



Intergenerational Trauma in the Context of the 1947 India–Pakistan Partition

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Abstract The Partition of India evokes tragic images of violence, separation, displacement, loss, and suffering. It was the largest mass migration recorded in human history. With one single decision, millions of people became strangers in the lands of their own ancestors and pushed out to new, unfamiliar territory that they would have to spend the rest of their lives in. However, this was not the end. With this displacement came a life, if only temporary, where mass slaughter became a frightening reality. Amidst this chaotic violence, people had no choice but to watch their lives take a turn they never expected it would and to survive with whatever lay ahead, for as long as they could. The present research was conducted to explore the phenomena of intergenerational trauma in the context of the Partition. Items from the Danieli Inventory for Multigenerational Legacies of Trauma were administered to children and grandchildren of Partition survivors currently living in India. An independent samples *t*-test was used to assess the significance of the difference between the relevant groups, using SPSS version 27.0.1. The results indicated that both generations scored in the medium range, which was a notable level of intergenerational trauma. It is interesting to note that though intergenerational trauma was numerically higher in grandchildren of Partition survivors, this difference was not significant ($p = .49$). The paper discusses these results and the implications of the study.

Keywords The Partition of India · Trauma · Intergenerational

Introduction

Human history has witnessed some of the most violent displacements of people from their homelands, such as Jewish people from Germany, Arab communities from Palestine, Muslim Rohingyas from Bangladesh, Kashmiri Pandits from Kashmir, and Tamilian refugees from Sri Lanka. This violation of human rights in its most extreme form evokes trauma in millions of those who have been affected. The Merriam-Webster dictionary defines trauma as “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” (Trauma, n.d.). Onderko (2018) defines trauma as the response to a deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causes feelings of helplessness, and diminishes their sense of self and their ability to feel the full range of emotions and experiences. This response to trauma can occur both immediately after a traumatic event has occurred, and even several months, or years after that event.

Types of Trauma

Barbash (2017) has classified trauma into small “t” and large “T” based on the general perception of the traumatic event. Small “t” trauma is the kind of trauma wherein the events leading to trauma are not considered to be life-threatening but do cause severe stress, exceeding our capacity to cope, and disrupting our emotional, and psychological functioning. In other words, small “t” trauma is caused by events that are considered to be traumatic at a personal, rather than a universal level. For example, living in an emotionally

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abusive family. On the other hand, large “T” trauma results from events that are distinguished as extraordinary events causing severe stress, and disruption in an individual’s life. In other words, large “T” trauma is the trauma that is caused by events that are considered to be traumatic at a universal level, for example, exposure to a natural disaster, or man-made traumatic events like forced mass migration.

Psychological Effects of Trauma

Exposure to a traumatic event(s) can manifest itself in the form of different kinds of symptoms and responses. Psychological responses to trauma may include feelings of anger (Brewin et al., 2000), sadness, guilt (Hendin & Haas, 1991), difficulty in concentration, and anxiety, but the most defining as well as common of them all include flashbacks; a vivid reliving of a traumatic event in which intrusive images associated with the event keep coming back to an individual’s mind (Brewin, 2015). In some cases of trauma, an individual may also experience dissociation (Van der Kolk & Van der Hart, 1989). It involves an experience of disconnection or detachment from oneself and the world around oneself. It can manifest itself in the form of taking on a new identity, frequently forgetting personal information, feeling like the world around oneself is unreal, and a difficulty in defining oneself as a person. Experiencing trauma can also lead to social withdrawal and a loss of interest in day-to-day activities.

Theories of Trauma

Over the decades, multiple theoretical perspectives have been developed to understand trauma. One of the most popular perspectives has been propounded by the Pluralistic Trauma Theory. As the name suggests, it emphasizes the variability of traumatic experiences and their narratives. A unique feature of this theory is that it focuses on structural as well as cultural dimensions of trauma. As Balaev (2012) puts it: “The manifold imagery of trauma in literature requires a theoretical pluralism that draws upon various models of trauma and memory... in order to account for its diverse representations.” This theory also discusses a “reorientation of consciousness,” which involves the formation of novel relationships between experiences and language. In addition to this, it also proposes the idea that traumatic experiences may not always lead to pathological symptoms that prevent their retrieval from memory.

Freud’s (1920) initial view of trauma was different from the Pluralistic Theory. He suggested that trauma is essentially any event that is so overwhelming or overpowering that the conscious mind is unable to accept it,

and thus forgets it. However, it was his belief that this “forgotten” trauma comes back in the form of somatic symptoms. Within this context, he referred to the “death drive,” which refers to a drive toward destruction, which can either be directed outward and expressed in the form of aggression, or directed at self, and expressed in the form of self-destructive behavior such as self-harm.

Just like Freud, Caruth (1996) also explained the concept of trauma within a psychoanalytic framework. She viewed trauma as an event that fragments consciousness and prevents direct linguistic representation (Mambrol, 2018). She implicated dissociation as the cause of trauma, where fear may take over the mind, hinder its abilities to comprehend the trauma, and express it using language, which can then lead to unique narratives, as found in trauma literature. Thus, in this context, traumatic experiences can be known only through referentiality, which includes only a reproduction of the trauma as communicated by people who have experienced it.

Even in the context of “historical trauma,” or trauma that is cultural and collective in nature, insights offered by Freud and Caruth have proven relevant. They promote a universalistic view of trauma by suggesting that shared trauma ends up damaging the collective psyche of a community, which then returns in the form of a latent shared response. Thus, this universalistic perspective promotes the notion that trauma is inherently intergenerational and transhistorical. Mambrol (2018) concludes: “From this perspective trauma’s transhistorical potential means that a cultural group’s traumatic experience in the historical past can be part of the psychic landscape of the contemporary individual who belongs to the same cultural group.”

Intergenerational Trauma

An interesting feature of trauma that is increasingly becoming the focus of recent research is that it can be transmitted across generations. This essentially means that the trauma that results from a traumatic experience may live and pass on to future generations of those who have survived it. A common and frequently studied example of intergenerational trauma can be observed in the offspring of holocaust survivors. In fact, it was through the identification of psychological distress in these offspring that this concept was first discovered (Rakoff et al., 1966).

An important point to note is that it is not necessary that the traumatic event be extremely severe to be able to transmit itself across generations. An isolated event, such as surviving a car accident in which a person’s loved ones died, can also produce trauma that may carry itself to subsequent generations.

Transmission of Trauma

Many research efforts are now geared toward understanding exactly how trauma can travel across generations. With this research question at the core, several studies point to the role of epigenetic traits. According to the Cold Spring Harbor Laboratory (2008), an epigenetic trait is a “stably heritable phenotype resulting from changes in a chromosome without alterations in the DNA sequence.” Yehuda and Lehrner (2018), in their research, pointed out that the offspring of Holocaust survivors who later reported experiencing symptoms of posttraumatic stress disorder (PTSD) had relatively lower levels of methylation, which is a kind of epigenetic mechanism that tends to modify gene function and expression.

Researchers also implicate the human body in this transmission of trauma across generations, because trauma has been found to embody itself in individuals (Buonagurio & Napoli, 2020). Their research goes on to highlight that survivors’ conscious or unconscious efforts to silence their narratives do not hinder this transmission, since the body continues carrying that trauma, which then passes on to future generations. Evidence for this claim has been found in children of survivors of trauma who often report having frequent intense nightmares (Cohn and Morrison, 2018; Connolly, 2011).

Braga et al. (2012), in their studies of transgenerational transmission of trauma and resilience in Brazilian offspring of Holocaust survivors, found varying effects of transgenerational trauma and also indicated that resilience-based mechanisms to overcome or effectively deal with this trauma can also travel across generations.

In addition to this, several studies have also examined the role of parents’ communication style in the transmission of trauma. Berckmoes et al. (2017) conducted a study in which they interviewed mothers who had survived the Rwandan genocide of 1994, as well as their children. The findings of their study highlighted the direct as well as indirect impacts of the trauma associated with the genocide. The direct effects were present in the ways in which these mothers would usually communicate with their children regarding the trauma, ranging from maintaining total silence to exhibiting hope that similar events do not take place in future. The roles of family communication, as well as compromised parenting, were also implicated.

Trauma psychologist Cherepanov (2020), with her focus on populations living in totalitarian regimes, suggested that the oppressive conditions can lead parents to develop “survival messages” that they tend to later communicate to their children as well as grandchildren. Examples of such survival messages can include “Always rely on only yourself” or “Make sure to always look out for yourself first,” and so on. The transmission may also occur through the body itself,

as highlighted in a study by Costa et al. (2018), in which a high mortality rate was found in children of prisoners of war (POWs).

The possible role of ribonucleic acid (RNA) has also been emphasized. Mansuy et al. (2018) extracted RNA from traumatized mice pups and injected them into those who had not had any traumatic experiences. Once they were injected, this second group of pups exhibited similar behavioral patterns to those mice who had experienced trauma early in their lives.

Manifestations of Intergenerational Trauma

Intergenerational trauma, according to DeSilva (2020), can present itself in a wide-ranging variety of symptoms, including hypervigilance, mistrust, high anxiety, insomnia, low self-esteem, nightmares, aloofness, and panic attacks, among many others. She notes that in some cases, intergenerational trauma can also have a negative impact on the immune system, causing it to be either hyperactive or not active enough. This, in turn, is associated with a greater likelihood of developing autoimmune diseases.

Hill (2017), a trauma therapist, suggests that within the context of family, intergenerational trauma can manifest itself in the form of unresolved thoughts and emotions about a traumatic event, poor parent–child relationships, a sense of emotional detachment, a possibility of developing personality disorders, negative patterns of behavior, or even negligible to no acknowledgment of possible mental illnesses.

Bezo and Maggi (2018) studied transgenerational trauma in the Ukrainian population, whose ancestors had experienced the “Holodomor,” the mass starvation of Soviet Ukrainians from 1932 to 1933, an intentional genocide that was put into effect by Joseph Stalin’s regime. The transgenerational impacts revealed in the study included engaging in risky health behaviors, anxiety, an authoritative parenting style, a sense of distrust for the community, and so on.

Taking a relatively broader view of the effects of intergenerational trauma, Danieli et al., (2015a, 2015b) conducted clinical studies on children of Holocaust survivors. She observed certain key behavioral patterns that were prominent in these children, such as a relatively higher need for being in control, or exhibiting immaturity or dependency. It was her belief that these behavioral patterns are used by them in an attempt to “repair” the world for their parents, and that they mostly function unconsciously. She thus termed these behavioral patterns as “reparative adaptational impacts.”

Boyajian and Grigorian (1986), working along similar lines, studied survivors of the Armenian genocide. Their research revealed that a majority of the participants reported experiencing anxiety, frustration, and anger across generations. Moreover, children of these survivors were observed to exhibit anxiety specific to a sense of overprotectiveness

present in their parents. Strengthening Danieli's theory of reparative adaptational impacts, their study also revealed that second-generation children often reported guilt associated with not having done enough for their parents.

Similar findings have also been reported in samples of war veterans and their families. Rosenheck and Nathan (1985) conducted a case study whose findings reported that a young boy exhibited certain symptoms that were very similar to those exhibited by his father, who was a combat veteran. Moreover, another study pointed out that many children of Vietnam veterans displayed symptoms of psychopathology (Jacobsen et al., 1993). Some impairments in broader domains of functioning have also been observed in children of war veterans. For example, Harkness' (1991) study revealed that the offspring of many veterans displayed impaired academic performance, and difficulty in developing and maintaining peer relations, in addition to impaired affective coping.

Giladi and Bell (2013), in a comparison study, found that higher levels of secondary traumatic stress (STS) were present in children and grandchildren of Holocaust survivors, as compared to the children and grandchildren who reported trauma related to non-Holocaust events.

Dias and Ressler (2013) also conducted research on adult mice where classical conditioning was used to develop a fear of the scent of cherry blossom among them. When these mice bred, it was found that their pups as well as their grand pups were more likely to be anxious and jumpy around the scent of cherry blossom, while this was not the case with pups (and grand pups) whose parents had not been conditioned to fear the scent.

Some studies have also provided insight into the intergenerational effects of living with a patient that has a terminal illness. For example, Compas et al. (1994) reported that adolescent girls who had mothers with a diagnosis of breast cancer often exhibited symptoms associated with depression, as well as anxiety.

The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) does not provide specific diagnostic criteria for intergenerational trauma. However, its presence is well acknowledged among mental health professionals who suggest that the impact of intergenerational trauma can be assessed through its manifestation in an individual's personality, communication, and relationships.

The Partition of India

Referring to the Partition of India, Gulzar (2017) said, "The wounds will take decades to heal, centuries to overcome the trauma." It was on the eve of India's independence that the first official announcement of the Partition of India and Pakistan was made. Standing before the people of former India, Gandhi (1947) spoke: "Tomorrow, we

shall be free from the slavery of British domination. But at midnight, India will be Partitioned. Tomorrow will thus be a day of rejoicing as well as of mourning." At the time, only a few could have anticipated the magnitude of the death and destruction that lay ahead.

The Partition of India and Pakistan into two independent countries overshadowed the joy that would have accompanied the end of British rule over India. It started a series of large-scale violence that included riots, mass casualties, and mass migration accompanied by refugee crises on both sides (Bharadwaj et al., 2008). In the chaos that followed Gandhi's announcement, safety became a luxury as people, especially civilians, were faced with a life-threatening challenge to migrate to what they hoped would be a safer territory for them. Communal violence became rampant as these mass migrants were killed and abducted in large numbers while making their way to what was now supposed to be their new homeland.

"Rioters brought the running train to a halt. People belonging to the other community were pulled out and slaughtered with swords and bullets. The remaining passengers were treated to halwa, fruits, and milk. The chief organizer said, 'Brothers and sisters, news of this train's arrival was delayed. That is why we have not been able to entertain you lavishly—the way we wanted to' (Manto, n.d.). This verse highlights the gruesome hatred that had built up during the Partition and led to mass violence. The survival of people became contingent on their religious identity. There was no formally established law and order that could keep this violence in check. Even when such laws were enforced, they were an accomplice to the violence, resulting in its institutionalization.

Many of those who had managed to cross the border and enter into what they hoped would be safer territory spent years living in refugee camps, uncertain of their future. Malhotra (2017) presented an account of a Partition survivor; "Beta, bohot saal tak camp mein rahe (We lived in camps for many years)... There were large tents, but usually shared by two families separated by a cloth curtain in the middle. There you lived, slept, ate, spent your days. Half a tent, just a purdah between us and another family." The overcrowded refugee camps, poor and unhygienic living conditions, and scarcity of resources including food and water, combined with the loss of family members exacerbated the pain and suffering that had stormed in during the Partition.

This Partition, and the extremely traumatic violence that accompanied it is now identified by many as the root cause of the strain in the relationship between India and Pakistan which persists until today. India and Pakistan have now managed to maintain a formal working relationship, but the Partition is seen as this giant blockade that continues to haunt the memories of the masses.

Gendered Violence During the Partition

Bringing in a gendered perspective forms a crucial context needed to understand the event of the Partition itself. It is an undeniable fact that women were the worst affected by the Partition. There exist many accounts of the harrowing experiences that women on both sides of the border were subjected to, including slaughter, abduction, rape, and forced conversion (Gunne & Thompson, 2011). At one point, these incidents had become so common that having heard about other women going through these unimaginable ordeals led to an alarming increase in suicide rates of women who wanted to “save their (and their communities’) honor” (Dey, 2015). This concept of men’s honor residing in the bodies of women is culturally mandated in the religious ideologies of Hindus and Muslims (Mishra, 2017; Honor Killings, Illicit Sex, and Islamic Law | Muslim Sexual Ethics | the Feminist Sexual Ethics Project | Brandeis University, n.d.). Thus, the act of raping a woman was a way of taking revenge from the whole community to which that woman belonged. “The female body served as the terrain through which to exchange dramatic acts of violence” (Menon, 2013). In light of this, Dey (2016) poignantly highlighted that not only did the violence come from members of the other community, but it was also inflicted on women by members of their own community, all in an attempt to “save their honor.”

In September 1947, during the “Recovery Operations,” the conditions of women who had assimilated into the “other” community after being abducted or reported missing, in fact, worsened. In order to bring them “back” to the country that was now supposed to be their homeland, they were uprooted yet again, displaced not once but twice, and no heed was given to their choices. They were then expected to start all over again, which also came with the stigma of them having lived with members of the “other” community, often leading them to face the eventuality of not being accepted by their own family members (Butalia, 2000).

However, to perceive women as only choiceless beings of a violent patriarchal and political setup is to tell an incomplete story. Even within these extraordinarily violative circumstances, women had some agency. Roy (2014) talked about the importance of understanding women’s agency as it exists within a dominant patriarchal context by highlighting the role of “Strategic Essentialism” (Spivak, 1988), which can be seen to offer short-term solutions or strategies to target context-based oppression. Even Butalia (1993) stated: “Our understanding of agency too needs to take into account notions of the moral order which is sought to be preserved when women act, as well as the mediation of the family, community, class and religion.” She went further and presented detailed instances of women’s agency during the Partition. These instances included their agency as shaped by the larger patriarchal culture, which was observed in mass

suicides as well as in women who helped “rescue” abducted women, while strengthening the patriarchal narrative of their “ownership”; their agency in refusing to be “recovered” and “returned” to their homeland; and their agency as refugees, directed toward a structurally violent state in the form of their protests.

Despite their agency, it is important to acknowledge that in the context of intergenerational trauma, the double trauma faced by many women is significant, as it may be transmitted from grandmothers and mothers, respectively, to future generations, regardless of their gender. In fact, Danieli (2015) reported that the association between the intensity of parents’ posttrauma adaptational styles, and the intensity of their offspring’s reparative adaptations was the strongest with respect to mothers. Yehuda (2015), discussing her work on survivors of the Holocaust and their children, talked about how these children had lower levels of the hormone cortisol, which plays an important role in managing stress. They were found to be more susceptible to anxiety, and in some cases, even posttraumatic stress disorder (PTSD). Many research studies (McCloskey & Bailey, 2000; Testa et al., 2011) have also discovered that being a victim of sexual abuse can increase the likelihood that children of these survivors are also exposed to sexual violence.

A Model of Intergenerational Trauma for Partition Survivors

Uttamchandani (2011), in her research, developed three models to explain the intergenerational trauma of the Partition of India and Pakistan, but the most prominent one was “the cycle of selective silence.” According to her, this cycle is initiated when children of Partition survivors ask their parents about their experiences during the Partition. These survivors, for many possible reasons, then discourage their children to talk about the Partition either by presenting only factual information to them, by exercising a “move on and deal with it” coping mechanism, or by becoming upset. This then leads to the children of these survivors becoming hesitant and/or losing interest in asking about the Partition, thus maintaining this pattern of selective silence. It is important to highlight that this silence is considered to be selective because while survivors do communicate some aspects of the Partition, they often fail to communicate the emotional aspects associated with it, especially their own emotions.

Danieli (1998) suggested that culture can be an important tool in the transmission of trauma, and it is with this idea that Uttamchandani highlighted how cultural factors of a South Asian context, such as a primitive vocabulary associated with emotions, could have encouraged this silence around the Partition. She also acknowledged that this cycle of selective silence can go beyond parent–child communication and

apply to communication with other survivors, such as grandparents and relatives, as well.

The Need for Studying Intergenerational Trauma

Trauma is perhaps one of the most complex phenomena that researchers have been trying to understand for almost a century. Researchers, practitioners, and scientists all across the world are dedicatedly working toward building more knowledge on it. A crucial piece in trying to understand the puzzle that trauma involves examining the concept of intergenerational trauma. The review indicated that there was a dearth of studies on intergenerational, or transgenerational trauma. Thus, it is important that more research is dedicated to understanding how trauma can impact generations of people who were never even exposed to it. The knowledge that can be derived from this research can have important implications for not only understanding trauma in itself, but also being able to prevent its transmission across generations. These studies may bring to the forefront a crucial aspect of trauma: that it is not only intense but also enduring. The fact that it can pass on to future generations, and contribute toward shaping their psychological and physiological predispositions provides a highly valuable insight that can assist mental health professionals in better understanding and dealing with it. Historical trauma resulting from such large-scale incidents as the Partition of India can, and most often, does end up affecting the offspring of entire communities, producing a mass effect that researchers have only begun to fully comprehend. They can also help in identifying and addressing potential emotional and/or behavioral issues that may arise in current generations as a result of indirect exposure to trauma. While the literature on intergenerational trauma resulting from international traumatic events such as the Holocaust, or World Wars is expanding, research on the Partition of India remains limited. Moreover, the authors could not find any studies presenting a comparative analysis between the level and nature of intergenerational trauma in children and grandchildren of trauma survivors, including survivors of Partition of India. The present research is an attempt to add to this literature by comparing the level of intergenerational trauma present in children and grandchildren of survivors of the India–Pakistan Partition.

Additionally, the grandparents of both authors were Partition survivors. They grew up in an environment where, on the one hand, the topic of the Partition was avoided, but on the other hand, they were also exposed to stories of the Partition. It made them more curious and interested in learning about it. The Partition is indeed an event that is directly or indirectly connected to their community, and identity.

Hence, the present study was conceptualized as examining the level of intergenerational trauma in subsequent

generations of the survivors of the India–Pakistan Partition. Four objectives were formulated for the study: (1) to assess whether there exists a significant difference between children and grandchildren of Partition survivors, pertaining to the overall level of intergenerational trauma; (2) to assess whether a significant difference exists between children and grandchildren of Partition survivors, pertaining to the level of mothers' posttrauma adaptational styles (subscale of intergenerational trauma); (3) to assess whether a significant difference exists between children and grandchildren of Partition survivors, pertaining to the level of fathers' posttrauma adaptational styles (subscale of intergenerational trauma); and (4) to assess whether a significant difference exists between children and grandchildren of Partition survivors, pertaining to the level of reparative adaptational impacts (subscale of intergenerational trauma).

On the basis of the above objectives, four hypotheses were proposed, namely (1) there will be a significant difference between children and grandchildren of Partition survivors with regard to the overall level of intergenerational trauma; (2) there will be a significant difference between children and grandchildren of Partition survivors with regard to the level of posttrauma adaptational styles of their respective mothers; (3) there will be a significant difference between children and grandchildren of Partition survivors with regard to the level of posttrauma adaptational styles of their respective fathers; and (4) there will be a significant difference between the children and grandchildren of Partition survivors with regard to the level of reparative adaptational impacts.

Methods

Sample

A sample of 62 participants was selected through purposive and snowball sampling. Thirty-one participants were children of Partition survivors (generation 2) and the other 31 were grandchildren of Partition survivors (generation 3). As Table 1 represents, in the second generation, there were 22 male participants and 9 female participants. Twenty-six of these participants were from the Sikh community, while 4 of them were from the Hindu community. One of the participants mentioned "humanity" as their religion. Most of the participants (38.7%) in this generation belonged to the age group of 60–70. Table 2 highlights that in the third generation, there were 9 male participants, 21 female participants, and 1 participant who identified as queer. Among them, 19 participants belonged to the Sikh community, while 12 of them belonged to the Hindu community. A majority of these participants (74.2%) were between the ages of 20–30. The eligibility criteria for selection included being either a child

Table 1 Children and grandchildren of Partition survivors

	Category	Number of participants
Children of Partition survivors	Gender	
	Male	22
	Female	9
	Religion	
	Sikhism	26
	Hinduism	4
	Humanity	1
	Age	
	40–50	7
	50–60	9
60–70	12	
70–80	3	
Grandchildren of Partition survivors	Gender	
	Male	9
	Female	21
	Questioning	1
	Religion	
	Sikhism	19
	Hinduism	12
	Age	
	10–20	4
	20–30	23
30–40	2	
40–50	2	

or a grandchild of a Partition survivor who had to migrate from their place of birth in Pakistan as refugees to India.

The Intersection Between Research Participants and Researchers

For both authors, the need for studying intergenerational trauma in the context of the 1947 India–Pakistan Partition stemmed from their origins in their respective families of Partition survivors. Since both paternal and maternal grandparents of the authors were Partition survivors themselves, this meant that they share a social identity with their research participants, along with a shared historical origin,

stories, circumstances, and struggles. Since the core idea behind the research and who made up the research participants were influenced by these identity bonds, the authors acknowledge their active interest in making known the psychological implications of the Partition that has not only directly affected their ancestors and millions like them, but also continues to indirectly affect their future generations, including the authors themselves. Since childhood, their curiosity regarding this event was actively discouraged, which then led them to take up this research, in order to be able to get the answers to the questions they were seeking. With this underlying motive, the sampling criteria was an active, collaborative choice made in order to establish a base for research on intergenerational trauma resulting from the Partition of India and Pakistan. Using their grandparents' experiences as a reference, the authors administered the scale specifically to children and grandchildren of those Partition survivors who had to migrate from their place of birth in Pakistan to India as refugees. In addition to this, since the current study employed convenience and snowball sampling, some of the participants were known acquaintances of the authors, which could also have played a role in data collection, as well as interpretation.

While the specificity of these criteria helped focus the research efforts, it also meant that the experiences of other Partition survivors (e.g., those who did not migrate anywhere but were witnesses to and/or victims of violence) and their intergenerational impact on their children and/or grandchildren could not be accounted for. The authors also had to carefully think through how their shared social identity could have shaped the way they interpreted the data collected from the participants.

Design

A quantitative and cross-sectional design was followed.

Measures

Danieli Inventory of Multigenerational Legacies of Trauma

The Danieli Inventory of Multigenerational Legacies of Trauma, developed by Danieli (2015), was used. It is the first

Table 2 Mean scores and t-value of overall level of intergenerational trauma

S. no	Group	n	M	SD	t	Degrees of Freedom (df)	Significance (two-tailed)
1	Children of Partition survivors	31	2.3051	.61608	-.69	60	.491
2	Grandchildren of Partition survivors	31	2.4263	.75434			

tool that has been verified and validated to study intergenerational trauma and its impacts. Since this tool was developed for holocaust survivors, it was adapted by the researchers to suit the purpose of the present study in the context of the Partition of India, as suggested by Danieli (2015). It consists of three different parts.

The first part of the inventory, called “parents’ posttrauma adaptational styles,” is a self-report measure that is administered to children of trauma survivors and is used to assess their (children’s) perceptions of their mothers and fathers as well as of their own upbringing. This implies that the participants are required to respond to the items first with respect to their mother and then to their father. The shorter version containing 20 items, assessing the victim style scale was used. It had a high internal consistency ($\alpha=0.92-0.93$). The items that are included in this part are scored as a mean of component items.

The second part of the inventory is called “reparative adaptational impacts,” which seeks to assess the impact of indirect exposure to trauma on children of trauma survivors. It has a high internal consistency of 0.91. A strong association was found between the severity of children’s reparative adaptational impacts and the intensity of their parents’ posttrauma adaptational styles. It has the same scoring procedure as part one.

The third part of the inventory was not used for this research for various reasons. After considering the psychometric properties of the inventory, as stated by Danieli et al., (2015a, 2015b), it was established that parts 1 and 2 have their own distinct reliability and hence have independent psychometric properties of their own. Moreover, part 3 of the inventory was designed to acquire descriptive information that has not been used in both subscales. Since the study was carried out in online mode, it was difficult to acquire this detailed descriptive information. Therefore, the present research used only parts 1 and 2 of the inventory.

Scoring Scores on both the first and the second parts of the inventory ranged from 1 to 5. All the items included in parts 1 and 2 of the scale were scored on a five-point Likert scale (strongly disagree = 1, disagree = 2, neither way = 3, agree = 4, strongly agree = 5). This scoring suggested that for most of the items in the inventory, a score of 1 indicated the lowest possible level of intergenerational trauma experienced, whereas a score of 5 indicated the highest possible level of intergenerational trauma experienced. For example, for the item “My mother often screamed in order to feel heard,” if a participant marked 5, it highlighted the presence of the highest level of intergenerational trauma pertaining specifically to the situation addressed in it. Similarly, if a participant marked 1 for the same item, it highlighted a very low presence, or even an absence of intergenerational trauma pertaining to the same situation. However, it is important to note that

some items in the inventory were also reverse-scored. This meant that a score of 1 indicated the highest possible level of intergenerational trauma, instead of the lowest level of the same. In the same way, a score of 5 would indicate the lowest possible level of intergenerational trauma. For example, for the item “Most days I wake up looking forward to life,” if a participant marked 1, it would signify that they have experienced the highest level of intergenerational trauma regarding the situation mentioned in the item. On the other hand, if a participant marked 5 for this item, it would denote a very low presence, or even an absence of intergenerational trauma related to the same situation.

In the present study, four mean scores were assessed namely, the overall level of intergenerational trauma, mothers’ posttrauma adaptational styles, fathers’ posttrauma styles, and reparative adaptational impacts both for children and grandchildren of Partition survivors.

Procedure

For the purpose of this study, several trauma-based tools were initially considered. After due deliberation, the Danieli Inventory of Multigenerational Legacies of Trauma was finalized. Yael Danieli, the author of the scale, was contacted to request access to as well as permission for using the scale. Due to the COVID-19 pandemic, data were collected online. Three types of Google forms were created for the pilot study. Two participants were administered a single Google form which contained both part one and part two of the scale, along with other relevant sections, whereas two more participants filled out two separate Google forms containing part one and part two separately, along with other relevant sections. Based on the feedback, the first alternative was finalized. The final form used for the actual data collection contained six sections, namely introduction to the research, informed consent, demographic details, parents’ posttrauma adaptational styles (for the mother), parents’ posttrauma adaptational styles (for the father), and adaptational impacts.

To ensure participant safety, informed consent was taken from all the participants before they started responding on the google form. They were informed about their rights as a participant, including but not limited to, withdrawing at any point during the research. All APA ethical guidelines were followed throughout the research, from informing the participants about the purpose of the study to maintaining confidentiality. All the participants were also debriefed after they had participated in the research. In addition to this, if any participant wished to reach out to the researchers, their contact information was provided.

Data Collection

The Google form was then circulated to known family members of Partition survivors, who had duly consented to participate in the research in accordance with APA ethical guidelines. Once the data collection had been completed with a total of 62 responses, a Google sheet containing all the responses was created. Individual scoring was done for all of the participants by calculating the mean score of their respective responses. The mean scores were divided into two groups based on the generation to which the participants belonged. Group 1 included the mean scores of all the participants who were children of Partition survivors, and group 2 included the mean scores of all the participants who were grandchildren of Partition survivors.

Data Analysis

An independent samples *t*-test was conducted to compare the means of both groups. These scores were then transferred to the SPSS software version (27.0.1) to calculate the value of *t*.

Results

The assumption of homogeneity of variances was tested via Levene's *F* test, $F(60) = 1.15$, $p = 0.288$. Cohen's *d* was estimated at 0.68, which is a medium effect, based on Cohen's (1992) guidelines. To test the hypotheses that there will be a significant difference between children and grandchildren of Partition survivors in terms of the overall level of intergenerational trauma, the level of posttrauma adaptational styles of mothers and fathers, respectively, and reparative adaptational impacts, independent samples *t*-tests were conducted. Table 2 presents the results obtained with regard to the overall level of intergenerational trauma. Group 1, consisting of children of Partition survivors ($N = 31$), was associated with intergenerational trauma $M = 2.30$ ($SD = 0.61$). On the other

hand, Group 2, consisting of grandchildren of Partition survivors ($N = 31$), was associated with intergenerational trauma $M = 2.42$ ($SD = 0.75$). This *t*-test was associated with a statistically non-significant effect, $t(60) = -0.69$, $p = 0.491$. Thus, hypothesis 1, which stated that there will be a significant difference between children and grandchildren of Partition survivors with regard to the overall level of intergenerational trauma, was rejected. Table 3 presents results obtained regarding posttrauma adaptational styles of participants' respective mothers and fathers. As the table shows, in the context of their respective mothers' posttrauma adaptational styles, children of Partition survivors were associated with $M = 2.14$ ($SD = 0.75$), whereas grandchildren of Partition survivors were associated with $M = 2.11$ ($SD = 0.86$). This difference was also not found to be significant $t(60) = 0.11$, $p = 0.91$. Thus, hypothesis 2, which stated that there will be a significant difference between children and grandchildren of Partition survivors with respect to their respective mothers' posttrauma adaptational styles, was also rejected. Similarly, Table 3 also highlights that in the context of posttrauma adaptational styles of participants' respective fathers, children of Partition survivors were associated with $M = 1.87$ ($SD = 0.66$), while their grandchildren were associated with $M = 2.15$ ($SD = 1.02$). Again, this difference between the two generations was not found to be statistically significant $t(60) = -1.27$, $p = 0.20$. Owing to this finding, hypothesis 3, which stated that there will be a significant difference between children and grandchildren of Partition survivors with respect to their respective fathers' posttrauma adaptational styles, was also rejected. Finally, Table 4 shows the results obtained regarding participants' reparative adaptational impacts. According to this table, children of Partition survivors were associated with $M = 2.70$ ($SD = 0.66$), whereas grandchildren of the Partition survivors were associated with $M = 2.81$ ($SD = 0.64$). This difference between the two generations was also not statistically significant $t(60) = -0.65$, $p = 0.51$. Thus, hypothesis 4, which stated that there will be a significant difference between children and grandchildren with respect to their own reparative adaptational impacts, was also rejected.

Table 3 Mean scores and *t*-values of mothers' and fathers' posttrauma adaptational styles

S. no.	Group	n	M	SD	<i>t</i>	Degrees of freedom (<i>df</i>)	Significance (two-tailed)
<i>Mothers' posttrauma adaptational styles</i>							
1	Children of Partition survivors	31	2.14	.75	.11	60	.913
2	Grandchildren of Partition survivors	31	2.11	.86			
<i>Fathers' posttrauma adaptational styles</i>							
1	Children of Partition survivors	31	1.87	.66	-1.27	60	.206
2	Grandchildren of Partition survivors	31	2.15	1.02			

Table 4 Mean scores and t-value of reparative adaptational impacts

S. no.	Group	n	M	SD	t	Degrees of freedom (<i>df</i>)	Significance (two-tailed)
1	Children of Partition survivors	31	2.70	.66	-.65	60	.514
2	Grandchildren of Partition survivors	31	2.81	.64			

Discussion

The present study was conducted with the aim of examining the overall level of intergenerational trauma, and its subscales in children and grandchildren of survivors of the Partition of India and Pakistan that occurred in 1947.

The literature review indicated that there were no previous studies assessing differences between children and grandchildren of Partition survivors. However, a few studies have gone further and analyzed the manifestation of intergenerational trauma in the grandchildren of trauma survivors as well (Dias & Ressler, 2014; Giladi & Bell, 2013).

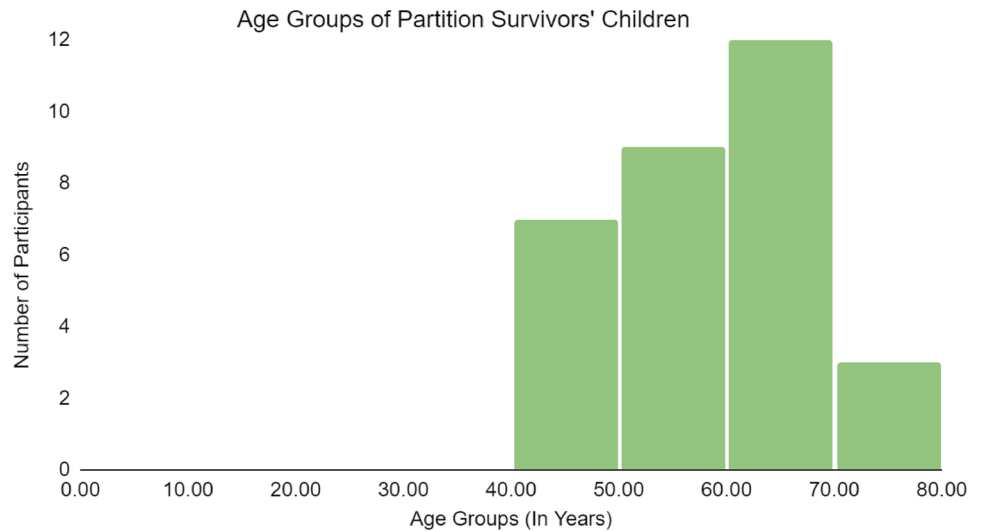
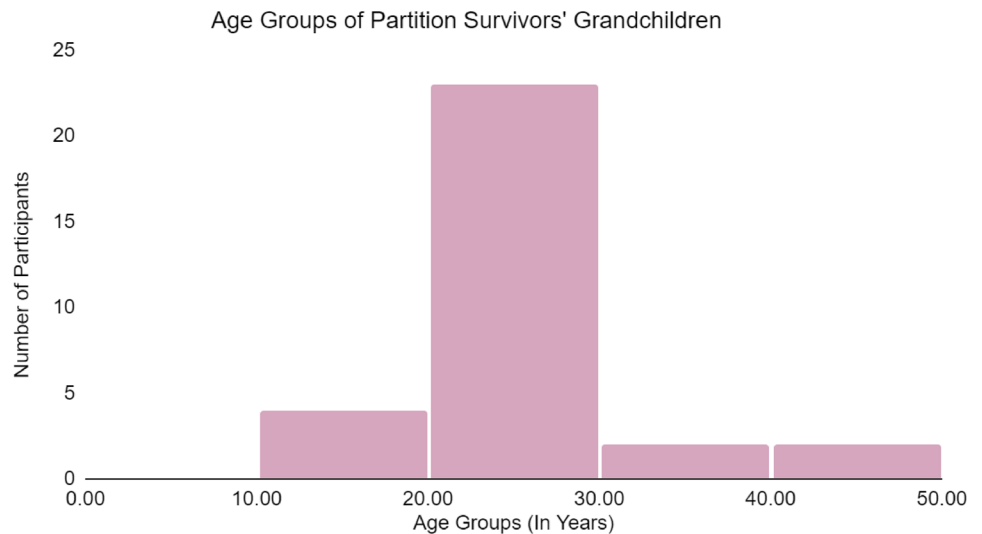
Tables 2, 3, and 4, respectively, depict the results of the study. Table 2 presents the overall level of intergenerational trauma found to be present in children and grandchildren of Partition survivors. The mean scores for both generations fall in the medium range. The mean scores on posttrauma adaptational styles of participants' respective parents are presented in Table 3. With respect to the participants' respective mothers' posttrauma adaptational styles, the mean scores of both generations were in the medium range. However, with respect to the participants' respective fathers' posttrauma adaptational styles, the mean score of children of Partition survivors was found to be on the numerically lower side of the spectrum, whereas, for grandchildren of these survivors, the mean score seemed to fall in the medium range. Table 4 presents the mean scores of both generations with respect to the participants' own reparative adaptational impacts. The scores for both generations on this subscale were also within the medium range.

Therefore, while some differences between the children and grandchildren of Partition survivors did exist, they were found to be insignificant with respect to the overall level of intergenerational trauma, as well as the two subscales. However, a medium level of intergenerational trauma was found in both generations, which in itself is indicative of a notable presence of intergenerational trauma. Various possible explanations can be given for these results.

Generation 3 participants may have been more open to expressing their emotions and responding authentically to sensitive questions related to their experience of intergenerational trauma. Hence, they may have reported a similar level of intergenerational trauma as generation 2, even though

they were historically more distant from the actual event. Most of the participants belonging to the third generation have been born and brought up in the late twentieth and early twenty-first centuries (Fig. 2). These participants, especially those belonging to the age group of 20–30 years, are a generation that may be more expressive about their emotions. According to a survey conducted by Veluchamy (2016), out of a total of 260 Indian students belonging to Generation Z (born between the late 1990s and 2000s), 70% were in the favor of talking about mental health issues openly. Moreover, in the contemporary context, specifically in relation to the COVID-19 pandemic, issues around mental health are being increasingly addressed. The unforeseen increase in psychological distress has led people to acknowledge the significance of mental health and its intricacies (Imran et al., 2020; Kathirvel, 2020; Moreno et al., 2020). Mass media and social media have also contributed to this increased awareness by actively sensitizing people toward the struggles that accompany mental health issues, and how they can be addressed. Pathak and Biswal (2021), in a meta-analysis of Hindi movies in the pre- and post-media convergence era, found that movies created in the post-media convergence era, portrayed people with mental health issues as empowered, and as contributing to society, which was in sharp contrast to their initial portrayals as childish, destructive, or ignorant. Social media, too, takes up a huge amount of time for younger people, regularly exposing them to content based on mental health, which could explain why they may have chosen to express their authentic emotions in their responses. The third generation is most influenced by all of these factors as they are the most media and tech-savvy (Volkom et al., 2014).

Generation 2, on the other hand, may not have been very expressive and forthcoming while attempting the intergenerational trauma inventory. A majority of participants belonging to generation 2 were within the age group of 61–70 years (Fig. 1). Most of these participants were brought up in a sociocultural context where even acknowledging the existence of mental health was considered taboo. Research by Weiss et al. (2001) provides evidence for this by highlighting that older age is associated with a higher intolerance for the mentally ill. Unlike Generation 3, who are being provided spaces in both familial and academic settings to express their

Fig. 1 Age groups of children of Partition survivors**Fig. 2** Age groups of grandchildren of Partition survivors

emotions and mental health concerns (Kasturia et al., 2019), Generation 2 may have had limited opportunities for such self-expression. Having been raised in such an environment might explain why, even if they felt certain emotions while reading the items in the form, they might have made efforts, conscious or unconscious, to restrict them from showing up in their responses. The Partition survivors themselves may have been even more conservative and would have had more guarded communication patterns than Generation 2. To these survivors, not telling their children about the horrors of the incident may have been a way of protecting them from ever being a part of these atrocities, even vicariously. This, in turn, could also have ended up restricting them from sharing their experiences and feelings regarding the Partition with anyone, especially with their children (generation 2). This inhibition of emotional expression could then have passed down to the next generation, their children, who often

also live according to the same ideology, and knowingly, or unknowingly, restrict their own emotions. This pattern could also be explained by the “cycle of selective silence” (Uttamchandani, 2011) that promotes silence surrounding Partition-related experiences. However, in spite of this possible active suppression and guarded communication, the trauma may have passed onto generation 3, as highlighted in Table 2, through epigenetic mechanisms because it remains unresolved and unexpressed, and cannot be done away with just by putting it under the carpet (Fig. 2).

It is also imperative to highlight that the inventory used in the present study was developed in a Western context. While the inventory can be adapted to suit the purpose of the traumatic event being studied, the fact is that the content of the items and the fundamental structure of the inventory is reflective of a Western context. Therefore, it is possible that this inventory could have proven

inadequate in authentically assessing the manifestation of intergenerational trauma in the Indian context.

Limitations and Suggestions for Future Research

The present study also had certain limitations. As mentioned above, the scale used was developed in a Western context. The sample size for both generations was small. Moreover, the specific criteria for the sample (i.e., being a child/grandchild of a Partition survivor, currently living in India) along with the extremely sensitive nature of the traumatic event being studied posed its own set of sampling challenges. It also did not include an analysis of gender differences. Due to the pandemic situation, the data could not be collected physically, which obstructed observing non-verbal responses as valuable additional information. This was also the reason why part 3 of the inventory, which focuses on acquiring descriptive information, could not be administered to the participants. In addition to this, the study focused only on an urban population; thus, these findings may not be generalizable to the rural population. Since the present study was purely quantitative, in-depth information that could have been obtained from a qualitative research design could also not be gathered.

Future research related to trauma in the context of the Partition can attempt to develop an indigenous inventory or scale that is designed to assess intergenerational trauma specifically related to the Partition. It can also focus on analyzing gender differences which can help examine the role of gender in the expression of intergenerational trauma. Research studies related to intergenerational trauma can also incorporate a comparative analysis of how rural and urban populations differ from each other with respect to the same. Triangulation by employing a mixed-method research design can also be incorporated into these studies, so as to be able to gather additional data that provides valuable insights. Moreover, a comparative study can also be conducted on samples from the Indian population as well as the Pakistani population, in order to understand how intergenerational trauma has manifested itself in them, and whether or not they differ from each other with regard to the same. Related studies in future can also include larger samples so that their findings can be more generalizable. In addition to this, a replication study of Giladi and Bell (2013) in the Indian context can also be conducted through the use of an experimental methodology. Such a replication study can help assess how intergenerational trauma caused by historic events may differ from intergenerational trauma caused by other, perhaps more personal, events.

Future Implications

Poetry and literature are rampant with narratives and stories of the Partition (Gilmartin, 1998; Hasan, 2002; Kabir, 2005), but as noted earlier, there was a dearth of psychological studies on the Partition. The present study provided a starting point for studying the psychological elements of the Partition of India that bind these generations together. It will also serve as a pioneer in bringing intergenerational trauma pertaining to the Partition under research focus and has the potential to make it into an important issue in psychological literature, especially in the context of India and Pakistan. Psychologists in the subcontinent had not focused on this important cohort which is going to diminish with passing time, especially Partition survivors and the generation immediately following them. This makes it all the more important to further delve into understanding the intricacies of intergenerational trauma in the context of the Partition, and how they may manifest differently in different generations. Research studies like the present one can help in emphasizing the importance of taking into account the role of historical trauma in psychological distress and also in developing therapeutic interventions for families in order to break this cycle of intergenerational trauma. In addition to this, they can also help facilitate a channel of communication between generations regarding the Partition, wherein they can form support groups to discuss the Partition and help each other through their experiences with intergenerational trauma. Similar studies in both countries may also contribute to heal Partition-related scars by bringing them into academic and scientific discourse, thus rendering them scientific objectivity which was previously missing in the discourse around the Partition.

Conclusion

The results of this research revealed that both children and grandchildren of Partition survivors exhibited medium levels of intergenerational trauma. What is worth reiterating here is that these scores serve as plausible evidence for the presence of intergenerational trauma in both these generations. In addition to this, children of Partition survivors (Generation 2) did not differ significantly from grandchildren of Partition survivors (Generation 3) in terms of the presence of the overall level of intergenerational trauma, posttrauma adaptational styles of their mothers and fathers, and their reparative adaptational impacts. However, as mentioned above, a numerically higher level of intergenerational trauma was observed to be present in Generation 3, as compared to Generation 2, although this difference was not statistically significant. These findings have undoubtedly created a novel area of research that can attempt to investigate the

differences in the contexts of both these generations and understand their levels and manifestations of intergenerational trauma, and how they differ from each other, as well as the causes for the same.

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Author Contributions Both authors contributed equally to the research study.

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Data Availability All the data generated as a part of this research are available with the authors but have not been made public for the purpose of maintaining confidentiality. After adequately meeting conditions for anonymity, data can be made available to the journal on special request.

Code Availability Code availability is not applicable to this research.

Declarations

Conflict of interest The authors have no competing interests to declare that are relevant to the content of this article.

Ethics Approval All the procedures followed in this study were in accordance with APA ethical guidelines.

Consent to Participate Informed consent was taken from all the participants of the study, in accordance with APA ethical guidelines.

Consent for Publication Both the authors have copyright over the research and have duly consented to publish it in Psychological Studies.

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