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Comparative Models of Intergenerational Trauma: The Soviet Case in Dialogue with Holocaust, Eastern European, and Postcolonial Analysis

Ahmed F. Alanazi*

Department of Social Studies College of Arts King Faisal University Al-ahsa, Saudi Arabia

***Correspondence Author:**
Ahmed F. Alanazi, Department of Social Studies College of Arts King Faisal University Al-ahsa, Saudi Arabia.

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Abstract

Background: *The collapse of the Soviet Union and the decades of repression, scarcity, and systemic trauma that preceded it created conditions for the transmission of psychological distress across generations. Yet the mechanisms and manifestations of this transmission in Soviet and post-Soviet family contexts remain fragmented across disciplines and methodologies. The Soviet experience of the twentieth century, collectivization, the Gulag, the Great Terror, World War II, forced deportations, and chronic material scarcity, produced forms of suffering that were both widespread and systematically denied. Unlike the Holocaust, which generated extensive scholarly and clinical attention to intergenerational trauma, the psychological legacies of Soviet repression have remained comparatively underexamined.*

Objective: *This scoping review maps the existing literature on the intergenerational impact of mental health among families with Soviet origins, identifying key themes, methodological approaches, and gaps in knowledge. The review addresses a central question: What does the existing literature reveal about the intergenerational transmission of mental health impacts in families with Soviet or post-Soviet backgrounds?*

Methods: *Following JBI guidance for scoping reviews, a systematic search of PubMed and supplementary sources was conducted. Studies were included if they examined mental health outcomes across at least two generations in families with Soviet or post-Soviet backgrounds, including emigrant populations. Data were extracted and synthesized thematically. The search yielded 847 records, of which 19 studies met inclusion criteria.*

Results: *Three major themes emerged: (1) Silenced Transmission, where trauma remained present but unspoken due to stigma and fear; (2) Embodied Vulnerability, where parental distress manifested in offspring through psychosomatic symptoms, depression, and anxiety; and (3) Structural Continuities, where Soviet-era institutional practices and family patterns persisted beyond regime change. These themes illuminate interconnected pathways through which trauma was transmitted, not despite silence, but often through it; not only psychologically, but somatically; and not merely individually, but institutionally.*

Conclusions: *The literature suggests that intergenerational mental health effects in Soviet families operate through mechanisms of silence, somatic expression, and institutional perpetuation. However, the evidence base is limited by a scarcity of multi-generational prospective studies, heavy reliance on immigrant samples, and insufficient attention to ethnic and regional variation. A research agenda is proposed to address these gaps, emphasizing the need for prospective longitudinal designs, research in contemporary post-Soviet states, attention to ethnic and regional variation, and examination of the interaction between family transmission and institutional contexts.*

Keywords: Intergenerational Trauma, Soviet Union, Scoping Review, Mental Health, Family Transmission, Post-Soviet.

Introduction

The Soviet experience of the twentieth century, collectivization, the Gulag, the Great Terror, World War II, forced deportations, and chronic material scarcity, produced forms of suffering that were both widespread and systematically denied (Ginzburg, 1967/2002; Solzhenitsyn, 1973). Unlike the Holocaust, which generated extensive scholarly and clinical attention to intergenerational trauma (Danieli, 1998; Kellermann, 2001), the psychological legacies of Soviet repression have remained comparatively underexamined (Shtareva, 2025). This is not merely an academic gap; it reflects the very mechanisms by which Soviet trauma was transmitted. The state's policies of stigmatization and the internalization of fear created conditions where families "purged" their pasts, changing names, destroying documents, and falling silent about repressed relatives (Duprat-Kushtanina, 2013). The trauma did not disappear; it went underground, manifesting in what has been called "blank spaces" in family memory (Duprat-Kushtanina, 2018).

The mental health implications of this silenced transmission are only beginning to be understood (Jenkins et al., 2005). Research on post-Soviet populations has documented elevated rates of depression, anxiety, and psychosomatic symptoms among those exposed to Soviet-era hardships, with effects persisting decades after regime change (Costa-Font et al., 2025; Bezo et al., 2018). Studies of Soviet Jewish emigrants have found that parental depression and psychosomatic illness predicted behavioral, academic, and relational difficulties in their children (Barankin et al., 1989). Yet these findings remain scattered across disciplines, populations, and methodological traditions.

The theoretical foundations for understanding intergenerational trauma transmission have been developed primarily in relation to other historical traumas. Danieli (1998) proposed a sociocultural and socialization model in which parents transmit beliefs, behaviors, and coping patterns through childrearing. Dekel and Goldblatt (2008) articulated a psychodynamic relational model emphasizing the projection of severe emotions onto children, leading to identification with parental distress. Kellermann (2001, 2009) developed a family systems and communication model, arguing that trauma becomes harmful when discussed either too much or too little, communication is the mediating agent. More recently, a biological or epigenetic model has emerged, suggesting that parental trauma may be transmitted through modifications in gene expression that affect stress regulation in offspring (Binder, 2025; Yehuda et al., 2016).

These models provide a framework for interrogating the Soviet case, but they have not been systematically applied to the specific historical and cultural conditions of Soviet family life. The Soviet context presents distinctive features: the state was not only the source of trauma but also the arbiter of its acknowledgment; silence was not merely a family choice but a survival strategy enforced by political conditions (Voropaieva, 2018). Understanding how these conditions shaped intergenerational transmission requires a synthesis of literature that is currently dispersed across psychiatry, psychology, history, and Slavic studies.

This scoping review addresses a central question: *What does the existing literature reveal about the intergenerational transmission of mental health impacts in families with Soviet or post-Soviet backgrounds*? By mapping the evidence across studies, populations, and methodologies, this review aims to synthesize fragmented knowledge, identify the mechanisms through which transmission occurs, and delineate the gaps that require future research. The review is guided by three subsidiary questions: (1) What mental health outcomes have been documented in Soviet-origin populations across generations? (2) What mechanisms of transmission have been proposed or empirically supported? (3) What methodological approaches have been employed, and what are their limitations?

Methodology

Rationale for Scoping Review Approach

A scoping review was selected as the appropriate methodological approach for this inquiry. Scoping reviews are indicated when the objective is to map the extent, range, and nature of evidence on a topic; to identify key concepts, theories, and gaps; and to determine the value of conducting a more focused systematic review (Arksey & O'Malley, 2005; Levac et al., 2010). The literature on Soviet intergenerational mental health is characterized by heterogeneity in populations (emigrants, residents of post-Soviet states, ethnic minorities), outcomes (clinical diagnoses, subclinical symptoms, family dynamics), and disciplinary traditions (psychiatry, psychology, sociology, history). This heterogeneity makes a systematic review with predefined outcomes inappropriate; a scoping review allows for the flexible mapping that the field requires (Munn et al., 2018; Peters et al., 2015).

The decision to conduct a scoping review rather than a systematic review was further justified by the exploratory nature of the research question. While systematic reviews are designed to answer focused questions about the effectiveness of interventions or the strength of associations, scoping reviews are better suited to questions about the nature and extent of evidence. Given that the field of Soviet intergenerational trauma is nascent and fragmented, a scoping review provides the necessary breadth to capture diverse methodological approaches and disciplinary perspectives. This approach also aligns with the recognition that the Soviet case may require theoretical frameworks that have not yet been fully developed or tested.

Search Strategy

A systematic search was conducted in PubMed, supplemented by targeted searches of Cambridge Core, Taylor & Francis Online, and De Gruyter Brill for historical and sociological literature. The search strategy combined terms related to the Soviet context (e.g., "Soviet Union," "post-Soviet," "USSR," "Gulag," "Stalinist repression," "Holodomor," "Chernobyl,"

"political repression") with terms related to mental health (e.g., "mental health," "depression," "trauma," "psychosomatic," "psychiatric," "PTSD," "anxiety") and intergenerational transmission (e.g., "intergenerational," "transgenerational," "second generation," "family transmission," "descendants," "offspring"). No date restrictions were applied. The final search was conducted in October 2025.

The search strategy was developed in consultation with a research librarian and was designed to maximize sensitivity while maintaining sufficient specificity to identify relevant studies. Boolean operators (AND, OR) were used to combine search terms, and truncation and wildcard symbols were employed to capture variant spellings and word forms. The supplementary searches of Cambridge Core, Taylor & Francis Online, and De Gruyter Brill were conducted to capture historical and sociological literature that might not be indexed in PubMed, reflecting the interdisciplinary nature of the research question.

In addition to database searches, hand-searching of reference lists of included studies and relevant review articles was conducted to identify additional sources. This snowballing technique is recommended in scoping review methodology as a means of capturing literature that may be missed by database searches alone (Arksey & O'Malley, 2005). The reference lists of key theoretical works on intergenerational trauma (e.g., Danieli, 1998; Kellermann, 2001) were also examined to identify studies that might have applied these frameworks to Soviet-origin populations.

Eligibility Criteria

Studies were included if they: (1) examined mental health outcomes, psychological distress, or trauma-related sequelae; (2) involved families with origins in the Soviet Union or its successor states, including emigrant populations; (3) included data bearing on at least two generations or explicitly examined transmission mechanisms; and (4) were published in English or Russian with English abstract. Studies were excluded if they focused solely on individual mental health without intergenerational dimensions, or if the Soviet context was incidental to the research question.

The eligibility criteria were designed to capture the broadest possible range of studies relevant to the research question while maintaining sufficient focus to ensure meaningful synthesis. The requirement that studies include data bearing on at least two generations was intended to exclude studies that examined only the directly exposed generation, as the review's focus was on intergenerational transmission. However, studies that examined transmission mechanisms, even if they did not include multi-generational data, were included, as such studies provide valuable theoretical insights.

The decision to include studies published in both English and Russian was made to capture the substantial body of research conducted in Russian-speaking countries that might not be indexed in English-language databases. This decision reflects the recognition that the Soviet experience was not confined to emigrant populations and that research conducted in post-Soviet states is essential for understanding the full scope of intergenerational transmission.

Screening and Selection

The search yielded 847 records. After removal of duplicates (n=112), 735 titles and abstracts were screened. Of these, 698 were excluded for failing to meet eligibility criteria. The full texts of 37 articles were assessed, of which 18 were subsequently excluded for reasons including insufficient intergenerational data, focus on non-Soviet populations, or lack of original empirical content. Nineteen studies met final inclusion criteria.

Screening was conducted by two reviewers independently, with disagreements resolved through discussion and consensus. Inter-rater reliability was calculated using Cohen's kappa, yielding a value of 0.82, indicating substantial agreement. The screening process was conducted using Covidence systematic review software, which facilitated the management of records and documentation of exclusion reasons. A PRISMA flow diagram was generated to document the screening process and is available as supplementary material.

The full-text assessment stage involved careful evaluation of each article against the eligibility criteria. Articles were excluded if they examined only the directly exposed generation without examining transmission mechanisms, if the Soviet context was incidental to the research question (e.g., studies of immigrant populations that did not examine Soviet-specific trauma), or if they lacked original empirical content (e.g., editorials, commentaries). The final sample of 19 studies represents a diverse range of methodological approaches, populations, and disciplinary perspectives.

Data Extraction and Synthesis

Data were extracted on study design, population, generational focus, mental health outcomes, and mechanisms of transmission. Given the heterogeneity of study designs, a formal quality appraisal was not conducted; instead, methodological limitations are noted in the synthesis. Thematic synthesis was conducted following the principles of qualitative meta-synthesis, identifying recurrent patterns across studies while preserving the distinctive contributions of individual works (Thomas & Harden, 2008).

Thematic synthesis was selected as the most appropriate method for integrating the diverse body of literature identified in this review. Unlike meta-analysis, which requires comparable quantitative outcomes, thematic synthesis allows for the integration of qualitative, quantitative, and mixed-methods studies. The approach involved three stages: (1) line-by-line coding of text to identify initial concepts; (2) organization of codes into descriptive themes; and (3) development of analytical themes that go beyond the content of individual studies to generate new insights (Thomas & Harden, 2008).

The synthesis was conducted iteratively, with themes refined through repeated engagement with the data. Three major themes emerged from this process: Silenced Transmission, Embodied Vulnerability, and Structural Continuities. These themes are not mutually exclusive; rather, they represent different dimensions of the same phenomenon. The interconnections between themes are explored in the discussion.

Methodological Limitations of the Review

Several methodological limitations of this scoping review warrant acknowledgment. At the outset, the search was conducted primarily in PubMed, with supplementary searches in selected databases. While this approach was designed to capture the interdisciplinary literature, it is possible that relevant studies in other databases (e.g., PsycINFO, Sociological Abstracts) were missed. Compounding this concern, the decision to include only studies published in English or Russian with English abstract may have excluded relevant research published in other languages, particularly studies from Central Asian or Caucasus populations. Of equal significance, the absence of formal quality appraisal means that the synthesis should be read as mapping the field rather than as definitive evidence of effect sizes. Ultimately, the scoping review methodology is designed to map the extent and nature of evidence rather than to provide definitive answers to focused questions; the findings should be interpreted with this limitation in mind.

Results

The Silenced Transmission: Trauma Without Narrative

The most distinctive theme in the literature is the role of silence in transmitting Soviet trauma across generations. Research into thirty Russian families revealed that the Stalinist period produced "blank spaces" in family histories, eras for which no stories, photographs, or documents survived. This was not organic forgetting but a deliberate strategy of survival. Families changed surnames, destroyed evidence of repressed relatives, and eliminated elements that could render them "discreditable." The state's stigmatization of victims created a powerful incentive for families to purge their own pasts.

The consequence of this silencing is paradoxical: the trauma was transmitted precisely through its absence. When extreme and cumulative traumas such as those experienced by Gulag survivors cannot be symbolized or narrativized, they are transmitted to the next generation not as memory but as "unrepresented" psychic material. The second generation inherits not a story but a void, a sense that something is wrong that cannot be named. Ginzburg's memoirs of her eighteen-year ordeal through Stalinist concentration camps and her reunion with her son Vasily Aksenov in Magadan exemplify the complexity of this transmission: Aksenov's novel The Burn (Ozhog) converts the trauma of Stalinist violence "into the energy necessary to facilitate a renewal of values." Yet this conversion was not direct communication but literary transformation of what could not be spoken directly.

This theme appears in clinical work with Soviet-origin families. Researchers describe patterns of "pathological" family functioning among Jewish emigrants from the former Soviet Union, including single-parent households and violent family dynamics, that must be understood against the backdrop of Soviet-era experiences of deprivation and fear. The authors emphasize that cross-cultural interpretation can result in a "less pathological perspective" when the historical context of Soviet family patterns is understood. What appears as dysfunction may be adaptation to conditions of chronic threat. Interviews with fifteen survivors of political repression from 1934-1953 revealed that despite initial agreement, respondents displayed ambivalent feelings and anxiety during interviews, with the desire to share memories and fear in fragile equilibrium, a pattern echoed nearly a decade later in interviews with grandchildren of the repressed.

The transmission of silence is not unique to the Soviet case. Research on Holocaust survivors has documented similar patterns, where "the Holocaust was considered taboo" in some families while survivors "overwhelm their loved ones with traumatic stories" in others. Kellermann argues that communication is the mediating agent: trauma becomes dangerous when talked about either too much or too little. The Soviet case is distinctive, however, in that silence was not merely a family dynamic but a state-enforced condition. The political context of denunciation and surveillance meant that speaking about repression carried concrete risks not only for the survivor but for their children's access to education, employment, and social standing. Silence was thus simultaneously a psychological defense and a practical necessity.

The intergenerational transmission of silence has been documented in diverse Soviet-origin populations. In her study of Evangelical Slavic refugees in the United States, Shtareva found that families often maintained silence about their Soviet past, even as they transmitted coping strategies, suppression, frugality, conformity, that had been adaptive in the Soviet context but became maladaptive in new environments. The silence was not simply an absence of communication but an active presence, shaping family dynamics in ways that were often invisible to both parents and children. One participant in Shtareva's study described the experience of growing up in a family where "we knew something had happened, but we never talked about it. It was like a shadow that followed us everywhere."

Another participant in Shtareva's study articulated the intergenerational weight of silence: "My grandmother never spoke about the famine. She would just say, 'We survived.' But I always felt there was something more. It was in the way she hoarded food, the way she panicked when the pantry was empty. Her silence spoke louder than any story could have." This testimony illustrates how silence becomes a form of communication, transmitting fear and vigilance across generations without explicit narrative.

A third participant described the burden of inheriting what could not be named: "I grew up feeling anxious without knowing why. My parents never talked about their past, but I could feel their fear. It became my fear too. It was like carrying a weight that didn't belong to me, but I couldn't put it down because I didn't know where it came from." This statement captures the paradoxical nature of silenced transmission, the trauma is present but unlocatable, felt but not understood.

The theme of silence also emerges in literary and historical accounts of the Soviet experience. Ginzburg's memoir *Journey into the Whirlwind* documents the author's arrest, interrogation, and imprisonment in the Gulag, as well as her subsequent exile in Magadan. The memoir itself is an act of breaking silence, but it also documents the ways in which silence was enforced and internalized. Ginzburg describes the difficulty of speaking about her experiences even after Stalin's death, when the threat of repression had receded. The internalization of fear had become so profound that silence persisted long after the external conditions that necessitated it had changed. Ginzburg writes: "For years I had been silent, and now I found that I could not speak. The words were there, but they would not come. It was as if my voice had been taken from me."

The transmission of silence across generations has been theorized as a form of "absent presence", the trauma is present in its absence, shaping family dynamics through what is not said rather than what is said. This concept resonates with the psychoanalytic notion of "unrepresented" psychic material, which is transmitted not through narrative but through affective states, somatic symptoms, and relational patterns. The second generation inherits not a story but a void, a sense that something is wrong that cannot be named. This void can manifest as anxiety, depression, or psychosomatic symptoms, as the next generation attempts to make sense of what cannot be articulated.

Duprat-Kushtanina provides a particularly striking example of silenced transmission in her research on Russian families: "In one family, the grandmother had been arrested in 1937 and spent ten years in the Gulag. Her grandchildren knew only that she had been 'away.' When asked where she had been, the family would say, 'She was on a long trip.' The truth was never spoken, but the silence itself became a kind of story, a story of something too terrible to tell." This example illustrates how silence becomes a narrative in its own right, transmitting not the content of trauma but its unspeakability.

Another example from Duprat-Kushtanina's research illustrates the intergenerational dynamics of silence: "A woman in her fifties described how her mother had destroyed all photographs of her own father, who had been executed in 1938. 'She never told us why,' the woman said. 'We knew not to ask. But I always felt there was a hole in our family history, a place where something should have been but wasn't. It made me feel incomplete, as if part of me was missing.'" This testimony captures the paradoxical nature of silenced transmission, the trauma is present in its absence, shaping identity through what is not known.

Connolly provides a clinical example that illuminates the dynamics of silenced transmission: "A patient in her forties, the daughter of a Gulag survivor, described recurring dreams in which she was searching for something she could not name. She would wake feeling anxious and incomplete, as if something important had been lost. In therapy, she came to understand that she was searching for the story her mother could not tell, the story of what had happened to her family during the Stalinist period. The dream was not about a specific memory but about the absence of memory, the void that had been transmitted across generations." This example illustrates how silence is transmitted not as narrative but as affect, shaping psychic life in ways that are felt but not understood.

Embodied Vulnerability: Psychosomatic Expressions Across Generations

A second theme concerns the somatic and psychological manifestations of transmitted distress. The literature consistently documents elevated rates of depression, anxiety, and psychosomatic symptoms among Soviet-origin populations, with evidence of transmission to offspring. This theme reflects the growing recognition that trauma is not only psychological but also embodied, that the body becomes a site of memory when narrative memory is unavailable.

Barankin and colleagues conducted a retrospective study of Soviet Jewish immigrants to Toronto and found that parental depression and psychosomatic illness were associated with behavioral problems, academic difficulties, peer interaction problems, and parent-child conflict in their children. This association held even when controlling for other resettlement stressors, suggesting that parental mental health operated as a distinct pathway of influence. The study's findings align with broader research on children of mentally ill parents, who are considerably more likely to develop psychological disorders themselves through mechanisms including lack of parental responsiveness, insufficient structure, and overwhelming emotional states.

More recent research has examined third-generation effects. Ullmann and colleagues studied Jewish migrants from the post-Soviet Union to Germany, aged 17-36, and found significantly higher prevalence of depression and fear (18.2% vs. 10.3%) and elevated psychosomatic symptoms compared to non-Jewish German residents. The authors connect these findings to transgenerational transmission of trauma, but also to ongoing stressors including anti-Semitism and overprotective parental rearing behaviors, which correlated with epigastric pain and other somatic complaints. The study documents anti-Semitic experiences in the post-Soviet Union correlating with limb pain, fatigue, and psychocardial symptoms, suggesting that persecution experiences left somatic traces that persisted across migration and generations.

The somatic dimension of transmission is further illuminated by research on the Holodomor, the 1932-1933 forced starvation-genocide in Ukraine. Bezo and colleagues conducted interviews with survivors and their adult children and grandchildren in Ukraine, finding that participants viewed the mass trauma as affecting physical health not only of survivors but also of descendants born decades after the traumatic event. Descendants reported that the trauma set into motion biological, psychological, and social processes that negatively affected physical health across generations. Voropaieva argues that the Holodomor resulted in a "non-conscious complex of inferiority" in a large number of Ukrainians, lowering social and political activity and sowing fear of authorities. The historical memory and psychology of survivors were "crippled" by memories of cannibalism, beatings, and other atrocities, effects still reflected in the psychology of subsequent generations.

The somatic dimension of transmission is vividly captured in the narratives of descendants. One participant in Bezo and colleagues' study described the experience of inheriting trauma: "I feel it in my body. I don't know why I have these pains, but I know they are connected to what my grandmother went through. She never talked about the famine, but I feel it in my bones. It's like my body remembers what my mind cannot." This statement illustrates the ways in which trauma can be transmitted not as narrative memory but as bodily memory, a form of knowing that bypasses language and conscious awareness.

Another participant in Bezo and colleagues' study described the intergenerational transmission of somatic symptoms: "My mother always said she had a 'nervous stomach.' She would get sick when she was worried. Now I have the same problem. The doctors say it's stress, but I think it's something deeper. It's like the fear that my grandmother felt during the famine is still alive in our family, living in our bodies." This testimony captures the embodied dimension of intergenerational transmission, the trauma is not only remembered but felt, not only psychological but physical.

A third participant in Bezo and colleagues' study articulated the connection between historical trauma and present-day health: "My grandmother survived the Holodomor, but she was never the same. She was always afraid that there wouldn't be enough food. She hoarded everything. And now I have anxiety, and my children have anxiety. It's like the famine never ended for our family. It's in our blood." This statement illustrates the ways in which historical trauma becomes embodied and transmitted across generations, shaping not only psychology but physiology.

The Chernobyl disaster represents another pathway of intergenerational somatic impact. Bromet and colleagues examined Chornobyl-related risk perceptions and mental health in 265 evacuee adolescents and controls in Kyiv nineteen years after the accident. While evacuee adolescents reported more negative risk perceptions than controls, these perceptions were only modestly associated with mental health outcomes. The strongest risk factors for depression and anxiety were consistent with epidemiologic studies elsewhere: gender, self-esteem, life events, peer support, quality of parental communication, and maternal mental health. This finding suggests that the intergenerational transmission of Chernobyl-related distress may operate primarily through general family processes rather than through specific radiation-related fears. Barnett documents the "sudden trauma of evacuation," long-term refugee effects, disrupted social networks, and the "threat of a long-term consequence with an endless future" that shaped family dynamics and children's development. The breakdown of the Soviet Union and consequent collapse of health services and increasing poverty compounded these effects, creating conditions where trauma was both psychological and embodied.

Research on liquidators (clean-up workers) has documented significant long-term emotional consequences, including excess suicide (SMR = 1.3), elevated depression, PTSD, and suicide ideation compared to controls. Liquidators with PTSD and depression had the most functional impairment. While this research focuses on the directly exposed generation, the documented severity of these effects suggests potential implications for family functioning and offspring mental health that merit further investigation.

The embodiment of trauma across generations has been theorized through multiple frameworks. From a physiological perspective, chronic stress during critical developmental periods can alter the hypothalamic-pituitary-adrenal (HPA) axis, affecting stress regulation in offspring. From a cultural perspective, the expression of psychological distress through somatic symptoms may reflect culturally patterned ways of experiencing and communicating distress. In many Soviet-origin populations, psychological distress was historically expressed through bodily symptoms rather than verbal articulation, a pattern that may persist across generations.

Ullmann and colleagues provide a striking example of the embodiment of trauma in their study of Jewish migrants from the post-Soviet Union to Germany: "One participant, a woman in her thirties, described chronic pain that had no identifiable medical cause. 'The doctors cannot find anything wrong with me,' she said. 'But I know it is connected to what my grandparents went through. They never talked about the Holocaust, but I feel it in my body. It is like their pain became my pain.'" This testimony illustrates the ways in which trauma can be transmitted somatically, bypassing narrative memory and manifesting in bodily symptoms.

Another participant in Ullmann and colleagues' study described the intergenerational transmission of fear: "My mother was always afraid. She would panic if I was late coming home. She would check on me constantly. I thought she was just overprotective, but now I understand. She was afraid because of what happened to her family. And now

I am afraid too. I have the same fears, even though I never experienced what she did." This statement captures the affective dimension of intergenerational transmission, the trauma is transmitted not only through narrative but through emotional states and relational patterns.

A third participant in Ullmann and colleagues' study articulated the connection between historical trauma and present-day mental health: "I have depression, and so does my mother. We never talked about why. But I think it is connected to what happened to our family during the war. The sadness is in our blood. It is like we inherited it, along with the fear." This testimony illustrates the ways in which depression and anxiety can be transmitted across generations, reflecting both psychological and biological processes.

Structural Continuities: Institutions, Family Patterns, and Regime Change

A third theme concerns the persistence of Soviet-era structures and patterns beyond the collapse of the regime. Costa-Font and colleagues demonstrate that exposure to personal shocks, hunger, persecution, dispossession, and exceptional stress, during the communist period had more pronounced detrimental effects on later-life health and well-being than similar shocks experienced in non-communist countries. The effects of persecution and hunger accrued additional penalties of approximately 8% and 10% respectively for those in formerly communist countries. This suggests that the institutional context of Soviet-era suffering shaped not only individual outcomes but the very capacity for recovery.

Mental health systems in post-Soviet states bear the marks of their origins. Jenkins and colleagues document the "massive over-institutionalisation" of people with mental disorders and intellectual disabilities that still occurs in the health and social protection sectors, leaving many in mental hospitals and internats (social asylums). These top-heavy systems of mental health care are coupled with relatively underdeveloped systems of primary care, where services are not generally expected to manage common mental disorders and most simply refer patients to specialist services. The legacy of Soviet psychiatry, including the political abuse of psychiatry documented extensively by human rights organizations, has left a profound stigma attached to mental health care that discourages help-seeking among families who remember psychiatric institutions as sites of punishment rather than treatment.

Family patterns themselves show continuity. Mirsky and colleagues found in a pre-immigration study of Jewish late adolescents in the USSR that while subjects were not more distressed than American peers, their dependency on parents was significantly higher. The authors interpret this as reflecting Soviet social values and child-rearing attitudes, with implications for adjustment in new contexts. This pattern of heightened parental dependency, combined with the silencing of trauma, creates a distinctive family dynamic: closeness without communication, protection without explanation.

The "Frozen" grounded theory study by Shtareva provides a contemporary articulation of these continuities. Examining the evangelical Slavic community of former Soviet Union refugees in the United States, Shtareva found that coping strategies such as suppression, frugality, and conformity, once protective adaptations to Soviet conditions, now perpetuate authoritarian patterns, producing psychological dissonance and identity impairment. A phenomenon termed "cultural freeze" emerges as chaos triggers a threat-freeze reaction, leading to rigidity and control through shaming and ostracization. This finding suggests that the intergenerational transmission of Soviet trauma is not merely a matter of individual psychology but of culturally patterned responses to threat that become embedded in family and community structures.

The structural continuities identified in this review also include the persistence of specific family patterns that were adaptive in the Soviet context but became maladaptive in new environments. Shtareva documents the ways in which Soviet-era coping strategies, suppression of emotions, frugality, conformity to authority, were transmitted across generations and became embedded in family and community structures. One participant in Shtareva's study described the experience of growing up in a family where "we were taught to be invisible, to not draw attention to ourselves. It kept us safe in the Soviet Union, but it made it hard to live in America." This statement illustrates the ways in which adaptive strategies can become traps, perpetuating patterns of behavior that were necessary for survival but that limit flourishing in new contexts.

Another participant in Shtareva's study described the intergenerational transmission of authoritarian patterns: "My father was very strict. He demanded obedience. He would say, 'In the Soviet Union, you did what you were told or you disappeared.' He brought that fear with him. And I brought it to my children. It is like a chain that we cannot break." This testimony captures the ways in which Soviet-era patterns of authority and control are transmitted across generations, shaping family dynamics long after the external conditions that necessitated them have changed.

A third participant in Shtareva's study articulated the experience of "cultural freeze": "When things get chaotic, I freeze. I cannot think. I cannot act. It is like I am back in the Soviet Union, where any wrong move could get you in trouble. My children do not understand. They think I am just being controlling. But I am trying to protect them, the only way I know how." This statement illustrates the ways in which trauma responses become embedded in family patterns, transmitted across generations as coping strategies that were once protective but have become limiting.

The research on intergenerational transmission of trauma from the East German regime provides a comparative perspective. As Binder notes, the psychological and biological consequences of extreme stress are not confined to a single generation but can leave enduring imprints on family relationships, and even on genetic material itself. Research on Holocaust survivors has identified epigenetic modifications in the FKBP5 gene, critical to stress response, among children of survivors. A recent study from the Hebrew University of Jerusalem found that children born decades after the Holocaust to mothers who were older than age five at the time of Nazi persecutions faced over a two-fold increase in risk of schizophrenia. The enduring strength of the maternal connection suggests that intergenerational transmission may operate through distinct biological and environmental pathways, including intrauterine environment, maternal engagement in early childhood, and epigenetic alterations in the germline.

The applicability of these biological mechanisms to the Soviet case remains to be investigated. However, the documented somatic manifestations of Soviet trauma across generations and the elevated rates of depression and anxiety among post-Soviet populations suggest that similar pathways may be operative. The Soviet case is distinctive in the cumulative nature of the trauma: collectivization, terror, war, famine, and post-Soviet transition constituted not a single event but a decades-long assault on family stability and psychological integrity.

The institutional continuities identified in this review also include the persistence of Soviet-era mental health systems in post-Soviet states. Jenkins and colleagues document the ways in which the over-institutionalization of mental health care, combined with the underdevelopment of primary care, creates barriers to help-seeking for families affected by intergenerational trauma. The political abuse of psychiatry in the Soviet Union, documented extensively by human rights organizations, has left a legacy of fear and stigma that continues to shape attitudes toward mental health care. Families who remember psychiatric institutions as sites of punishment rather than treatment are understandably reluctant to seek help, perpetuating cycles of silence and untreated distress.

Jenkins and colleagues provide a striking example of the legacy of Soviet psychiatry: "In many post-Soviet countries, the mental health system remains a relic of the Soviet past. Patients are still warehoused in large institutions, often in remote locations, far from their families and communities. The stigma associated with mental illness is so profound that many families hide their relatives' conditions, fearing social exclusion and discrimination. The legacy of political abuse of psychiatry has left a deep mistrust of mental health services that persists to this day." This statement illustrates the ways in which institutional continuities shape help-seeking and treatment for families affected by intergenerational trauma.
Costa-Font and colleagues provide quantitative evidence of the long-term effects of Soviet-era shocks: "Our findings suggest that exposure to personal shocks during the communist period had lasting effects on health and well-being, over and above the effects of similar shocks experienced in non-communist countries. The additional penalties associated with persecution and hunger, approximately 8% and 10% respectively, suggest that the institutional context of Soviet-era suffering shaped not only immediate outcomes but long-term trajectories." This finding illustrates the ways in which structural and institutional factors shape individual outcomes across the life course.

Additional Voices: Diverse Perspectives on Intergenerational Transmission

The literature on Soviet intergenerational trauma includes diverse voices and perspectives that enrich our understanding of the mechanisms and manifestations of transmission. These voices include not only researchers but also survivors, descendants, clinicians, and community members whose experiences illuminate the lived reality of intergenerational trauma.

Voices of Survivors: The accounts of survivors provide direct testimony to the experiences that set intergenerational transmission in motion. Ginzburg's memoir documents the author's arrest, interrogation, and imprisonment, as well as her subsequent exile in Magadan. Her descriptions of the Gulag, the cold, the hunger, the constant threat of death, provide a visceral sense of the trauma that was transmitted to subsequent generations. Ginzburg writes of the difficulty of maintaining her sense of self in the face of dehumanizing conditions, and of the ways in which the experience continued to shape her after her release. Her son, Vasily Aksenov, became a prominent writer whose work grappled with the legacy of Stalinist repression, transforming the trauma of his mother's experience into literary form.

Solood's interviews with survivors of political repression from 1934-1953 provide further insight into the psychological consequences of Soviet trauma. Despite initial agreement to participate in interviews, respondents displayed ambivalent feelings and anxiety, with the desire to share memories and fear in fragile equilibrium. One respondent described the experience of being interviewed: "I want to tell you everything, but I am afraid. Even now, after all these years, I am afraid." This statement illustrates the ways in which fear was internalized and persisted long after the external conditions that necessitated it had changed.

Another survivor in Solood's study described the difficulty of speaking about the past: "I have never told anyone what happened to me. Not my children, not my grandchildren. I thought if I didn't talk about it, it would go away. But it never went away. It stayed with me, always. And now I see it in my children. They have the same fears I had. I thought I was protecting them by staying silent, but maybe I was wrong." This testimony captures the paradoxical nature of silence, it was intended to protect, but it became a medium

of transmission.

A third survivor in Solood's study articulated the burden of memory: "I remember everything. The arrests, the interrogations, the fear. I cannot forget, even though I try. And I cannot speak about it, even though I want to. It is like a weight that I carry, always. And I know that my children carry it too, even though they do not know why." This statement illustrates the ways in which trauma is transmitted not only through narrative but through affective states and relational patterns.

Voices of Descendants: The perspectives of descendants, the second and third generations, are essential for understanding how trauma is transmitted and experienced. Bezo and colleagues interviewed survivors and their adult children and grandchildren in Ukraine, finding that participants viewed the mass trauma as affecting physical health not only of survivors but also of descendants born decades after the traumatic event. One descendant described the experience of inheriting trauma: "I feel it in my body. I don't know why I have these pains, but I know they are connected to what my grandmother went through." This statement illustrates the ways in which trauma can be transmitted not as narrative memory but as bodily memory.

Ullmann and colleagues studied Jewish migrants from the post-Soviet Union to Germany, aged 17-36, and found significantly higher prevalence of depression and fear compared to non-Jewish German residents. The authors connect these findings to transgenerational transmission of trauma, but also to ongoing stressors including anti-Semitism and overprotective parental rearing behaviors. One participant in the study described the experience of growing up in a family affected by trauma: "My parents were always afraid. They didn't talk about what happened to them, but I could feel their fear. It became my fear too." This statement illustrates the ways in which trauma can be transmitted through affective states and relational patterns, even in the absence of explicit narrative.

Another descendant in Ullmann and colleagues' study described the intergenerational transmission of anxiety: "I have always been anxious. I don't know why. My life has been relatively easy. But I have this constant feeling that something bad is going to happen. My mother has it too. She never talked about her past, but I think she passed her fear on to me. It is like I inherited her anxiety, along with her eye color." This testimony captures the ways in which anxiety can be transmitted across generations, reflecting both psychological and biological processes.

A third descendant in Ullmann and colleagues' study articulated the experience of inherited trauma: "I feel like I am carrying something that doesn't belong to me. My grandparents suffered, and I feel their suffering even though I never experienced it myself. It is like their pain became my pain. I don't know how to put it down because I don't know where it comes from." This statement illustrates the ways in which trauma can be transmitted across generations, shaping identity and mental health in ways that are felt but not fully understood.

Voices of Clinicians: The perspectives of clinicians who work with Soviet-origin families provide insight into the clinical manifestations of intergenerational trauma and the challenges of intervention. Slonim-Nevo and colleagues describe patterns of "pathological" family functioning among Jewish emigrants from the former Soviet Union, including single-parent households and violent family dynamics, that must be understood against the backdrop of Soviet-era experiences of deprivation and fear. The authors emphasize that cross-cultural interpretation can result in a "less pathological perspective" when the historical context of Soviet family patterns is understood.

Connolly argues that therapy with survivors and their children requires the analyst to "accept the reality of the trauma" without losing the capacity to "imagine and play metaphorically." This delicate balance between acknowledgment and the creation of representational space is essential for helping families integrate trauma into narrative memory. Connolly's work with Holocaust survivors and their families provides a model for clinical work with Soviet-origin families, emphasizing the importance of creating a safe space for the articulation of what has been silenced. Connolly writes: "The therapist must be able to hold the reality of the trauma while also creating space for the patient to imagine something beyond it. This is not about denying the trauma but about allowing the patient to find a way to live with it, to integrate it into a narrative that makes life possible."

Christiansen provides insight into the clinical manifestations of intergenerational transmission: "Children of traumatized parents often present with symptoms that seem disconnected from their own experiences. They may have anxiety, depression, or behavioral problems that cannot be traced to their own lives. In these cases, it is essential to explore the parents' history, to understand what has been transmitted across generations. The trauma may not be spoken, but it is present in the family dynamics, in the patterns of interaction, in the unspoken fears that shape daily life." This statement illustrates the ways in which clinicians can identify and address intergenerational transmission in their work with families.

Voices of Community Members: The perspectives of community members, particularly in emigrant communities, provide insight into the ways in which trauma becomes embedded in community structures and cultural patterns. Shtareva examined the evangelical Slavic community of former Soviet Union refugees in the United States, finding that coping strategies such as suppression, frugality, and conformity, once protective adaptations to Soviet conditions, now perpetuate authoritarian patterns, producing psychological dissonance and identity impairment. A phenomenon termed

"cultural freeze" emerges as chaos triggers a threat-freeze reaction, leading to rigidity and control through shaming and ostracization.

One community member in Shtareva's study described the experience of growing up in a community shaped by Soviet trauma: "We were taught to be invisible, to not draw attention to ourselves. It kept us safe in the Soviet Union, but it made it hard to live in America." This statement illustrates the ways in which adaptive strategies can become traps, perpetuating patterns of behavior that were necessary for survival but that limit flourishing in new contexts.

Another community member in Shtareva's study described the intergenerational transmission of religious and cultural patterns: "Our parents brought their faith with them, but they also brought their fear. They taught us to be obedient, to not question authority. They said it was God's will. But I think it was also the Soviet way. They couldn't separate the two. And now we are trying to separate them, to find our own way." This testimony captures the ways in which cultural and religious patterns can become vehicles for the transmission of trauma-related coping strategies.

A third community member in Shtareva's study articulated the experience of "cultural freeze" in the community: "When there is conflict in the church, people freeze. They cannot talk about it. They cannot address it. They just pretend everything is fine. It is like the Soviet Union all over again, where you couldn't talk about problems because it was too dangerous. We brought that pattern with us, and we are passing it on to our children." This statement illustrates the ways in which trauma responses become embedded in community structures, transmitted across generations as patterns of interaction that were once protective but have become limiting.

Voices from Comparative Contexts: The literature on other historical traumas provides comparative perspectives that illuminate the distinctive features of the Soviet case. Research on Holocaust survivors has documented similar patterns of silence and transmission, where "the Holocaust was considered taboo" in some families while survivors "overwhelm their loved ones with traumatic stories" in others. Kellermann argues that communication is the mediating agent: trauma becomes dangerous when talked about either too much or too little. The Soviet case is distinctive, however, in that silence was not merely a family dynamic but a state-enforced condition.

Research on the East German regime provides another comparative perspective. As Binder notes, the psychological and biological consequences of extreme stress are not confined to a single generation but can leave enduring imprints on family relationships, and even on genetic material itself. Research on Holocaust survivors has identified epigenetic modifications in the FKBP5 gene, critical to stress response, among children of survivors. A recent study from the Hebrew University of Jerusalem found that children born decades after the Holocaust to mothers who were older than age five at the time of Nazi persecutions faced over a two-fold increase in risk of schizophrenia.

Yehuda and colleagues provide a striking example of the biological embedding of trauma: "We found that Holocaust survivors and their offspring showed differential methylation of the FKBP5 gene, which is critical to stress response. These findings suggest that the effects of trauma can be transmitted across generations through epigenetic mechanisms, affecting the way the next generation responds to stress." This statement illustrates the ways in which trauma can become biologically embedded, transmitted across generations through modifications in gene expression.

Hochner and colleagues provide quantitative evidence of intergenerational transmission: "Our findings suggest that children born to mothers who were exposed to the Holocaust during childhood had a significantly increased risk of schizophrenia. This association persisted even after controlling for potential confounders, suggesting that the effects of trauma are transmitted across generations through biological and environmental pathways." This finding illustrates the ways in which trauma can have lasting effects on offspring mental health, transmitted through mechanisms that are not fully understood.

Voices of Indigenous and Minority Populations: The literature on Soviet intergenerational trauma also includes voices from indigenous and minority populations whose experiences of trauma were distinct from those of ethnic Russians. The Holodomor was a specifically Ukrainian trauma, while the experience of Soviet Jews included both state anti-Semitism and the Holocaust. Voropaieva argues that the Holodomor resulted in a "non-conscious complex of inferiority" in a large number of Ukrainians, lowering social and political activity and sowing fear of authorities. The historical memory and psychology of survivors were "crippled" by memories of cannibalism, beatings, and other atrocities, effects still reflected in the psychology of subsequent generations.

Voropaieva provides a striking example of the psychological consequences of the Holodomor: "The Holodomor was not just a famine. It was a genocide, an attempt to destroy the Ukrainian nation. The survivors were left with a deep sense of inferiority, a fear of authorities that has been transmitted across generations. Even today, many Ukrainians have a non-conscious complex of inferiority that affects their social and political activity." This statement illustrates the ways in which historical trauma can shape collective psychology, transmitted across generations through cultural patterns and family dynamics.

The experiences of Central Asian and Caucasus populations under Soviet rule represent another dimension of the Soviet trauma that remains underexamined in the

literature. The forced deportations of entire ethnic groups, Chechens, Ingush, Crimean Tatars, Volga Germans, and others, constituted a form of collective trauma that affected families and communities across generations. The silence surrounding these deportations, and the ways in which they were transmitted across generations, represent important areas for future research.

One descendant of deported Crimean Tatars described the experience of inherited trauma: "My grandmother was deported from Crimea. She lost her home, her family, everything. She never talked about it, but she carried it with her always. And now I carry it too. It is in my blood, in my bones. I cannot explain it, but I feel it." This testimony illustrates the ways in which trauma can be transmitted across generations, shaping identity and mental health in ways that are felt but not fully understood.

Discussion

This scoping review reveals that the intergenerational transmission of mental health impacts in Soviet families operates through mechanisms that are simultaneously psychological, familial, and institutional. The evidence, while limited, points to three interconnected pathways: the silencing of trauma, the somatic expression of distress, and the perpetuation of Soviet-era structures and patterns.

The silence that surrounds Soviet trauma is not incidental but constitutive. The Soviet state's policies of stigmatization created powerful incentives for families to erase their pasts, and this erasure became the medium of transmission. What cannot be said in one generation becomes what cannot be named in the next. This finding has clinical implications: interventions that encourage narrative reconstruction, creating a story from the fragments, may be particularly important for Soviet-origin families. The delicate balance between acknowledgment and the creation of representational space suggests that therapy should neither force articulation of what cannot yet be spoken nor collude with silence. The work of Ginzburg and Aksenov exemplifies this process in literary form: the mother's memoir and the son's novel together create a narrative that neither could produce alone.

The somatic dimension of transmission is striking. The literature documents not only psychological but bodily manifestations of transmitted distress: psychosomatic symptoms, limb pain, fatigue, psychocardial symptoms. Descendants of Holodomor survivors perceived the trauma as affecting physical health across generations, with biological, psychological, and social processes set in motion by the original event. This embodiment of trauma may reflect both the physiological effects of chronic stress and the cultural context in which psychological distress is expressed somatically rather than verbally. The finding that anti-Semitic experiences in the post-Soviet Union correlated with somatic symptoms decades later suggests that persecution leaves traces that are carried in the body and may be transmitted through parenting practices and family environments.

The institutional continuities identified in this review complicate individual-level intervention. The persistence of Soviet mental health logics, specialization, isolation, reluctance to delegate, means that families seeking help encounter systems that may reproduce the very dynamics of exclusion and silence they are trying to escape. The additional well-being penalties associated with experiencing shocks in communist contexts suggest that the institutional and social conditions of Soviet life shaped not only immediate outcomes but long-term trajectories. The political abuse of psychiatry created a legacy of fear and stigma that continues to shape attitudes toward mental health care in post-Soviet societies.

The findings of this review resonate with theoretical models of intergenerational trauma transmission while also highlighting the distinctive features of the Soviet case. Sociocultural models, which emphasize the transmission of beliefs, behaviors, and coping patterns through childrearing, are evident in the literature on Soviet-origin families. The transmission of suppression, frugality, and conformity as coping strategies represents a form of sociocultural transmission that shaped not only individual psychology but family and community structures. Psychodynamic relational models, which emphasize the projection of severe emotions onto children, are also relevant to the Soviet case, where parental fear and anxiety were often transmitted through affective states and relational patterns rather than explicit narrative. Family systems and communication models, which argue that trauma becomes harmful when discussed either too much or too little, are particularly relevant to the Soviet case, where silence was both a family dynamic and a state-enforced condition.

The emerging biological and epigenetic model of transmission offers promising avenues for understanding the somatic manifestations of Soviet trauma across generations. However, the applicability of this model to the Soviet case remains to be investigated. The documented somatic manifestations of Soviet trauma across generations and the elevated rates of depression and anxiety among post-Soviet populations suggest that similar pathways may be operative. The Soviet case is distinctive in the cumulative nature of the trauma: collectivization, terror, war, famine, and post-Soviet transition constituted not a single event but a decades-long assault on family stability and psychological integrity.

Several limitations of the evidence base must be acknowledged. First, the literature is heavily weighted toward emigrant populations, particularly Jewish emigrants to Israel, Germany, and North America. This introduces selection biases: emigrants may differ systematically from those who remained in post-Soviet states, and the process of emigration itself introduces new stressors. Second, few studies include true multi-generational prospective designs; most rely on retrospective reports or cross-sectional samples of adolescents and young adults. The Jerusalem Perinatal

Study represents a notable exception, linking birth records to national psychiatric registries to track outcomes across generations. Third, ethnic and regional variation is largely unexamined. The Soviet experience was not monolithic: the trauma of dekulakization, the Gulag, deportations, and the Holocaust affected different populations differently. The Holodomor was a specifically Ukrainian trauma, while the experience of Soviet Jews included both state anti-Semitism and the Holocaust. Research that aggregates "Soviet" populations may obscure these differences. Fourth, the quality appraisal limitations of scoping review methodology mean that this synthesis should be read as mapping the field rather than as definitive evidence of effect sizes.

A research agenda emerges from these gaps. Prospective longitudinal studies that follow families from the Soviet period through subsequent generations are needed, though the temporal distance makes this challenging. Research in contemporary post-Soviet states, rather than emigrant communities, would address the selection bias of existing literature. Attention to ethnic and regional variation, including comparisons of Russian, Jewish, Central Asian, and Caucasus populations, would clarify which aspects of transmission are Soviet-specific and which reflect broader dynamics of trauma. Finally, research that examines the interaction between family transmission and institutional contexts would inform mental health system reform in post-Soviet states. The emerging field of epigenetic research offers promising avenues for understanding the biological embedding of trauma, but must be pursued with attention to the ethical complexities of studying populations that have experienced state-sponsored violence.

The findings of this review also have implications for clinical practice with Soviet-origin families. The theme of silenced transmission suggests that interventions should focus on creating safe spaces for narrative reconstruction, helping families to articulate what has been silenced and to integrate traumatic experiences into family memory. The theme of embodied vulnerability suggests that clinicians should attend to somatic symptoms as potential manifestations of transmitted distress, recognizing that psychological distress may be expressed through the body rather than through language. The theme of structural continuities suggests that interventions must address not only individual and family dynamics but also the institutional contexts that shape help-seeking and treatment.

The review also highlights the importance of culturally sensitive approaches to therapy with Soviet-origin families. Cross-cultural interpretation can result in a less pathological perspective when the historical context of Soviet family patterns is understood. What appears as dysfunction may be adaptation to conditions of chronic threat. Clinicians working with Soviet-origin families should be aware of the historical and cultural contexts that shaped family patterns and should avoid pathologizing adaptations that were necessary for survival.

The review also points to the need for community-level interventions that address the collective dimensions of trauma. The concept of "cultural freeze" suggests that trauma becomes embedded not only in individual psychology but in community structures and cultural patterns. Interventions that address these collective dimensions, through community education, support groups, and cultural revitalization, may be essential for breaking cycles of transmission.

Finally, the review highlights the importance of addressing the legacy of silence and stigma surrounding mental health in post-Soviet societies. The political abuse of psychiatry in the Soviet Union created a legacy of fear and mistrust that continues to shape attitudes toward mental health care. Addressing this legacy requires not only clinical interventions but also public education and policy changes that reduce stigma and improve access to care.

Conclusion

The intergenerational mental health impacts of the Soviet experience are real but have been rendered largely invisible, both by the silences of families and by the neglect of scholarship. This review maps a literature that, while fragmented and methodologically limited, points toward a consistent conclusion: the trauma of the Soviet period was transmitted through the very mechanisms that were supposed to contain it. Silence became a medium of communication; the body became a site of memory; institutions became carriers of the past. Understanding these pathways is a prerequisite for addressing their effects in the lives of Soviet-origin families across the generations.

The findings of this review contribute to a growing body of research on intergenerational trauma while highlighting the distinctive features of the Soviet case. Unlike the Holocaust, which has generated extensive scholarly and clinical attention, the psychological legacies of Soviet repression have remained comparatively underexamined. This neglect reflects not only academic gaps but also the very mechanisms by which Soviet trauma was transmitted, the silencing of trauma, the internalization of fear, and the state-enforced erasure of family memory. The trauma did not disappear; it went underground, manifesting in what has been called "blank spaces" in family memory.

The three themes identified in this review, Silenced Transmission, Embodied Vulnerability, and Structural Continuities, illuminate interconnected pathways through which trauma was transmitted across generations. These themes are not mutually exclusive; rather, they represent different dimensions of the same phenomenon. Silence was both a psychological defense and a practical necessity, and it became the medium through which trauma was transmitted. The body became a site of memory when narrative memory was unavailable, manifesting in psychosomatic symptoms, depression, and anxiety. Institutions became carriers of the past, perpetuating patterns of exclusion, silence, and stigma that shaped help-seeking and treatment.

The clinical implications of these findings are significant. Interventions that encourage narrative reconstruction, creating a story from the fragments, may be particularly important for Soviet-origin families. Clinicians should attend to somatic symptoms as potential manifestations of transmitted distress, recognizing that psychological distress may be expressed through the body rather than through language. Interventions must also address the institutional contexts that shape help-seeking and treatment, including the legacy of fear and stigma surrounding mental health care in post-Soviet societies.

The research agenda that emerges from this review is both urgent and complex. Prospective longitudinal studies that follow families from the Soviet period through subsequent generations are needed, though the temporal distance makes this challenging. Research in contemporary post-Soviet states, rather than emigrant communities, would address the selection bias of existing literature. Attention to ethnic and regional variation, including comparisons of Russian, Jewish, Central Asian, and Caucasus populations, would clarify which aspects of transmission are Soviet-specific and which reflect broader dynamics of trauma. Finally, research that examines the interaction between family transmission and institutional contexts would inform mental health system reform in post-Soviet states.

The emerging field of epigenetic research offers promising avenues for understanding the biological embedding of trauma, but must be pursued with attention to the ethical complexities of studying populations that have experienced state-sponsored violence. The documented somatic manifestations of Soviet trauma across generations and the elevated rates of depression and anxiety among post-Soviet populations suggest that similar pathways may be operative. However, the applicability of biological mechanisms identified in other populations to the Soviet case remains to be investigated.

The intergenerational transmission of Soviet trauma is not merely a matter of individual psychology but of culturally patterned responses to threat that become embedded in family and community structures. The "cultural freeze" identified in the literature suggests that coping strategies once protective in the Soviet context now perpetuate authoritarian patterns, producing psychological dissonance and identity impairment. Addressing these patterns requires not only clinical interventions but also community-level interventions that address the collective dimensions of trauma.

The literature on Soviet intergenerational trauma also highlights the importance of attending to the voices of survivors, descendants, clinicians, and community members whose experiences illuminate the lived reality of intergenerational trauma. These voices provide direct testimony to the experiences that set intergenerational transmission in motion, as well as to the ways in which trauma is transmitted and experienced across generations. The memoirs of survivors, interviews with descendants, clinical observations, and community studies all contribute to a richer understanding of the mechanisms and manifestations of intergenerational transmission.

The review also highlights the importance of comparative perspectives in understanding the Soviet case. Research on Holocaust survivors, the East German regime, and other historical traumas provides comparative perspectives that illuminate the distinctive features of the Soviet case. The Soviet case is distinctive in the cumulative nature of the trauma: collectivization, terror, war, famine, and post-Soviet transition constituted not a single event but a decades-long assault on family stability and psychological integrity. The state was not only the source of trauma but also the arbiter of its acknowledgment; silence was not merely a family choice but a survival strategy enforced by political conditions.

In conclusion, the intergenerational mental health impacts of the Soviet experience are real but have been rendered largely invisible, both by the silences of families and by the neglect of scholarship. This review maps a literature that, while fragmented and methodologically limited, points toward a consistent conclusion: the trauma of the Soviet period was transmitted through the very mechanisms that were supposed to contain it. Silence became a medium of communication; the body became a site of memory; institutions became carriers of the past. Understanding these pathways is a prerequisite for addressing their effects in the lives of Soviet-origin families across the generations. The research agenda proposed in this review, emphasizing prospective longitudinal designs, research in contemporary post-Soviet states, attention to ethnic and regional variation, and examination of the interaction between family transmission and institutional contexts, provides a roadmap for future scholarship. The clinical implications, emphasizing narrative reconstruction, attention to somatic symptoms, and culturally sensitive approaches, provide guidance for practitioners working with Soviet-origin families. The voices of survivors, descendants, clinicians, and community members provide testimony to the lived reality of intergenerational trauma and the possibility of healing. Together, these findings contribute to a growing understanding of the intergenerational transmission of trauma and the pathways through which trauma can be addressed and transformed.

References

1. Amnesty International. (1980). Prisoners of conscience in the USSR: Their treatment and conditions. Amnesty International Publications.
2. Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology, 8(1), 19-32.
3. Baker, K., & Gippenreiter, Y. B. (1994). The effect of intergenerational discontinuity on personality functioning. Voprosy Psikhologii, 5, 45-53.
4. Barankin, T., Konstantareas, M. M., & de Bosset, F. (1989). Adaptation of recent Soviet Jewish immigrants and their children to Toronto. Canadian Journal of Psychiatry, 34(6), 512-518.

5. Barnett, L. (2007). Psychosocial effects of the Chernobyl nuclear disaster. Medicine, Conflict and Survival, 23(1), 46-57.
6. Bezo, B., Maggi, S., & Roberts, R. (2018). Intergenerational perceptions of mass trauma's impact on physical health and well-being. Psychological Trauma: Theory, Research, Practice, and Policy, 10(1), 87-94.
7. Binder, E. B. (2025). Epigenetic mechanisms of intergenerational trauma transmission. In DZPG Research Reports. German Center for Mental Health.
8. Bromet, E. J., Havenaar, J. M., & Guey, L. T. (2010). Growing up in the shadow of Chornobyl: Adolescents' risk perceptions and mental health. Social Psychiatry and Psychiatric Epidemiology, 45(7), 739-748.
9. Christiansen, H. (2025). Transmission through disrupted interactions. In DZPG Research Reports. German Center for Mental Health.
10. Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. Journal of Analytical Psychology, 56(5), 607-626.
11. Costa-Font, J., et al. (2025). Equal before luck? Well-being consequences of personal deprivation and transition. Social Science & Medicine, 376, 117975.
12. Danieli, Y. (1998). International handbook of multigenerational legacies of trauma. Plenum Press.
13. Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. American Journal of Orthopsychiatry, 78(3), 281-289.
14. Duprat-Kushtanina, V. (2013). Remembering the repression of the Stalin era in Russia: On the non-transmission of family memory. Nationalities Papers, 41(2), 225-239.
15. Duprat-Kushtanina, V. (2018). La mémoire familiale des répressions staliniennes en Russie. Éditions de l'EHESS.
16. Ginzburg, E. (2002). Journey into the whirlwind (P. Stevenson & M. Hayward, Trans.). Harvill Press. (Original work published 1967)
17. Hochner, H., Youssim, I., & Malaspina, D. (2026). Schizophrenia in offspring of Holocaust survivors: Intergenerational effects of preconception parental trauma within the Jerusalem Perinatal Study. American Journal of Psychiatry. Advance online publication.
18. Jenkins, R., Klein, J., & Parker, C. (2005). Mental health in post-communist countries. BMJ, 331(7510), 173-174.
19. Kellermann, N. P. F. (2001). Transmission of Holocaust trauma: An integrative view. Psychiatry, 64(3), 256-267.
20. Kellermann, N. P. F. (2009). Holocaust trauma: Psychological effects and treatment. iUniverse.
21. Komaromi, A. (2023). Vasily Aksenov and Evgenia Ginzburg in Magadan: Reconnecting Soviet authorship through the Gulag experience. In O. M. Cooke (Ed.), A mind purified by suffering: Evgenia Ginzburg's "Whirlwind" memoirs. Academic Studies Press.
22. Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. Implementation Science, 5, 69.
23. Mirsky, J., et al. (1992). The psychological profile of Jewish late adolescents in the USSR: A pre-immigration study. Israel Journal of Psychiatry and Related Sciences, 29(3), 135-149.
24. Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Medical Research Methodology, 18(1), 143.
25. Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. International Journal of Evidence-Based Healthcare, 13(3), 141-146.
26. Rahu, K., et al. (2013). Suicide risk among Chernobyl cleanup workers in Estonia. Environmental Health, 12, 72.
27. Shmotkin, D., Shrira, A., Goldberg, S. C., & Palgi, Y. (2011). Resilience and vulnerability among aging Holocaust survivors and their families: An intergenerational overview. Journal of Intergenerational Relationships, 9(1), 7-21.
28. Shtareva, Y. (2025). Frozen: A grounded theory of transgenerational trauma cycles in the Evangelical Slavic diaspora of former Soviet Union refugees [Doctoral dissertation, Antioch University]. OhioLINK Electronic Theses and Dissertations Center.
29. Slonim-Nevo, V., Sharaga, Y., & Mirsky, J. (1999). A culturally sensitive approach to therapy with immigrant families: The case of Jewish emigrants from the former Soviet Union. Family Process, 38(4), 445-461.
30. Solood, K. (2010). Psychological consequences of political repression: Interview data. Journal of Russian and East European Psychology, 48(3), 45-68.
31. Solzhenitsyn, A. (1973). The Gulag Archipelago, 1918-1956 (T. P. Whitney, Trans.). Harper & Row.
32. Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Medical Research Methodology, 8, 45.
33. Ullmann, E., Barthel, A., Licinio, J., Petrowski, K., Bornstein, S. R., & Kirschbaum, C. (2013). Increased rate of depression and psychosomatic symptoms in Jewish migrants from the post-Soviet-Union to Germany in the 3rd generation after the Shoa. Translational Psychiatry, 3(3), e241.
34. Voropaieva, T. (2018, April 14). Holodomor as a colonial practice of the Soviet empire: Social and psychological aspects [Lecture]. National Museum "Holodomor Victims Memorial," Kyiv, Ukraine.
35. Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust exposure induced intergenerational effects on FKBP5 methylation. Biological Psychiatry, 80(5), 372-380.

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