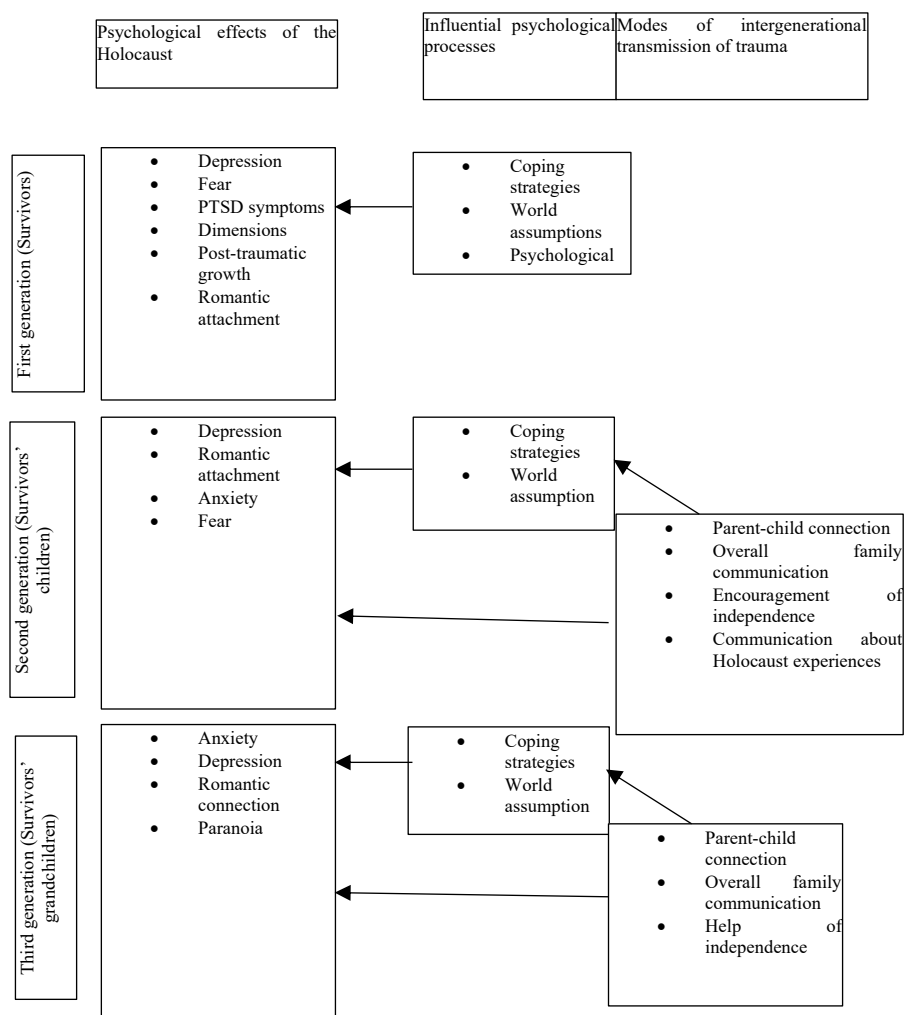


Fig. 5 Effects of Holocaust Trauma among 3 Generations

According to depression, anxiety, PTSD symptoms, paranoia, post-traumatic growth, and romantic attachment sizes are the psychological effects of the Holocaust disturbance of the first generation. World expectations and coping plans are the influential psychological processes of first-generation survivors. The second generation (The children of survivors) have influential psychological processes such as world assumptions and coping strategies. They have psychological impacts such as depression, romantic attachment dimensions, paranoia, and anxiety. The second generation also has modes of intergenerational trauma transmission, such as family cohesion, general family communication, parent-child connection, encouragement of individuality, and messages about Holocaust experiences. As per Table, the third generation is the grandchildren of survivors. Like the second generation, the third generation also has anxiety, depression, romantic attachment dimensions, and paranoia psychological impacts of Holocaust trauma. They also have influential psychological processes of managing strategies and world expectations. Parent-child attachment, family cohesion, encouragement of independence, and general family communication are the intergenerational trauma transmission modes of the third generation.

The child also grows a secure and insecure connection to their parents based on the parent's nature to the child. If the parents respond punctually and reliably to the child's needs, a secure connection will be built between the child and the parents. When the parents respond slowly and incompatibly of response, then insecure feelings built between them. An inconsistent response will cause unsure attachment, while non-responsiveness will cause avoidant attachment. Survivors' psychological disorders during the post-war era frequently negatively affect their ability to narrate to their children. Specifically, issues with unsettled grief and nervousness have been connected to dysfunctional parenting and attachment styles. Disorganized infant-mother bonds have been linked to mothers' unresolved bereavement. Survivors' children see that their parents are highly watchful and protective. The fact that such actions were proven to cause mistrust and to instil dread, caution, and suspicion in survivors' children is not unexpected. This degree of worry is seen as excessively high for times of peace, even if it could have been suitable for the circumstances during the Holocaust. Survivors frequently struggle to express their Holocaust memories clearly and concisely, which causes them to communicate their historical period in an unclear way to their children.

According to the study's findings, the Holocaust's impact still affects both its direct survivors and their descendants. The direct and secondary repercussions of the Holocaust have not been entirely erased, even after two generations have passed. Research involving families of Holocaust survivors helps to illustrate the varying consequences of state-based trauma and how its effects are felt throughout generations.

IV. ANALYSIS AND DISCUSSION

This section describes the analysis of the psychological and emotional effects of descendants in post-traumatic societies. The study explains how the trauma was transmitted to the descendants and how future generations are affected by PTSD conditions. The inheritance of loss is linked with the loss, grief, and trauma of descendants. Many future generations are affected by anxiety, depression, and emotional shock from past horrific events, but they have not experienced it directly. They learned about past events from their family history, community, and narrative stories. They can feel trauma that their ancestors experienced, known as intergenerational trauma. In post-trauma societies, descendants inherit the memories and stories of their ancestors' pain, along with unsettled sensitive burdens affecting the community and family dynamics. These inherited influences manifest in various forms, such as identity confusion and complexities in personal relationships.

This study shows the comparison chart of the prevalence of PTSD with trauma-type in the population. It includes the trauma type, prevalence of trauma, PTSD prevalence, and not developing PTSD. According to Table II, the accident has a 20 % prevalence of trauma, 90% of not developing PTSD, and a 20% prevalence of PTSD. The witness has a prevalence of trauma and PTSD at 30% and 20%. Not developing PTSD in witnesses is 90%. The attack has a 10% and 30 % prevalence of trauma and PTSD and 80% of not developing. Threat and combat had a prevalence of PTSD and trauma at 20 %, 30%, 10%, and 35%. It also has 80% and 70% of not developing PTSD values. Molestation has a 9 % prevalence in trauma, 35 % prevalence in PTSD, and 70% in not developing PTSD. Rape has a 5% and 50% of prevalence of trauma and PTSD. 50% of not developing PTSD. Moreover, childhood has an 8% prevalence of trauma, 45% of PTSD, and 60% of not developing PTSD. The findings suggest that rape and childhood have a high prevalence of trauma and PTSD.

This research also provides a chart for the prevalence of PTSD in countries. It compares the countries which has high and low prevalence of PTSD conditions. According to Table III, Colombia has 0.5 prevalence, Brazil has 1.5%, Germany has 0.9%, Italy has 0.5%, Lebanon has 2%, and the Netherlands has 1.5%. Romania and Spain have 0.5%, and the United States is 2.5%. Belgium has 0.8%, Bulgaria has 1.5%, France has 2%, Israel has 0.5%, and Japan has 0.5%. New Zealand and Mexico have 0.5% and 2.5%. China has 0.3%, Ukraine has 2%, and South Africa has 0.5%. These findings suggest that compared to other countries, Northern Ireland has a high prevalence of PTSD, with 4%. China has a low prevalence of PTSD, with 0.3%. Trauma Type with PTSD Prevalence shown in Fig. 6.

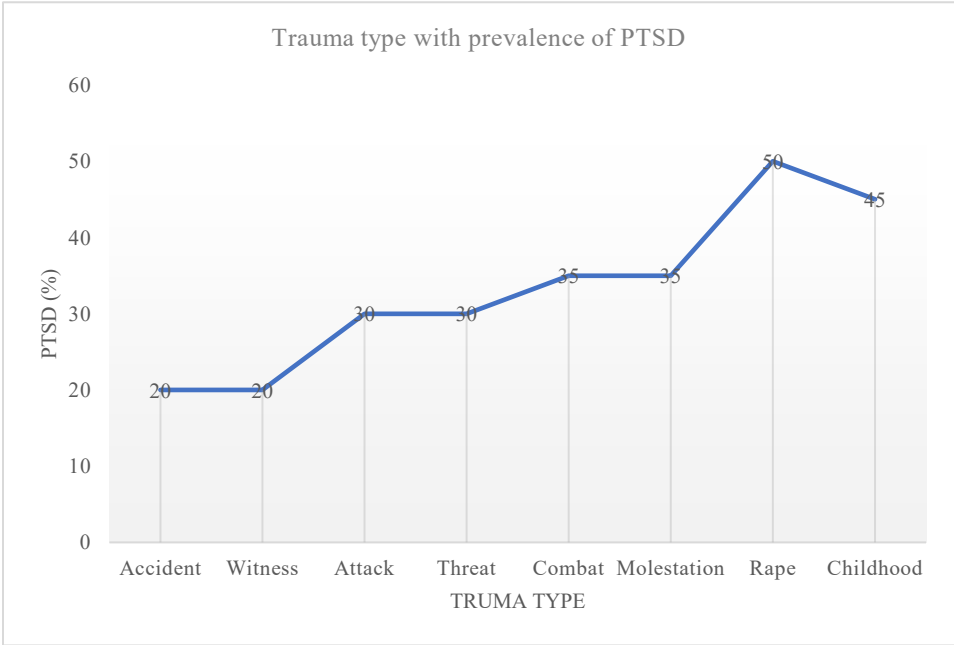


Fig. 6 Trauma Type with PTSD Prevalence

This section shows the trauma types like accident, threat, childhood are the high PTSD prevalence compared to other trauma. combat, molestation childhood, witness, and rape with PTSD prevalence values. The findings explore that rape and

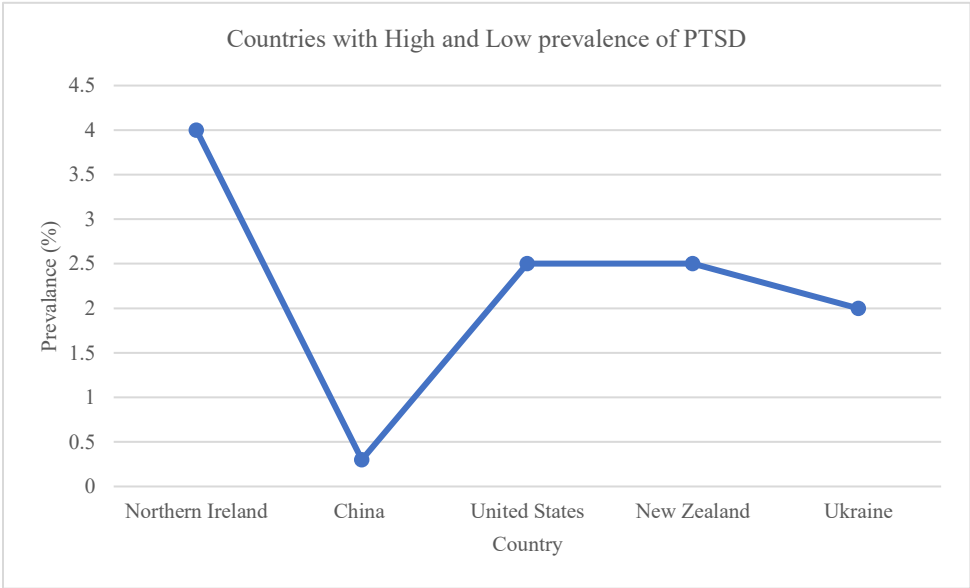


Fig. 7 Countries with High and Low Prevalence of PTSD

This section explores the countries which have high and low prevalence of PTSD. According to Fig. 7, Northern Ireland, the United States, New Zealand, and Ukraine have a higher prevalence of PTSD compared to others, and China has a lower prevalence of PTSD.

This study includes the PTSD symptoms levels and experiences faced by trauma of three generations. This research surveyed the family of three generations about their intergenerational trauma transmission experience. It includes three complex symptoms: avoidance, hyperarousal, and re-experiencing the event. The complete sample, first

generation, second generation, and next generation, are the participants of the diagnostic scale (PDS) test. The sample has an avoidance level of 13 (43.2) and a hyperarousal level of 11(36.7). It has a re-experiencing event of 12 (40.1). The first generation has avoidance, hyperarousal, and re-experiencing levels of 4(50.1), 5 (62.5), and 6 (75.0). The second generation has 5 (41.7) of avoidance, 4 (44.3) of hyperarousal, and 4 (33.3) of re-experiencing events. The third generation has the avoidance, hyperarousal, and re-experiencing values of 4 (33.3), 2 (16.7), and 2 (16.7). The finding includes that first-generation participant explained

their forced migration experience with 100 %, whereas the second-generation members, 16.7 %, expressed their families' forced migration. The third generation began in Germany, and they don't have a private history of migration, but they are rising in a constant atmosphere.

The case study about the psychological impacts of World War II trauma on PTSD indications contains many participants who offer knowledgeable consent, and the company delivers compensation by granting specific tokens. 50.7% of females and 49.3% of males are parallel, and many contestants are aged between 18 and 46. The commonly recognized place is the village; 44.2% of participants got higher education, and 49.7% are married. Higher PTSD levels were related to higher adaptational style levels. A second case study is related to the differential effects of Holocaust trauma among three generations. One hundred twenty-four participants contributed to an empirical study conducted with 27 Holocaust survivors, 28 grandchildren of survivors, and 69 survivor's children in this study. This research includes ten case studies related to Holocaust trauma. The study determined that the Holocaust continues to impact its direct fighters and their offspring. After two generations, the straight and secondary effects of the Holocaust remain stable. Research on families of Holocaust survivors highlights the diverse implications of state-sponsored trauma and how these effects resonate through generations.

V. CONCLUSION

In conclusion, descendants whose ancestors are facing severe grief or war will transmit their emotions and suffering to future generations. Intergeneration trauma transmission plays a vital role in PTSD-affected families and groups. This thorough study presents the prevalence of PTSD in trauma types and over countries. It examines the transgenerational transmission of trauma and PTSD experience among three generations. This study includes the models and prevention of intergenerational trauma transmission, how this trauma is conveyed to future generations, and what is transferred. Many studies and evidence have proven that descendants are highly affected psychologically and emotionally by post-trauma society, and they can feel the grief of their ancestors without seeing that directly because of hearing narrative stories, family history, and communities. In the findings, Northern Ireland has a high prevalence of post-traumatic stress disorder, and China has a low prevalence of PTSD compared to other countries, and childhood and rape are the two essential trauma that are highly prevalent among people. Actively supportive parent-child attachment and resolution of parental trauma are the two methods to prevent intergenerational trauma. Future studies will identify the prevention of post-traumatic stress disorder, transgenerational transmission of trauma, and intergenerational trauma transmission.

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