

REVIEW

Understanding the Intergenerational Transmission of Trauma in the Türkiye Context: A Systematic Review

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ABSTRACT

Intergenerational transmission of trauma is defined as the conscious or unconscious reflection of the impact of trauma within a family, passed down to the next generation. Researchers began investigating the mechanism of intergenerational trauma transmission after the Holocaust. Since then, the trauma literature has examined the intergenerational effects of traumatic experiences such as wars, forced migrations, and terrorist attacks. This article aims to examine the important concept of intergenerational trauma transmission in the context of Türkiye. Many events in Türkiye have the potential to cause intergenerational trauma. Wars, terrorist incidents, military coups, migration, and earthquakes are prevalent and traumatic. Given Türkiye's location in an area where traumatic experiences are common, it is important to understand the events that may cause intergenerational trauma there. For this purpose, war, terrorism, massacres, and forced migration events that may cause intergenerational trauma in Türkiye were discussed within the scope of a systematic review. The PRISMA method was followed for this systematic review. Articles and theses were reviewed in the Web of Science, Dergipark, Google Scholar, and YÖK Thesis databases. The search identified 58 studies investigating the concept of intergenerational trauma in Türkiye. Ten studies were included in the systematic review as a result of the PRISMA method. As a result of a systematic review, findings from studies conducted in Türkiye show that traumatic experiences can be transmitted across generations, and their psychopathological reflections can continue into the second and third generations. In conclusion, this article presents a fresh perspective on intergenerational trauma in Türkiye and offers insights for future empirical studies.

Keywords: Intergenerational Trauma, Intergenerational Transmission, Trauma, Trauma Transmission

Introduction

Psychological trauma refers to psychobiological injury.¹ Experiences called traumatic events are extraordinary situations that occur outside the normal flow of an individual's life.² Individuals exposed to such experiences may experience disruption in their psychological, social, and biological balance.³

According to Janoff-Bulman (1992), some traumatic experiences result from disasters, while others occur in an interpersonal context.⁴ Therefore, individual and social traumas can negatively affect individuals' daily lives.⁵

Numerous studies on trauma^{6,7,8} have demonstrated that trauma affects not only the

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individual experiencing it, but also those around them and people spanning at least three generations.⁹ Intergenerational trauma transmission occurs based on the conscious or unconscious reflection of the impact of trauma within a family and its transmission to the next generation.¹⁰ Therefore, family interactions play a significant role in transmitting trauma.¹¹ This process disrupts the psychological structure of families, making them more vulnerable to traumatic events. This situation negatively affects the interaction between parents and children, creating a basis for the transmission of trauma.¹²

Although the issue of intergenerational trauma transmission has been studied extensively in foreign literature, it has not received much attention in domestic literature. However, Türkiye is a region in which traumatic experiences are common.^{109,110,111} For instance, the First World War and the War of Independence of Türkiye, which resulted in the loss of many lives, have rarely been examined. Additionally, the intergenerational transmission of violent traumatic experiences such as coups, torture, terrorism, and migration has not been studied in Türkiye.¹⁰⁹ Therefore, this study's unique aspect is that it examines the transmission of intergenerational trauma within a theoretical framework. This study is also expected to provide researchers interested in the intergenerational transmission of trauma with a new perspective. For these reasons, this study aimed to examine the basis of intergenerational trauma transmission in Türkiye. To this end, the first part of the study examined the dynamics of intergenerational trauma transmission. In the second part, wars, massacres, military coups, and terrorist events that can cause intergenerational trauma in Türkiye are discussed. The conclusion discusses the events that may cause intergenerational trauma in

Türkiye in the context of intergenerational transmission dynamics.

Intergenerational trauma is often discussed alongside the concepts of mass trauma or societal trauma.¹¹⁵ In this study, intergenerational trauma is used to encompass a broader range of other trauma concepts.

Intergenerational Transmission of Trauma

The theory of intergenerational trauma transmission emerged from the devastating personal losses and profound effects of World War II on the Jewish community.¹³ This term indicates that trauma experienced by parents can negatively affect the psychology of their children.¹⁴ In other words, children of trauma survivors are greatly affected by their parents' experiences of unexpected, serious injury, death, or suffering.¹⁵ These children may exhibit symptoms of trauma even if they are not directly exposed to traumatic stimuli.¹⁶ Accordingly, decades after the trauma occurred, traces of it can be seen in the lives of survivors and their children.¹⁷

Researchers examining the effects of parental trauma on children have found evidence of trauma transmission by observing children's characteristics.^{18,19,20} Patterns identified in children include dysfunctions in interpersonal relationships²¹; increased sensitivity to anxiety and depression symptoms²²; intense feelings of burden and guilt²³; differences in anger expression²⁴; difficulties in separation-individuation²⁵, and display of physical symptoms.²⁶

According to Kellerman (2001), traumatic experiences are transmitted to future generations in "direct and specific" and "indirect and general" ways.²⁷ Direct transmission occurs when surviving parents directly influence their children, who then learn to think and behave similarly to the traumatized parent.²⁸ Consequently, children may exhibit similar symptoms, such as PTSD

or anxiety.²⁰ Indirect transmission occurs through parenting, communication patterns, and the family environment, creating a general sense of deprivation in children.²⁹

Whether trauma becomes intergenerational depends on the following closely related risk factors:³⁰

1. *Unsharability/silence*: The reality or seriousness of the trauma is questioned. The traumatized individual or group is left alone with an experience they cannot share with family, friends, or the wider community, and the trauma is silenced socially.

2. *Absence of Others Who Share the Same Fate*: The victim or group of victims is alone. They experience the feeling that their immediate and wider environment does not feel what they feel, and their humanity becomes questionable.

3. *Absence of a safe environment*: Trauma can only be processed in a safe environment, including the immediate environment (family and friends) and the wider environment (society). A lack of family or community support creates an unsafe environment.

4. *Absence of a story*: If the environment (family and community) offers social support, the individual can integrate the experience and reintegrate the self. In this way, the experience becomes part of the life story and can be recounted. If experiences cannot be integrated, they are separated, resulting in a fragmented self-image and self-narrative.

5. *Damage to the grieving process*: Because of the fragmentation of the experience and the absence of a continuous narrative, the experience cannot become a memory, which impairs the normal grieving process.

If people who have experienced are not provided social support by their families and communities, these five risk factors can lead to intergenerational transmission.

Approaches to Intergenerational Transmission of Trauma

Many approaches to the intergenerational transmission of trauma have emerged, offering different perspectives from the past to the present. Rather than assuming that a single approach explains intergenerational trauma transmission, we consider that each approach addresses different aspects, facilitating understanding of the phenomenon. The following section mentions many of these approaches.

Communication Approach

Communication plays an important role in the intergenerational transmission of trauma. Verbal and nonverbal communication types are involved in the transmission of trauma. Whether or not a trauma is "talkable" plays a decisive role in its transmission.³¹ In intergenerational trauma, talkability can range from complete silence from parents to open sharing of frightening experiences.³²

It has been observed that the "conspiracy of silence" is a common communication style among families experiencing intergenerational trauma. People who have experienced trauma may experience reactions from their environment and society, such as denial, indifference, avoidance, and pressure, in their social lives. Consequently, they may experience feelings of isolation, insecurity, and loneliness.³³ Consequently, families tend to keep traumatic experiences secret to avoid affecting their children.¹³ This creates a "double wall of silence," and parents take this form of communication one step further when neither children ask, nor parents talk about traumas in their history.¹⁸ Nevertheless, the parents' trauma remains silently present in the home environment, transmitting messages of extreme pain.³⁴

This nonverbal communication style is commonly used among traumatized families

and makes children feel responsible and guilty for their parents' unexplained grief.¹¹ Conversely, explaining traumatic memories in a careful and developmentally appropriate manner is not thought to have negative effects on children. Therefore, nonverbal communication in traumatized families may be more destructive than verbal, direct speech. Additionally, open communication about trauma allows children to express their emotions and strengthens the bond between mother and child.³⁵ Furthermore, this kind of communication acts as a protective shield against mental health problems in children.³⁶

Parenting Style

Past trauma experienced by parents may negatively affect their parenting skills. Additionally, individuals who have experienced trauma as children or adolescents may trigger traumatic memories and symptoms from childhood when they become parents. As a result, they may struggle to develop healthy parental attitudes because of their intrusive and dissociative symptoms.³⁷ Thus, overprotection is one of the most common parental attitudes among those experiencing traumatic experiences.³⁸ Traumatized families perceive the world as a dangerous place; therefore, many activities may seem risky for children. Consequently, boundaries in the parent-child relationship become blurred or even disappear.³² The processes of separation and individuation, as well as the inevitability of intertwined family relationships, become problematic for these children.^{39,40}

Another style is parental role reversal, which refers to relationships in which the child meets the parent's emotional needs for comfort and closeness. Consequently, children often neglect their own needs and prioritize their parents' needs.⁴¹ According to Gampel (1992), children essentially become the parents of their parents

in this type of parenting.⁴² One explanation for transmitting trauma to future generations is this parenting model, which reverses the roles of trauma survivors.^{37,43} This attitude damages the child's attachment needs while simultaneously placing the child in the role of caretaker for the parent's emotional well-being. Increased levels of parental trauma inevitably result in overprotective and role-reversal parenting styles, which lead to depression, anxiety, and low self-esteem in children.⁴⁴

In recent years, the concept of the "apparently normal family" has entered the literature on intergenerational trauma. Öztürk and Şar (2006) hypothesize that the "apparently normal family" itself is a contemporary factor in intergenerational childhood trauma and dissociation. In a family experiencing this type of dissociation, individuals may change their social roles over time; existing roles may be victim, abuser, or rescuer. There are eight family types within the "apparently normal family." The first of these is the high-stress family. In this type of family, there is a dominant parent who displays an active egoistic attitude towards their spouse and children. The second is the introverted family. In this family type, both parents are introverted. They rarely communicate and show closeness. The third family type is defined as the blended family. One parent is extroverted, the other introverted. The fourth is the reversible family. In this family type, there is ambiguity as to which parent is introverted and which is extroverted. The fifth is the dissociative family. Any of the family types described above may include characteristics of a dissociative family. The sixth is the schizoid family. The social relationships of parents in the schizoid family type are very different. The seventh family type is the depressive family. In this type of family, all family members experience a depressed mood. In fact, several family members may have been diagnosed

with clinical depression. The final family type is the narcissistic family. In this type of family, parents exhibit arrogant, assertive, and grandiose behavior.¹¹⁶

Psychoanalytic Approach and Object Relations: Identification

Projective identification is a concept that explains the mechanism underlying trauma transference. Traumatized parents may reflect emotions such as anger, disappointment, grief, and sadness onto their children.⁴⁵ However, Rowland-Klein and Dunlop (1997) stated that this projection is unconsciously reflected by parents to their children, who then identify with these thoughts as if they were exposed to the traumatic event themselves.³² Children frequently fantasize, dream, and think about the trauma, indicating an overidentification with the traumatic parent.⁴⁶ Another aspect of over-identification with parental experiences is that children often feel the burden of their parents' unfinished tasks.³²

According to the psychoanalytic perspective, individuals affected by trauma in the first generation cannot experience their emotions consciously and pass these unexperienced emotions on to later generations.²⁷ Additionally, the psychoanalytic approach states that traumatic experiences that deeply affect the individual take place in the ego permanently. Trauma continues to exist in the ego, regardless of how much time passes. This trauma, resistant to time, adapts the individual's perception of the world and enables the reconstruction of past experiences. Consequently, moments that should be experienced in the present are experienced as if they were in the past. Each succeeding generation is therefore unable to define itself independently of trauma and differentiate itself from its social position and previous generations.⁴⁷

According to psychoanalytic theory, people who have experienced trauma and repressed and unprocessed emotions unconsciously transfer to their children.²⁷ Unconscious memories, family secrets, silence, and unfinished parental tasks are prominently present in the family environment.⁴⁸ Danieli (1998) identified three main causes of trauma transference: (1) the trauma itself, (2) the conspiracy of silence, and (3) the parents' post-traumatic adjustment. These three components keep trauma alive by unconsciously interacting outside the individual's awareness.³³ Trauma itself forms the basis for intergenerational transmission. The trauma itself impacts the individual, depending on the severity of the trauma experienced and how the individual interprets it. The conspiracy of silence, which is defined as not discussing trauma, is the failure to share information and emotions related to the trauma that affects the individual and generations. Parents' adaptation to trauma, normalization, or ignorance can unknowingly initiate transmission.¹¹⁷

According to psychodynamic models of trauma transmission, children aim to maintain ties with their families while trying to separate themselves from their families' trauma histories to live their own lives.²⁷ Accordingly, Bohleber (2007) stated that analyzing transference and countertransference in intergenerational trauma only in the present moment of the therapeutic relationship without narrative reconstruction of the traumatic event risks failing to help clients distinguish fantasy from reality and, in the worst case, re-traumatizing them.⁴⁹

One fundamental principle of object relations theory is that individuals develop an internal world that shapes their perception of themselves and others.⁵⁰ This internal world contains mental representations of the self and objects that symbolize one's early experiences with primary caregivers.⁵¹ Mahler et al. (1975)

explained how one's internal world develops sequentially within dissociation-individuation models. A series of developmental progressions in one's relationship with primary caregivers advances the development of object constancy.⁵² First, the child enters a symbiotic-like relationship with the caregiver, gradually differentiating and developing a sense of self that is separate from the caregiver. If object fixity is achieved, children can develop complex feelings toward their caregivers, despite disappointment.⁵²

Attachment Theory

According to Bowlby (1980), a biologically based bond between children and their primary caregivers ensures their safety.⁵¹ The caregiver should respond to any expression of distress by the child with a consistently protective response. However, if the child's need for protection is met with rejection or abandonment, the child must adopt coping strategies for the resulting unbearable anxiety. These strategies form the basis of the "I-other" relationship, which develops in response to the unbearable anxiety caused by parental neglect.⁵³

According to attachment theory, parents' reactions to psychological trauma are associated with exaggerated responses, such as being overly protective or intrusive with their children⁵⁴, as well as a need to control their children's environment and social relationships.⁵⁵ Traumatized parents are overly sensitive to their children's needs and unable to provide a stable foundation because they view themselves as incompetent when experiencing negative emotions such as anger, sadness, and fear.⁵⁶

According to attachment theory, unresolved early trauma in parents' lives is transmitted to their children, who exhibit a disorganized attachment style.⁵⁷ Additionally, experimental trauma studies have revealed a relationship

between parents' posttraumatic reactions and their children's psychological distress and behavioral problems.⁵⁸

Empathic Traumatization Approach

Albeck's (1994) definition of "empathic traumatization" is important for understanding the intergenerational transmission of trauma.⁵⁹ According to Albeck (1994), in the transmission of trauma to the second generation, the role of children's efforts to understand their trauma experiences in establishing a bond with their families is important.⁵⁹ This effort by children in the second generation is an empathic traumatization. In empathic traumatization, children mentally reenact the trauma experience and, at the same time, imagine ways to escape and recover from the trauma.⁶⁰

This projection process creates anxiety and worries about children and their families in subsequent years.⁶¹ This can result in a reversal of roles within the family, where the child assumes the role of the family's savior.⁶² Conversely, to escape the stress of family life, children may distance themselves from their parents, shut down emotionally, or create aggression or chaos within the family or elsewhere.⁶³

In terms of empathetic traumatization, one of the most important factors in determining how the next generation will react to inherited family trauma is how family members respond to and cope with that trauma. A traumatic event that severely affects a family can destroy a family's unique structure. However, not all families are affected by intergenerational trauma. While some families establish healthy relationships with new generations, others tend to perpetuate trauma symptoms.⁶⁴

Why Understanding Intergenerational Trauma is Important for Türkiye?

Türkiye is located in an area where traumatic experiences are common. These experiences are sometimes the result of human actions and sometimes the result of natural disasters. However, traumatic experiences in Türkiye have generally been examined in terms of symptoms of traumatic stress.^{65,66,67,68,69,70,71} These studies have investigated traumatic stress symptoms following earthquakes and terrorist attacks. However, the intergenerational transmission of such experiences has not been studied. In this context, events in Türkiye that may cause intergenerational trauma are categorized under the following headings: Wars, terrorist incidents, military coups, massacres, and earthquakes.

Wars in Türkiye

War is defined as "hostile intent and/or action involving the use of force, which is carried out by states or groups of states using all or part of the elements of national power and is accepted as war by the parties".¹¹² The people who now live in peace in Türkiye have lost many of their relatives in the wars of the past, in which there have been many casualties. The first of these wars was World War I. In 1914, the Ottoman Empire entered the war on Germany's side.⁷² Despite its tremendous victories, especially in the Dardanelles Sea Wars, the Ottoman Empire was considered defeated because Germany lost the war.⁷³ For the Turkish people, the Battle of Gallipoli had the most traumatic impact during the First World War. Approximately 250,000 impoverished and ill-equipped Turkish soldiers died in the battle.⁷⁴ The profound impact of this battle is still celebrated in Türkiye every March 18th as Gallipoli Victory Day. Thus, traumatic memory is transmitted across generations. However, the intergenerational effects of suffering and

trauma have not been examined in Turkish literature. Unfortunately, no one from the first generation who witnessed the Gallipoli Campaign survived, thus the effects on subsequent generations are unknown.

Anatolia was occupied after the Ottoman Empire was defeated in the First World War. Under the leadership of Mustafa Kemal Atatürk, the Turkish people began a national liberation struggle in 1919, establishing the Republic of Türkiye by declaring victory in 1923.⁷³ The War of Independence, which lasted approximately four years, was also characterized by severe trauma. The Turkish people lost half of their troops during the final turn of the war from August 26 to 30, 1922.⁷⁴ For this reason, August 30 is celebrated as Victory Day in Türkiye, and the memory of this trauma has been passed down through generations. However, no study has been conducted on the psychological trauma experienced by survivors of the War of Independence and their descendants.

Terrorism in Türkiye

In addition to these two wars, terrorist attacks began in Türkiye in 1984. These attacks have killed villagers, teachers, doctors, and soldiers. Terrorism is the systematic use of killing, destroying, or the threat of killing or destroying to intimidate individuals, groups, society, and government into accepting political demands.¹¹³ Nearly forty years of terrorist attacks resulted in the loss of 35,000 lives.⁷⁵ Martial law was declared for many years in the aftermath of these terrorist attacks, putting people under pressure and causing chaos. However, few studies have examined the trauma caused by terrorism in Türkiye.^{65,68,76,77,78} Examining the content of these studies revealed that they only examined traumatic stress symptoms. Nevertheless, the intergenerational transmission of the traumatic effects of terrorist attacks, which have been

occurring in Türkiye for more than forty years, has not been investigated.

Military Coups in Türkiye

A military coup is defined as the direct and forcible seizure of civilian administration or power by the army, whose primary duty is to ensure the security of the country against enemies, citing social and political reasons.¹¹⁴ Turkish democracy has been interrupted by military coups at certain points in history, during which soldiers have seized power. During these periods, many students, academics, politicians, farmers, and workers were oppressed, persecuted, and tortured by the military.⁷⁹ These events represent a black stain on Turkish democracy, and their history is as follows: May 27, 1960; March 12, 1971; September 12, 1980; February 28, 1997; and July 15, 2016. September 12, 1980, was the most traumatizing of these dates. Following the September 12 military coup, workers, university students, and academics were particularly targeted for detention. Many were arrested and imprisoned. Many were executed without trial. Those detained and imprisoned were subjected to severe torture.⁸⁰ On September 12, 1,683,000 people were labeled, 7,000 people were sentenced to death, 650,000 people were tortured in detention, 14,000 people were stripped of citizenship, and 15,000 people were dismissed from the civil service.⁸¹ The effects of such an environment on subsequent generations have not been studied from a trauma perspective.

Massacres in Türkiye

A massacre is the act or instance of killing a group of people, usually helpless or unresisting, under conditions of brutality or cruelty.⁸⁴ From the Ottoman Empire to the Republic and from the Republic to the present day, different ethnic groups and religious minorities within Turkish society have been subjected to massacres from time to time.

While Türkiye is predominantly Turkish ethnically, Kurds, Armenians, and Greeks constitute its population. This ethnic diversity is reflected in the diversity of religious beliefs. While the majority are Muslims, Christians and Jews also constitute Türkiye's religious landscape. Even among Muslims, there are different sects and faiths. According to the Presidency of Religious Affairs (2014), the most common Muslim sects in Türkiye are Sunni (Hanafi) (58%), Alevi-Bektashi (29%), and Shia (7%).⁸² Of these sects, the Alevi community has experienced the most segregation, marginalization, and massacre.

The Dersim Massacre was the first massacre of Alevis during the Republican era. In 1938, the Turkish army intervened to quell a rebellion in what is now Tunceli Province. However, the scale of the army's intervention evolved into a process involving great suffering and death, and the local population was exiled and forced to migrate.⁸³ According to Poyraz (2013), approximately 10,000 people died, and 10,000 more were deported.⁸⁴

The attacks against Alevis increased again as the 1980s approached. Between December 19 and 26, 1978, Alevis living in the Kahramanmaraş province were forced to leave their neighborhood after their doors were marked. Then, after public incitement began that killing Alevi was a good deed, 300 to 500 people were killed, 200 houses and 100 workplaces were burned down, and thousands of Alevi citizens were forced to leave Kahramanmaraş. By May 1980, provocations against Alevis had begun in Çorum, and their workplaces had been attacked. Similar to the events in Kahramanmaraş, anti-Alevi rhetoric emerged. The attacks lasted for about 2 months and resulted in the loss of 57 lives and the burning and vandalization of hundreds of workplaces.⁸⁴ Another massacre was the Sivas Massacre, which was broadcast live on television in Türkiye on July 2, 1993. Groups

used the Alevi festival in Sivas as an excuse to lock and burn people of high intellectual caliber, including poets, writers, filmmakers, theater actors, and folk singers, who had come to attend and support the festival and were staying at the Madımak Hotel. Thirty-three people came to the festival, and two hotel employees died in the fire.⁸⁵

Methods

As this research consists of a systematic review of previously published studies, it does not require ethical approval. As the participants were part of previous studies, informed consent was not needed. The main objective of this study is to examine intergenerational trauma in Türkiye. To this end, this systematic review was conducted following the PRISMA criteria.⁸⁷ The review included studies using quantitative and mixed methods. For this study, articles related to the subject were searched in the Web of Science, Google Scholar, DergiPark, and YÖK Thesis databases using specified keywords and the year range of 2000 to June 2025. The articles included in the review are written in Turkish and English. During the search process, we used the Turkish keywords and their English equivalents: "intergenerational trauma and Türkiye," "intergenerational trauma transmission and Türkiye," "trauma transmission and Türkiye," "war trauma and Türkiye," "terrorism trauma and Türkiye," "massacre trauma and Türkiye," "military coup trauma and Türkiye," and "earthquake trauma and Türkiye." The scientific publications obtained were reviewed based on the following inclusion and exclusion criteria.

Search strategy

The review aimed to include all evidence found in peer-reviewed, full-text articles and theses on intergenerational trauma in Türkiye, regardless of language. The researcher

translated articles not written in Turkish. The inclusion criteria were as follows:

1. The study focuses on experiences in Türkiye that may cause trauma and intergenerational trauma that could affect future generations.
2. The study uses quantitative research methods and a mixed-methods approach.
3. The quantitative study aims to investigate how participants' intergenerational trauma experiences are transmitted and reflected psychopathologically.
4. The focus is on examining the psychopathological effects on participants who have shared traumatic experiences with older generations related to war, forced displacement, military coups, massacres, and earthquakes. The research also focuses on the intergenerational dimension and impact of these events.

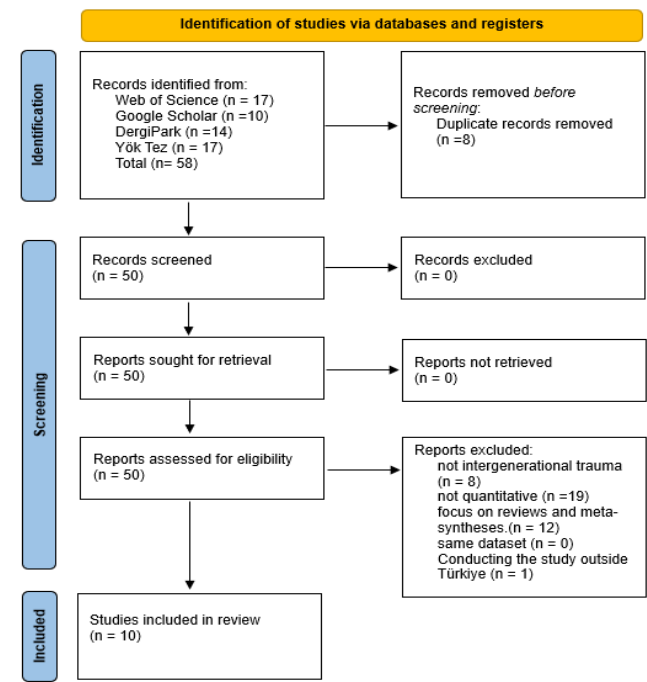
The exclusion criteria are as follows:

1. The focus of the study is not intergenerational trauma.
2. The study only uses qualitative research methods and does not include quantitative elements.
3. The study focuses on reviews and meta-syntheses.
4. More than one article is based on the same dataset.
5. Conducting the study outside Türkiye.

Selection

For the systematic review, 58 articles and theses that addressed both Türkiye and intergenerational trauma were identified. After removing eight duplicate articles, an initial screening was performed. The 50 articles and theses were screened based on their titles, and it was decided that none would be excluded. Then, the articles were screened based on their abstracts, and 40 were excluded. Thus, 10 articles were selected for retrieval. These articles and theses were then evaluated for full-text eligibility. The author screened these

articles according to the eligibility criteria. As a result, a total of 10 articles were included in the current review. See Figure 1.



*Examples include studies investigating the psychopathological effects of intergenerational trauma in Türkiye.
**These examples include studies that use quantitative and mixed methods.

Figure 1. PRISMA flow chart

Process

Studies that did not meet the inclusion criteria were not included. These studies focused on individual traumas rather than intergenerational traumas or were reviews or qualitative studies. The Critical Appraisal Skills Programme (CASP) quality assessment tool was used to evaluate the quality of the reviewed studies, addressing the following 11 areas: (1) clarification of the study's focus; (2) use of appropriate methods; (3) acceptable participant selection strategies; (4) accurate and validated measurements to reduce bias; (5) data collection strategies; (6) a sufficient number of participants to minimize chance; (7) presentation of results; (8) sufficiently rigorous data analysis; (9) a clear statement of findings; (10) applicability to the local population; and (11) the value of the conducted research.⁸⁸ Two academics specializing in trauma served as

external evaluators. They applied the CASP tool independently to each included study, documenting the supporting information and rationale for their judgments regarding bias risk. Any discrepancies in the evaluations or rationale were resolved through discussion until consensus was reached. The evaluation revealed that most studies met the CASP criteria. However, only ten studies were included in this systematic review because they were appropriate and relevant in terms of research objectives, data collection, and conclusions.

Data Extraction

The main population and sample size, research purpose and methodology, and summary of findings and limitations were extracted and compiled for each article and thesis. See Table 1

Results

Table 1 presents studies that focus on the intergenerational effects of traumatic experiences in Türkiye. Studies that did not meet the inclusion criteria were not included. These studies focused on individual traumas rather than intergenerational traumas or were reviews or qualitative studies.

Study Characteristics

Table 1 presents the characteristics of the selected studies. Ten studies, all of which used quantitative methods, were included in the systematic review. Three studies focused on victims of war and terrorism^{90,94,97}; two on massacres^{89,92}; two on forced migration^{91,98}; two on childhood trauma^{93,96}; and one on the intergenerational effects of earthquake trauma.⁹⁵ Two studies employed mixed methods research^{89,92}, while eight studies^{90,91,93,94,95,96,97,98} utilized quantitative research methods. The publication dates range from 2013 to 2024.

Defining intergenerational trauma

The articles examined intergenerational trauma in various contexts, including terrorism

Table 1. Data extraction

Author(s) (Year)	Population	Sample Size / Age	Research Aim	Methodology	Findings
Ergin-Cemel & Karaosmanoğlu (2023)	People living in the Dersim region	57 people / 21-70 age	Learn about the intergenerational impact of the Dersim massacre.	Mixed	Twenty-two participants (38.6%) recalled Dersim 38 as one of the most significant social events in their parents' lives. Meanwhile, 17 participants (29.8%) said it was the most important event. When recalling Dersim '38, 28.1% of participants reported experiencing mixed emotions, such as sadness, anger, and hatred, while 14% stated that sadness was their most intense emotion.
Erbekir & Direktör (2024)	Turks who survived the 1974 Cyprus War	305 people / 27-52 age	This study examines how psychological trauma, anxiety and obsessive-compulsive disorder are transmitted to second and third generations of Turkish Cypriots.	Quantitative	According to the results obtained, the psychological trauma and its sub-dimensions reported by the participants do not differ by gender. Additionally, participants whose mothers migrated from mixed villages during the war experienced different levels of psychological trauma and resilience than participants whose mothers migrated from other regions. However, the family functioning and anxiety levels of participants whose mothers migrated from Turkish villages differ significantly from those of other participants. The psychological resilience levels of participants and the psychological trauma sub-dimension of emotion-behavior regulation and family functionality show a significant difference in the mother's migration variable; however, the psychological resilience levels of the father do not differ according to the father's migration variable. Conversely, while there is no difference in the psychological trauma experienced by participants whose mothers were involved in the war, there is a significant difference in the psychological trauma experienced by participants whose fathers were involved in the conflict.
Hocaoğlu-Uzunkaya & Yılmaz (2021)	Turkish women and children were forcibly displaced from Bulgaria in 1989.	340 participants / Women aged 41 and over and their children aged 16-27.	This study aims to examine the relationship between exposure to trauma and traumatic stress levels in women who experienced the 1989 Bulgarian migration and the psychological symptoms of second-generation individuals who did not directly experience the migration.	Quantitative	The results suggest that exposure to trauma and increased levels of traumatic stress among mothers are associated with worsening psychological symptoms among their children. Second-generation individuals were divided into three groups based on their mothers' traumatic stress levels and compared in terms of psychological symptoms. The results showed that children of mothers with high levels of traumatic stress exhibited more anxiety symptoms than children of mothers with low levels of traumatic stress. Family functioning and basic assumptions act as protective factors for psychological health, however. The findings of this study highlight the intergenerational effects of migration. Studies on this topic emphasize the importance of traumatic stress in the effects of trauma on subsequent generations.
Kizilhan et al. (2022)	The Alevi Kurdish community has been subjected to massacres.	30 participants / 41-89 ages	Examine how individual and collective trauma have been transmitted across three generations within the Alevi Kurdish community.	Mixed	A large proportion of the first-generation sample was diagnosed with emotional disorders (65%), followed by anxiety disorders (52.5%) and somatoform disorders (36.3%). In the second generation, emotional disorders (38.5%) were the most common diagnosis again, followed by anxiety disorders (26%) and somatoform disorders (8.34%). The third generation received diagnoses of emotional disorders (18.5%), anxiety (16%), somatoform disorders (11.5%), and personality disorders (12%).
Özcan et al. (2016)	Women and children with psychiatric disorders.	252 women and their children / The average age of women is 48, and the average age of children is 20.	The goal of the study was to determine the relationship between attachment styles and traumatic childhood experiences in mothers and children.	Quantitative	Mothers with psychiatric disorders were found to have experienced more trauma during childhood and to have had insecure attachments. Similarly, a positive relationship was observed between insecure attachment and childhood trauma. This maternal pattern was replicated in their children. These findings reveal the vicious cycle between attachment, psychiatric disorders, and childhood trauma, and demonstrate that this cycle is passed down through generations.

Intergenerational Transmission of Trauma in the Türkiye Context

Özüorçun-Küçükertan (2013)	Turkish mothers and children affected by the Cyprus War	336 participants / Mother ages 45-72, children ages 18-38	The possible transmission of mothers' traumatic war-related experiences to their children's current psychological well-being.	Quantitative	Although the results show that a mother's history of exposure to war trauma does not negatively affect her child's psychological well-being, it has been found that a child's life satisfaction is significantly related to his or her mother's exposure to war trauma. Additionally, the study determined that a mother's exposure to war trauma affects her child-rearing behaviors, which predict her child's coping strategies.
Güngör (2018)	Children of survivors of the 1999 Marmara earthquake	70 participants / adolescents ages 12-18	The goal is to investigate whether the family's memories of the earthquake have been passed on to future generations.	Quantitative	When adolescents were asked to recount 10 important events from their families' lives, 65.6% of the trauma group and 5.5% of the comparison group recounted events related to the 1999 Marmara earthquake. However, there were no significant differences between the groups in terms of metacognition, emotion regulation, and internal and external behavioral disorders. The results indicate that despite the transmission of earthquake-related traumatic experiences to future generations through memories, the negative effects of these experiences do not manifest themselves in subsequent generations as metacognitive, emotional, or behavioral problems at the scale level.
Karaman (2023)	This study focuses on fathers living in Istanbul who have experienced at least one childhood trauma, as well as their adult sons.	200 participants / father ages 45-65, sons ages 18-42	An evaluation of the relationship between childhood trauma, dissociation, dark triad personality traits, perceived ability to cope with trauma, and family functioning in two generations of adult males in the context of intergenerational trauma transmission.	Quantitative	Statistically significant relationships were found between childhood traumas experienced by both fathers and sons and their scores on other dissociation, dark triad personality traits, perception of coping with trauma, and family functioning. The study found that childhood traumas in both generations had an effect on dissociative experiences, dark triad personality traits, perceived ability to cope with trauma, and family functionality.
Derin (2023)	War and terrorism veterans, their spouses and children	320 participants / the average age of veterans is 57.5, their spouses' is 56, and their children's is 30.	Examination of childhood trauma, depression levels, psychopathological symptoms, and dissociative experiences in veterans of terrorism and war, their spouses, and their children.	Quantitative	When veterans, their spouses, and children were compared in terms of depression, it was found that veterans of war and terrorism were more depressed than their spouses and children. It was observed that childhood traumas primarily and dissociative experiences secondarily played a critical role in the psychopathological conditions of war and terrorism veterans and their spouses, and their children.
Erdoğan (2024)	Women who migrated to Türkiye during childhood and currently reside in Türkiye, their daughters who have not experienced migration, and their adult female grandchildren.	216 participants / the ages of the first generation are 70-87, the second generation 44-62, and the third generation 18-29.	To compare intergenerational trauma transmission and psychopathology transmission in three generations of adult women of immigrant origin.	Quantitative	Women who experienced forced migration trauma during childhood had similar rates of childhood trauma and dissociative experiences in their families across two consecutive generations.

and war ($n = 3$), massacres ($n = 2$), forced migration ($n = 2$), earthquakes ($n = 1$), and childhood trauma ($n = 1$), to define the experiences of intergenerational trauma in Türkiye. Ergin-Cemel & Karaosmanoğlu (2023) define intergenerational trauma as the internalisation of incomprehensible fears and anxieties, which can prevent the children of survivors from distinguishing between their internal and external realities healthily.⁸⁹ In their 2024 publication, Erbekir and Director address the issue of intergenerational trauma in the context of war. They define it as the impact of trauma experienced by individuals on subsequent generations.⁹⁰ Hocaoglu-Uzunkaya & Yılmaz (2021) examined the effects of traumatic experiences on subsequent generations of the individual's family in the context of forced migration and intergenerational trauma.⁹¹ Özüörçün-Küçükertan (2013) uses intergenerational trauma transmission in the context of war-affected mothers and children as the child's imagination of the scenes of traumatic experiences and how they can escape or survive, from the perspective of empathic traumatization.⁹⁴ In Karaman's (2023) study on childhood trauma, intergenerational trauma is defined as children or subsequent generations attempting to cope psychologically with the repercussions of traumatic events experienced by their families or the previous generation.⁹⁶

Participant characteristics

A total of 2,126 participants were included in the ten studies evaluated in this systematic review. Sample sizes varied between studies, ranging from 30 participants⁹² to 340 participants.⁹¹ The youngest participant was 12 years old⁹⁵, while the oldest was 87.⁹⁸

Psychopathological reflections on intergenerational trauma

This research examined the psychopathological reflections of intergenerational trauma in ten studies. The

following psychopathologies were identified when the ten studies were analysed: anxiety ($n = 3$), depression ($n = 2$), somatisation ($n = 1$), hostility ($n = 1$), obsessive-compulsive disorder ($n = 2$), traumatic stress ($n = 7$), attachment disorders ($n = 1$) and dissociation ($n = 1$).

Ergin-Cemel & Karaosmanoğlu (2023) found that the second and third generations of people who experienced the Dersim Massacre exhibited above-average levels of symptoms of traumatic stress. Among the participants, 70.2% of family members experienced grief due to the death of loved ones during and/or after the Dersim '38 events. Furthermore, 66.7% were displaced, 66.7% experienced extreme deprivation, 63.2% were separated from loved ones, and 59.6% witnessed violence.⁸⁹

Erbekir & Director (2024) found that psychological trauma was higher in women in their study examining the intergenerational transmission of war trauma. They found that the transmitted trauma did not differ in terms of anxiety and obsessive-compulsive disorder in the context of gender. It was determined that those who were subjected to forced migration during the war had high scores for transmitted psychological trauma, but anxiety and obsessive-compulsive disorder were not transmitted.⁹⁰

A study examining the psychopathological effects of forced migration on subsequent generations found significant correlations between psychological symptoms, anxiety, and somatisation in the second generation whose mothers experienced forced migration. Additionally, high anxiety levels were observed in second-generation individuals whose mothers experienced traumatic stress.⁹¹

A cross-generational study of the Dersim Massacre conducted by Kizilhan et al. (2021) observed emotional disorders (65%), anxiety disorders (52.5%), and somatoform disorders (36.3%) in a large proportion of the first-generation sample. Among the second

generation, emotional disorders (38.5%) were the most common diagnosis again, followed by anxiety (26%) and somatoform disorders (34.5%). Among the third generation, emotional disorders (18.5%), anxiety disorders (16%), and somatoform disorders (11.5%) were diagnosed, alongside personality disorders at a rate of 12%. Furthermore, PTSD symptoms were evident in participants of the second and third generations, despite them not having been directly affected by the massacre or serious trauma.⁹²

In their study, Özüorçun-Küçükertan (2013) examined trauma transmission between war-affected mothers and their children and found that war trauma exposure scores predicted 20% of children's psychological symptoms. However, their results also showed that a mother's history of exposure to war trauma does not negatively affect her child's psychological well-being.⁹⁴

Güngör's (2018) study, which examined the effects of the Marmara earthquake on mothers and children in an intergenerational context, found no significant differences between the groups in terms of metacognition, emotion regulation, or behavioral disorders.⁹⁵

In Karaman's (2023) study examining intergenerational trauma transmitted between fathers and sons, he stated that 100% of fathers, who were considered the first generation, and 73% of sons, who were considered the second generation, had experienced traumatic events. Eight percent of fathers and 12% of sons had a psychiatric diagnosis. 25% of the fathers reported depression, 37.5% reported panic attacks, 12.5% reported anxiety, and 12.5% reported obsessive-compulsive disorder. Among sons, 25% were diagnosed with depression, 8.3% with panic attacks, 25% with anxiety, and 33.3% with obsessive-compulsive disorder. Finally, it was determined that the father's childhood trauma was a positive and

significant predictor of the son's childhood trauma.⁹⁶

In an intergenerational study of war and terror veterans, their spouses, and their children, Derin (2023) found that 8.2% of veterans and 3.8% of their spouses had a psychiatric diagnosis, whereas none of their children did. Among veterans with a psychiatric diagnosis, 1.5% had an alcohol or substance use disorder, 3.4% had an anxiety disorder, 0.3% had a dissociative disorder, 1.2% had major depressive disorder, 0.6% had obsessive-compulsive disorder, and 0.9% had post-traumatic stress disorder. Of the spouses of veterans who had been diagnosed with a psychiatric disorder, 2.5% had an anxiety disorder, 0.9% had a major depressive disorder, and 0.3% had a somatoform disorder. According to DSM-5 criteria, it has been determined that war and terror veterans still exhibit symptoms of post-traumatic stress disorder. Additionally, it has been observed that, unlike their children, war and terror veterans and their spouses experience dissociative symptoms.⁹⁷

Erdoğan (2024) studied the intergenerational transmission of trauma in women of migrant origin and found that depression was observed in 5.6% of the first generation, while anxiety was observed in 11.1%. The study was conducted on three generations. Among the second generation, the respective figures were 16.6%, 19.4% and 8.3%. Among the third generation, the respective figures were 19.4%, 33.3% and 2.8%. It was found that the level of childhood physical abuse trauma was significantly higher in the first generation than in the second, and in the second than in the third. Physical neglect trauma was significantly higher in the first generation than in the other two generations, while no significant difference was found between the second and third generations. Emotional neglect trauma was significantly higher in the

third generation than in the other two generations, with no significant difference found between the first and second generations.⁹⁸

Conclusion and Discussions

Intergenerational trauma is one of the most challenging subjects to work on. Mental health professionals and clients may sometimes find it difficult to progress in therapy, given the weight of past trauma. This study first analyzed the concept of intergenerational transmission. Bowen's (1978) approach to intergenerational transmission of family dynamics was explained in its role in transmitting trauma.⁹⁹ The psychological substructure of intergenerational trauma transmission, which is generally explained in foreign literature by drawing parallels with the Jewish genocide, was also discussed. Thus, the intergenerational mechanism has become clearer. Additionally, experiences that may cause intergenerational trauma in Türkiye were described and discussed.

In conclusion, it is important to understand intergenerational trauma in the context of Türkiye's geographical location, where traumatic experiences are commonplace and individuals are affected by severe events. This is because human beings still have many traumatic experiences, as well as natural, destructive earthquakes.

The intergenerational transmission of the traumatic effects of the First World War and the War of Independence in Türkiye has not been examined. The suffering and deaths of the Gallipoli Wars had serious and traumatic effects. The suffering affected society so deeply that the "Gallipoli Song" is sung as an elegy throughout Türkiye to commemorate those who died during the Gallipoli Wars. Therefore, society may be using this song as a coping mechanism to cope with social trauma. This approach helps people talk about

intergenerational trauma and share their feelings. Türkiye has used one method to cope with the traumatic effects of the Çanakkale and Independence Wars: turning the battlefields into special open areas for visitors. These sites, known as martyrs' cemeteries, educate younger generations about the wars that their grandparents fought. This is the empathic traumatization that Albeck (1994) refers to.⁵⁹ Although the new generation does not experience these events firsthand, they feel as if they have already experienced them. Apart from wars, Türkiye has also experienced many terrorist attacks. These attacks have claimed approximately 40,000 lives and injured thousands more, forcing them to migrate from their homes. However, few studies have examined the trauma caused by terrorism in Türkiye.^{65,68,76,77,78} Examining the content of these studies revealed that they only examined traumatic stress symptoms. Nevertheless, the intergenerational transmission of the traumatic effects of terrorist attacks, which have been occurring in Türkiye for more than forty years, has not been investigated.

The torture and inhuman treatment during coups and coup attempts, such as those on 27 May, 12 March, 12 September, 28 February, and 15 July, have received very little attention. The intergenerational transmission of these events was not examined. Although studies on the psychological and traumatic effects of coups have been conducted in Türkiye^{100,101,102}, intergenerational effects have yet to be examined. The September 12 coup was passed down through non-verbal communication, and the subject was avoided in Turkish society for many years. In September 2014, the September 12 Museum of Shame opened in Istanbul, marking a step toward confronting the trauma. Through empathetic traumatization, new generations were provided with information about what happened and were encouraged to support victims of trauma.⁷⁹

A few studies have examined the intergenerational transmission of the Dersim, Maraş, Çorum, and Sivas massacres against Alevis, but most have not. Çelik (2013) examined the intergenerational transmission of the Dersim massacre¹⁰³, and another study (2017) examined its psychosocial effects.¹⁰⁴ The Alevi community passes these traumas on to new generations through sayings and folk songs. In an environment where oral tradition is valued and Cem ceremonies are held, victims of the massacres are commemorated, and traumatic memories are kept alive.

Table 1 shows that earthquakes have caused significant loss of life in Türkiye. According to official figures, 127,000 people died in these earthquakes, and thousands more were injured. Despite being in an earthquake zone, Türkiye has only recently begun to develop post-earthquake psychosocial interventions. Most scientific studies conducted after earthquakes in Türkiye have focused on traumatic stress and trauma symptoms.^{66,105,106,107,108} School psychological counselors carry out psychosocial interventions in schools to reduce traumatic symptoms following earthquakes. However, studies aimed at preventing intergenerational transmission are not currently being conducted.

Despite the high prevalence of traumatic experiences in Türkiye, intergenerational trauma has received little research attention. As mentioned above, traumatic experiences can affect individuals both traumatically and psychopathologically. Mass, social, and individual traumas have the potential to affect everyone in a country such as Türkiye, where democracy is underdeveloped, regardless of their ethnic, religious, or political background. Examining Figure 1 and Table 1 reveals that the concept of intergenerational trauma has received little attention in Türkiye. The primary reason for this appears to be that

researchers in this field wish to avoid academic difficulties.

Examining the studies included in the systematic review in Table 1 reveals that intergenerational trauma has psychopathological effects. The fact that the effects of trauma continue into the second and third generations, negatively affecting psychopathology, makes researching intergenerational trauma in Türkiye important for mental health academics. It is believed that mental health professionals and trauma workers should pay more attention to intergenerational trauma, particularly with a view to strengthening social peace and democracy.

The above explanations highlight the importance of intergenerational trauma in local literature. One measure that can be taken to improve community mental health is examining the effects of trauma on new generations and observing transmission patterns. Understanding intergenerational trauma is necessary for reorganizing social relations, cultural life, and social peace. In this regard, this review study provides mental health professionals, legislators, and society with a new perspective.

In conclusion, experts working with intergenerational trauma should consider the above points. These points are important for individuals experiencing intergenerational trauma. They also contribute to a healthy therapeutic process.

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