

Intergenerational Trauma Across Three Generations: The Dual Role of Grandparent-Grandchild Interaction in Context and Development

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Abstract. The long-term effects of intergenerational trauma on family functioning and offspring development are receiving increasing attention. This study aims to examine the dynamics of trauma transmission across three generations, with a focus on the interaction between maternal (G2) and paternal influence (G1), and the developmental outcomes of grandchildren (G3). The study used a systematic literature review that synthesized evidence from 11 empirical and theoretical studies that were screened based on their relevance to third-generation systems, cultural contexts, and developmental stages. The main findings revealed a tripartite mechanism: maternal trauma transmits risk through physiological and psychological pathways, while grandparents' involvement can serve as a protective buffer or additional stressor, depending on attachment, co-regulation, and role structure within the family system. Furthermore, the cultural ecology and the developmental stage of G3 further modulate these dynamics, highlighting the context-dependent nature of vulnerability and resilience. This review provides an integrated framework for understanding intergenerational trauma and highlights the importance of targeted interventions, family system support, and culturally sensitive approaches. Future research should focus on longitudinal design, cross-cultural comparison, and exploration of biological mechanisms to enhance the empirical rigor and practical application value of this field.

Keywords: Intergenerational Trauma; Grandparent-grandchild Interaction; Attachment; Co-regulation.

1. Introduction

As a key interdisciplinary field in psychology, psychiatry and social science research, intergenerational trauma reveals how the psychological adversity of the first generation (G1) affects the mental health, social, and emotional development and life trajectory of the second generation (G2) and third generation (G3). Empirical studies show that mental health issues (e.g., depression, anxiety, and post-traumatic stress) in grandparents and parents are transmitted not only through genetic and biological pathways, but also through the family system's social and emotional influences, which shape children's early development environment [1]. This transmission can take the form of a long-lasting shadow effect, in which grandparents' emotional and functional health has a measurable impact on their grandchildren's mental health and socioeconomic outcomes [2]. The mechanism behind intergenerational effects can be broadly divided into three dimensions: emotion, role, and narrative. At the emotional level, emotional co-regulation, or the patterning and transmission of emotional responses within the family, plays a central role in buffering and exacerbating risk [3]. At the role level, role confusion and parentalization are key mechanisms. When children (G3) assume responsibilities that should belong to parents (G2) or grandparents (G1), this often leads to blurred boundaries of cost and compromised individual autonomy [4]. At the narrative level, narrative coherence—the ability of individuals to organize and interpret family stories of adversity—has been shown to foster children's adaptability by contextualizing traumatic experiences and transforming family pain into adaptive learning resources [5]. These mechanisms do not operate in isolation, but are embedded in cultural and social contexts, and are constrained by macro conditions such as collective and individualistic family structures, socio-economic status, and historical adversity [6]. It is worth noting that the intergenerational transmission of trauma has a dual nature. On one hand,

unresolved G1 trauma can amplify G2's psychological distress, intensify family conflicts, and heighten the risk of internalization and externalization issues in G3 [1]. On the other hand, well-functioning family support, particularly from emotionally available grandparents, can cushion these effects while enhancing children's social-emotional capacities and promoting coping and adaptive skills [6]. In this process, the quality of the interaction between grandparents and grandchildren is a key moderating variable: close relationships promote the reduction of internalized symptoms, while relationship conflict exacerbates internalized and externalized problems [6]. This different effect orientation emphasizes the importance of simultaneously detecting pathological and protective factors in intergenerational family dynamics. Longitudinal development and cross-cultural research further reveal that intergenerational trauma is often accompanied by structural and systemic factors. Cultural norms regarding family cohesion, hierarchical roles, and collective experiences can significantly influence how grandparents' and parents' trauma affects G3's psychological and socio-emotional development [7]. Although the academic understanding of this field is increasingly deep, there is still a gap in understanding how core mechanisms (such as emotional co-regulation, role structure, and narrative coherence) play a role in individual development, family structure, and sociocultural context. This study aims to advance understanding by investigating the dual role of grandparent-grandchild interactions in amplifying or mitigating the psychological and socio-emotional consequences of family trauma, while examining underlying determinants such as the G3 developmental stage, social structure, and cultural context.

2. Intergenerational Trauma and Grandparent-Grandchild Dynamics

Intergenerational trauma refers to the process of psychological, emotional and social adversity being passed from one generation to the next within the family system. Unlike individual trauma, which only affects those who experience the trauma, intergenerational trauma is defined by the long-term effects of traumatic experiences on subsequent generations, which continue to shape their emotional development, behavioral patterns, and socio-economic outcomes [2]. Current research increasingly conceptualizes intergenerational trauma as a three-generation system, where the experiences of grandparents (G1), parents (G2), and grandchildren (G3) are interconnected. The framework argues that trauma is not only the product of a direct interruption in care or environmental stress, but also the cumulative result of historical, family and social factors through family relationships [8]. By placing trauma in this multi-generational system, scholars can gain a deeper understanding of the transmission and regulation mechanisms of psychological vulnerability and resilience. A central pathway of intergenerational trauma involves G2→G3 transmission, where parents' traumatic experiences directly influence their children's developmental outcomes. Empirical evidence suggests that parents who have experienced adversity (from abuse and neglect to war or systemic exclusion) may experience changes in their neurobiology and emotional functioning, which in turn affects their parenting behaviors and emotional availability [5]. At the biological level, parental trauma may affect offspring through stress-regulated neuroendocrine pathways, epigenetic modifications, and genetic predispositions to anxiety, depression, or hyperarousal [9]. On a psychological level, traumatized parents may adopt maladaptive coping strategies, such as difficulty regulating emotions or inconsistent caregiving styles, which can foster children's emotional insecurity and increase their vulnerability [7]. Longitudinal studies confirm that G2 mental health issues (e.g., depression and anxiety) significantly predict G3 psychological distress, with family dynamics such as conflict and relational stress playing a key mediating role.

Beyond the parent-child dyadic relationship, the study also revealed G1's independent influence on G3, forming a third-party mediation mechanism within the intergenerational trauma system [3]. Grandparents can directly influence the psychological and social-emotional outcomes of their grandchildren through care, emotional modeling, and storytelling, as well as indirectly through shaping parental behavior and family resources [2]. For example, research on guardian-type grandparent families shows that closer grandparent-grandchild relationships are associated with

reduced internalization of problems among grandchildren, while relationship conflicts exacerbate both internalization and externalization difficulties [6]. Similarly, G3 engages with grandparents' narratives about historical adversities, fostering psychological resilience by contextualizing trauma, enhancing narrative coherence, and providing adaptive coping strategies [3]. This independent G1→G3 pathway suggests that grandparents are not merely secondary transmitters of parental trauma, but unique regulators whose presence can either buffer or amplify the psychological effects of multi-generational adversity. Based on existing research, intergenerational trauma operates through three interrelated mechanisms, which together form a coherent framework for understanding how trauma, resilience, and functional support are transmitted across generations: 1. Attachment refers to the formation of basic security or insecurity in family bonds. Attachment shapes children's social-emotional expectations, trust capacities, and their internal working models of relationships [5]. 2. Emotional Co-regulation describes the dynamic interplay of emotional states within families. Grandparents and parents model emotional responses that can either stabilize or disrupt G3's emotional development, depending on the quality and consistency of regulation [10]. 3. Role Structure involves the clarity and distribution of family responsibilities. Role confusion, including parentalization and boundary ambiguity, can increase stress, compromise autonomy, and impair developmental functioning if not properly managed [4].

Together, these three mechanisms form a coherent theoretical framework for understanding how trauma, resilience, and functional support are transmitted across generations, and lay the foundation for subsequent analyses of developmental trajectories, cultural contexts, and intervention strategies. By incorporating intergenerational trauma into this multi-level, mechanism-driven model, this study highlights the importance of viewing grandparent-grandchild interactions as both risk and protective factors, and advocates for a comprehensive approach that integrates biological, psychological, and social dimensions to address the lasting impacts of family adversity [5]. This conceptualization process not only clarifies the transmission path of trauma, but also provides a theoretical basis for designing targeted interventions to reduce risk and foster intergenerational resilience.

3. The Regulatory Role of Cultural Ecology and G3 Developmental Stage

3.1 Cultural Ecology

3.1.1 Collectivist Societies

In collectivist societies, family cohesion, interdependence and extended kinship networks are highly valued and shape the structure and function of the family across generations. The emphasis on family obligations often results in a three-generation system with strong family bonds. In this system, grandparents (G1) play a positive role in childcare, education, and emotional support [10]. In this cultural context, grandparents often not only provide practical help, but also act as custodians of family history and cultural narratives, which can guide G3 to understand past adversities and develop psychological resilience from them [3]. In collectivist societies, grandparents' involvement is primarily functional and emotional, encompassing active daily care, the transmission of cultural knowledge, and the mediation of intergenerational conflicts [10]. This intervention, functioning as a protective mechanism, effectively mitigated the negative impact of parental trauma (Group 2) on Group 3 by fostering secure attachment, emotional regulation, and narrative coherence. For example, cross-cultural research shows that G3 children can internalize the resilience observed in their grandparents who experienced historical trauma, and translate these experiences into adaptive coping strategies in daily life [3]. However, the close integration of large families also carries risks. However, the close integration of large families also carries risks. When G2 caregivers suffer severe functional impairment due to unresolved trauma, grandparents' excessive involvement or authoritative guidance may blur intergenerational boundaries and cause role confusion, potentially exacerbating G3's emotional burden [4]. Excessive involvement or authoritative guidance by grandparents may blur generational boundaries and exacerbate G3's emotional burden, illustrating the dual nature of

grandparental influence in collectivist environments [4]. In conclusion, the collectivist cultural ecosystem enhances G1's engagement, yet this presents a double-edged sword: while providing crucial protective support for emotional and behavioral development, it may also create vulnerabilities due to role ambiguity and excessive caregiving expectations. Understanding these dynamics is critical for designing culturally sensitive interventions that leverage G1 support while mitigating associated risks.

3.1.2 Individualist Societies

In contrast, individualist societies place greater emphasis on individual autonomy, the independence and self-reliance of the nuclear family, and their family structure is often more fragmented, and the participation of grandparents tends to be limited or formal [6]. In this context, grandparents are usually secondary caregivers whose role is more about emotional support and continuity of cultural transmission than continuous daily supervision [11]. In a society of individualism, G1 interventions are primarily supportive but limited, with common forms including life guidance, recreational interaction, or temporary care during parental absence. These forms of involvement provide moderate protective mechanisms: grandparents' emotional support can help mitigate the internalization of G3 and enhance social skills, particularly in high-risk families with impaired G2 functions [6]. However, since parental care is primarily the responsibility of parents, G1's direct influence on G3's ability to co-regulate emotions and form attachments remains relatively limited. At the same time, the limited participation of the nuclear family may become a risk mechanism in the crisis. When G2 experiences trauma or dysfunction, the lack of active G1 involvement may leave G3 exposed to unrelieved emotional and behavioral stress, with fewer buffers against parent-child identification or family role confusion [6]. This underscores the structural fragility of nuclear families in the context of individualism—G1's protective capacity toward G3 depends largely on voluntary participation rather than systemic cultural expectations. In short, the individualistic cultural ecology, by reducing systemic participation, regulates and often weakens the role of grandparents, making the protective influence of G1 more situational and unstable. To address such societal interventions, priority should be given to creating and promoting meaningful pathways for grandparents' involvement when parental functions are compromised, thereby optimizing the resilience development of Generation 3 (G3) [3].

3.2 G3 Development Stage

3.2.1 Childhood

Childhood is a sensitive period during which G3 develops foundational attachment and emotional regulation capacities, making them highly receptive to the emotional climate shaped by G1 [8]. At this stage, G1's involvement typically manifests as direct caregiving, emotional support, and providing structured daily routines in G2 households with impaired functioning [2]. This engagement fosters secure attachment, effective emotional regulation, and early internalization of adaptive coping strategies, thereby mitigating the negative impact of parental trauma (G2) on children [3]. However, childhood is also a highly vulnerable period. If G1 becomes over-intervening or emotionally entangled due to G2's functional limitations, this may cause G3 to prematurely adopt parental roles, experience role confusion, or shift emotional burdens, thereby exacerbating their internalized symptoms and behavioral dysregulation [4]. Therefore, the quality, consistency and emotional availability of grandparents' care in childhood are key factors in determining whether the intergenerational impact is protective or risky.

3.2.2 Adolescence

Adolescence marks a period in which G3 develops higher cognitive and emotional capacities, enabling them to reinterpret family history and construct narrative coherence around G1 and G2 trauma experiences [5]. G1's involvement typically shifts from hands-on caregiving to coaching, guidance, and emotional support, helping G3 develop their identity and resilience [3]. Through their life narratives and emotional models, grandparents profoundly shape the process of adolescent self-

understanding [11]. Positive intergenerational interactions can effectively reduce stress and internalization issues. However, if Generation G1 carries unresolved trauma or transfers excessive emotional burdens to adolescents, this may exacerbate Generation G3's emotional or behavioral difficulties through trauma amplification and emotional compounding [1]. Adolescents also begin to experience complex role negotiation, especially in collectivist families, where expectations of family obligations may still be high [10]. The bidirectional nature of influence is particularly evident during adolescence: G3's reactions to G1 and G2's behaviors can, in turn, reshape family dynamics, underscoring the importance of maintaining clear generational boundaries and supportive role structures during this developmental phase.

3.2.3 Emerging Adulthood

Emerging adulthood is characterized by increased autonomy, during which G3 reassesses family patterns and reconstructs personal narratives, reshaping intergenerational dynamics through independent decision-making [5]. At this stage, grandparents' influence is less about daily care and more about providing historical context, life wisdom, and moral guidance, which promotes G3's sense of meaning and identity integration [3]. This phase also provides a pivotal opportunity for generational differentiation, where Generation 3 selectively incorporates protective elements from Generation 1's influence while distinguishing itself from maladaptive patterns inherited from Generation 2 [2]. Conversely, unresolved G1 trauma or ambiguous role boundaries may persist as subtle emotional burdens, potentially affecting G3 career choices, relationship patterns, and social functioning [4]. Overall, adolescence is a critical stage for consolidating psychological resilience and achieving individualization, and grandparents' narratives are both a corrective force and a source of stability. In conclusion, cultural ecology and timing of development critically regulate how grandparents' involvement shapes the transmission path of intergenerational trauma. A deeper understanding of the specific roles of these background variables can further deepen our understanding of how and when G1 provides protective or risk factors for G3's development.

4. Discussion

This study reveals the complexity and multi-level nature of intergenerational trauma within three-generation family systems. Findings consistently show that mothers' (G2) traumatic experiences constitute the primary conduit for transmitting psychological and behavioral vulnerabilities to their offspring (G3), through intertwined emotional and physiological pathways. Meanwhile, grandparents (G1) emerge as unique moderating agents whose involvement can either buffer or intensify developmental risks, depending on attachment quality, clarity of role expectations, and the effectiveness of emotional co-regulation within the family system. The results strongly support a tripartite mechanism framework encompassing attachment, emotional regulation, and role structure. Secure G1–G3 attachment fosters resilience by providing stable emotional models and an inclusive relational environment. Effective emotional co-regulation equips G3 with stress-management abilities and adaptive coping strategies. A clear role structure protects G3 from excessive intergenerational responsibilities and boundary ambiguity, reducing the likelihood of parentification or emotional entanglement. These mechanisms interact dynamically: secure attachment reduces risks arising from unclear role structures, and effective co-regulation can partially compensate for deficiencies in attachment relationships, underscoring the interdependence and compensatory potential of the pathways. The transmission patterns identified in this study are shaped by broader cultural contexts. Collectivist environments tend to promote close intergenerational involvement and interdependence, whereas individualist settings emphasize autonomy and clearer generational boundaries. Developmental stage further regulates susceptibility: childhood represents a highly receptive and dependency-oriented phase; adolescence introduces greater bidirectional influences as youths negotiate identity and family obligations; and emerging adulthood provides opportunities for differentiation through autonomy, reflective processing, and narrative reconstruction. These findings indicate that interventions for intergenerational trauma must address all three levels systematically.

Supporting maternal mental health remains central for interrupting the direct G2→G3 transmission pathway. At the same time, structured involvement of grandparents is essential—maximizing their protective potential while mitigating risks associated with emotional overreach or boundary violations. Culturally sensitive programs should balance intergenerational closeness with respect for individual autonomy, adapting their strategies to the developmental needs of G3: fostering emotional literacy in childhood, strengthening resilience and reflective capacity during adolescence, and promoting narrative integration and identity development in emerging adulthood. And this study is primarily conceptual, grounded in theoretical integration and model construction rather than direct empirical testing. Future research should employ longitudinal designs and causal modeling to validate the pathways proposed and to examine the biological and epigenetic mechanisms underlying intergenerational transmission. In addition, cross-cultural comparative studies are needed to evaluate the universality of these processes in diverse sociocultural environments. By illuminating these multilayered dynamics, the present study lays the groundwork for theoretical models that support intergenerational resilience and for practical interventions aimed at disrupting the continued cycle of trauma.

5. Conclusion

This study examines the dynamic transmission of intergenerational trauma within three-generation family systems, focusing on how maternal trauma (G2) and grandparents' trauma (G1) jointly shape the psychological, emotional, and social development of grandchildren (G3). It further elucidates the mechanisms of transmission and the moderating roles of cultural context and developmental stages. Findings indicate that maternal trauma functions as the primary intergenerational pathway, influencing G3 through emotional modeling, caregiving patterns, and physiological stress responses. Grandparents serve as distinct moderating agents: their involvement can provide protective emotional support and relational stability, or conversely intensify G3's emotional burden depending on attachment security, clarity of role expectations, and the effectiveness of emotional co-regulation within the family. Cultural ecology significantly shapes these interaction patterns. Collectivist societies tend to amplify intergenerational participation and may enhance protective functions, whereas individualist societies emphasize boundaries and autonomy, offering different developmental trajectories for resilience. Developmental timing further regulates G3's susceptibility: childhood represents a highly receptive phase, adolescence introduces greater bidirectional influence and identity negotiation, and emerging adulthood allows increased autonomy, narrative reconstruction, and intergenerational differentiation. Overall, this study supports a ternary mechanism model—attachment, emotional co-regulation, and role structure—that together provide a comprehensive framework for understanding how intergenerational trauma operates across levels and contexts. These insights highlight practical intervention strategies, including strengthening maternal mental health, optimizing grandparental involvement, promoting adaptive emotional regulation, and clarifying intergenerational roles in developmentally appropriate ways. Future research should employ longitudinal and causal designs to validate the proposed pathways, explore underlying biological and epigenetic mechanisms, and assess the cross-cultural generalizability of the model. A more precise understanding of these multilayered processes is essential for breaking the cycle of intergenerational trauma and fostering resilient family systems.

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