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The Clinical Impact of Caste-Based Trauma: Understanding Intergenerational Transmission and Resilience in India amongst Dalit and Adivasi communities in India

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Abstract: Caste-based discrimination in India has severe and long-lasting psychological consequences, contributing to depression, PTSD, anxiety, and suicidality among marginalized communities. Individuals from caste-oppressed groups, particularly Dalits and Adivasis, face chronic stress, systemic violence, and social exclusion, leading to adverse mental health outcomes that persist across generations. Emerging research suggests that intergenerational trauma is transmitted through epigenetic modifications, dysregulated stress responses, disrupted attachment patterns, and learned helplessness. This review synthesizes existing literature to examine the clinical impact of caste-based trauma and the mechanisms by which historical and ongoing discrimination affect mental health. A systematic review methodology was employed, analyzing studies on stress physiology, adverse childhood experiences (ACEs), and trauma transmission within caste-oppressed populations. Findings indicate that chronic exposure to caste-based stigma dysregulates the stress response system, increasing vulnerability to mental disorders. Additionally, internalized caste stigma and persistent social exclusion contribute to negative self-concept, emotional distress, and impaired psychological resilience. This study concludes that caste-based trauma must be recognized as a critical public mental health issue, necessitating culturally responsive interventions and accessible mental health services. Future research should explore

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therapeutic approaches integrating indigenous healing practices alongside policy-driven mental health initiatives to break cycles of inherited trauma and foster psychological well-being.

Keywords: *Caste-Based Trauma, Intergenerational Trauma, Mental Health, PTSD, Resilience, Trauma-Informed Therapy, Social Exclusion.*

1. Introduction

"The burden of caste lies heavily on those oppressed by it, shaping their psyche and health across generations"

Caste-based discrimination is one of the most enduring social hierarchies in India, shaping individual lives in ways that extend far beyond economic and social mobility. While legal frameworks and affirmative action policies have sought to address systemic caste oppression, the psychological toll of caste-based discrimination remains largely unacknowledged. For marginalized communities—particularly Dalits and Adivasis—caste is not just a social identity but a lived reality, one that brings chronic stress, exclusion, and even violence. These experiences do not exist in isolation; rather, they accumulate across generations, creating patterns of intergenerational trauma that deeply influence mental health outcomes (Goghari & Kusi., 2021).

Intergenerational trauma refers to the transmission of psychological distress across generations, often through prolonged exposure to systemic stress, adverse childhood experiences (ACEs), and even biological changes such as epigenetic modifications (Yehuda & Lehrner.,2018). In caste-oppressed populations, this trauma is reinforced by structural inequities, economic deprivation, internalized stigma, and persistent discrimination in education, employment, and social spaces. The consequences of such prolonged adversity are severe, contributing to higher rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality. For many, the inability to escape these oppressive structures leads to learned helplessness, further entrenching cycles of psychological distress (Narula, 2005).

Yet, trauma is not the only narrative that defines caste-oppressed communities. Alongside adversity exists resilience—rooted in cultural identity, collective solidarity, and social support networks. Generations of resistance, storytelling, and community-driven healing practices have allowed individuals to cope with and, in some cases, transcend their traumatic experiences. Understanding how caste-oppressed individuals foster resilience despite systemic oppression is

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critical for developing effective mental health interventions that are both trauma-informed and culturally responsive (Mukherjee et al., 2024).

This review synthesizes existing research to explore the clinical impact of caste-based trauma, focusing on its intergenerational transmission and the mechanisms that contribute to resilience. By examining the psychological, social, and biological pathways through which caste-based trauma operates, this study underscores the urgent need for mental health frameworks that acknowledge historical and ongoing discrimination. Recognizing caste-based trauma as a pressing public health issue is not only crucial for healing but also a necessary step toward social justice, ensuring that mental health care is accessible, inclusive, and attuned to the lived realities of marginalized communities.

2. Review of Literature

The Psychological Impact of Caste-Based Discrimination

Caste-based discrimination has long been a significant factor contributing to the mental health challenges faced by marginalized communities in India, particularly Dalits, Adivasis, and other caste-oppressed groups. Early studies, such as Ramiah (2007), highlighted the systemic nature of caste-based violence and discrimination, emphasizing their profound impact on mental well-being. Research has shown that caste oppression often leads to chronic psychological stress, manifesting in conditions such as depression, PTSD, anxiety, and, in severe cases, suicidality. These mental health struggles are largely driven by social exclusion, the internalization of negative stereotypes, and constant exposure to hostile environments.

In subsequent years, research expanded to examine the physiological effects of caste-based discrimination. Pal (2015) built upon these findings, analyzing how caste-based stigma contributes to dysregulated stress responses, particularly among marginalized caste groups. These studies revealed that caste-based discrimination is not merely a social experience but also has profound biological ramifications, influencing how individuals process stress. For instance, internalized caste-based stigma often results in lower self-esteem and poorer mental health outcomes due to continuous exposure to systemic discrimination. This underscores the complexity of caste-based trauma, highlighting the need for a nuanced and multidimensional understanding.

Recent studies have further examined how caste-related trauma affects the body's stress response system. For instance, Patil and Apparaya (2014) found that chronic exposure to caste-

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based discrimination leads to long-term alterations in cortisol levels, a key marker of stress. Prolonged dysregulation of this system has been linked to mental health disorders such as PTSD, chronic anxiety, and depression. This growing body of research is bridging the gap between psychological distress and biological markers, fostering a more comprehensive understanding of caste-based trauma. Moreover, research has increasingly adopted an intersectional approach, recognizing that caste-based trauma does not occur in isolation but is compounded by other forms of discrimination, including those based on gender, class, and religion. As a result, the psychological impact of caste-based oppression is deeply multifaceted, underscoring the need for mental health interventions that are tailored to address these overlapping identities and experiences (Narayan, 2021).

Intergenerational Transmission of Caste-Based Trauma

The transmission of trauma across generations, particularly in the context of caste-based oppression, has only recently begun to receive scholarly attention. Researchers like Mukherjee et al. (2024) recognize that trauma stemming from caste-based violence does not solely impact those who directly experience it but can also be passed down across generations. Early studies primarily examined the social and psychological effects on families subjected to caste-based violence and exclusion. However, at the time, the specific mechanisms through which this trauma was transmitted remained largely unexplored.

Over the past decade, advancements in epigenetics have provided new insights into the biological transmission of caste-based trauma. Cherechès (2014) pioneered studies exploring how chronic stress, such as that caused by caste-based oppression, can alter gene expression in ways that impact not only individuals but also their descendants. These changes are believed to be mediated by epigenetic mechanisms that modify the expression of genes responsible for stress responses.

This concept has been further supported by research in trauma and neurobiology. For example, Korous (2017) examined how trauma-induced alterations in cortisol regulation could be passed down to the next generation, increasing susceptibility to anxiety and PTSD. Such findings underscore the long-term and intergenerational consequences of caste-based trauma, highlighting the need for a multidisciplinary approach to understanding and addressing its effects.

Recent studies, such as Yehuda (2018), have explored how genetic and physiological changes interact with environmental factors to perpetuate trauma across generations. For instance,

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children of individuals who have experienced caste-based violence or discrimination may inherit not only altered stress responses but also maladaptive coping strategies and negative self-schemas. These children are often raised in similarly discriminatory environments, further reinforcing a cycle of trauma.

Moreover, recent research highlights the role of intergenerational transmission within family systems, where maladaptive coping mechanisms, learned helplessness, and negative self-concepts are passed down. These findings suggest that such trauma-related behaviors can contribute to mental health disorders in subsequent generations, perpetuating a vicious cycle of caste-based trauma (French., 2020). Understanding these complex interactions underscores the need for targeted interventions that address both biological and social factors in breaking the cycle of intergenerational trauma.

Resilience and Protective Factors in Caste-Based Trauma

While caste-based trauma is undeniably harmful, it is equally important to recognize the resilience demonstrated by individuals and communities in the face of systemic oppression. Early research on caste-based oppression primarily focused on its detrimental effects, often neglecting the ways in which affected communities cultivate strength and resistance. However, by the 2010s, studies began acknowledging that caste-oppressed groups have developed various coping strategies and resilience mechanisms in response to ongoing marginalization. traditional rituals, communal gatherings, storytelling, and art forms that reinforce community bonds and cultural identity. For instance, festivals and dances serve not only as expressions of cultural heritage but also as collective healing processes, fostering solidarity and psychological well-being. Additionally, the preservation of sacred groves and engagement in traditional ecological knowledge systems contribute to environmental stewardship and provide a sense of continuity and control amidst external adversities (Afreen, 2023). Such traditions serve not only as expressions of cultural identity but also as vital tools for psychological resilience, allowing communities to reclaim agency, process historical trauma, and foster solidarity in the face of oppression.

One of the key protective factors identified in these studies is social support. Research by Pal (2015) found that support from family, friends, and community networks plays a crucial role in buffering against the negative psychological effects of caste-based discrimination. Marginalized communities often rely on solidarity and collective action, which help individuals preserve their sense of self-worth and identity despite the external pressures of caste-based stigma.

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In recent years, research has shifted toward a more nuanced understanding of resilience, recognizing that it extends beyond individual coping mechanisms to include collective resilience. A notable study by Wessler highlighted the critical role of cultural identity in fostering resilience among Dalit and Adivasi communities. By reclaiming their cultural heritage and engaging in collective cultural practices, individuals resist the psychological and social effects of caste-based stigma. These cultural practices often encompass spiritual rituals, community solidarity, and participation in social justice movements, all of which provide both emotional and practical support. Such forms of collective resilience not only help individuals cope with discrimination but also strengthen group identity, promote healing, and challenge oppressive structures, demonstrating that resilience is deeply interconnected with cultural and communal empowerment.

Clinical Implications and Interventions for Caste-Based Trauma

The growing recognition of caste-based trauma has led to an increasing focus on developing culturally sensitive and effective clinical interventions. Historically, mental health interventions for caste-oppressed individuals were often based on generalized models that failed to account for the unique cultural and social factors shaping their experiences. Komanapalli and Rao (2021) emphasized the need for mental health practitioners to understand the specific context of caste-based trauma in order to provide meaningful care. Their research highlighted how conventional therapeutic approaches, while beneficial in some cases, often overlooked the structural and cultural dimensions of caste-based discrimination. In response, there has been a growing push for more tailored, community-informed therapeutic models that address both the psychological and systemic aspects of caste oppression.

In recent years, the importance of cultural competence in mental health care has gained widespread recognition. Researchers such as Tripathi (2023) have argued that effective mental health interventions must be tailored to the cultural context of caste-based trauma. This includes integrating culturally relevant healing practices, acknowledging the psychological impact of social discrimination, and addressing internalized caste stigma.

A study by Ali (2023) demonstrated that combining traditional community-based healing practices with modern psychological interventions can significantly enhance the effectiveness of therapy for caste-oppressed individuals. These interventions often emphasize community support, cultural identity, and collective healing, all of which are essential for addressing the complex and deeply rooted effects of caste-based trauma. Additionally, policy-driven mental health initiatives

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have gained traction in recent years. Researchers like Devarapalli et al. (2020) have highlighted the importance of systemic change in addressing caste-based trauma. These studies advocate for increased access to mental health services, particularly in marginalized communities, and stress the importance of social equity in mental health care. Furthermore, they suggest that mental health policies must address the systemic issues of caste-based discrimination in order to create a more equitable and supportive environment for mental health treatment.

3. Methodology

This review employs a systematic approach to examining the clinical impact of caste-based trauma, with a focus on its intergenerational transmission and resilience factors among marginalized communities in India. A comprehensive analysis of existing literature was conducted, integrating research from psychology, neuroscience, social sciences, and public health to explore how caste-based discrimination contributes to mental health disparities. A systematic literature review method was chosen to synthesize findings from diverse disciplines, ensuring a multidimensional understanding of caste-based trauma. Empirical studies, theoretical frameworks, and qualitative research were analyzed to examine the psychological, biological, and social consequences of caste oppression.

3.1 *Data Sources*

A systematic search was conducted across multiple academic databases, including:

- **a)** PubMed (for studies on trauma, stress physiology, and mental health).
- **b)** PsycINFO (for psychological research on caste-based discrimination and resilience).
- **c)** Google Scholar (for interdisciplinary studies and theoretical contributions).
- **d)** JSTOR (for historical and sociological perspectives on caste and oppression).

After screening titles and abstracts, full-text articles were reviewed, and relevant studies were included in the final synthesis. The selected literature was analyzed for recurring themes, patterns of trauma transmission, and evidence of resilience within caste-oppressed communities. Findings were categorized based on psychological, biological, and social dimensions of caste-based trauma, with an emphasis on identifying gaps in the existing research and areas for future study.

3.2 *Inclusion and Exclusion Criteria*

Inclusion Criteria:

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a) Peer-reviewed studies published between 2000 and 2023 on caste-based trauma and mental health.

b) Research examining psychological, biological, or social consequences of caste-based discrimination.

c) Studies discussing intergenerational trauma and resilience mechanisms in caste-oppressed communities.

Exclusion Criteria:

a) Studies focusing on general trauma without caste-specific context.

b) Articles lacking empirical evidence or relying solely on opinion-based discussions.

c) Research on discrimination unrelated to caste-based experiences.

3.3 *Data Collection and Analysis*

a) Studies were screened by title and abstract, followed by a full-text review.

b) Thematic analysis was conducted to categorize findings into psychological, biological, and social dimensions.

c) Patterns of trauma transmission and resilience mechanisms were identified.

Gaps in existing literature were highlighted to inform future research directions.

4. *Discussion and Critical Analysis*

Caste-based discrimination has long been recognized as a determinant of psychological distress among marginalized communities in India. The evidence indicates that caste oppression leads to chronic stress, which in turn manifests as mental health conditions such as depression, PTSD, anxiety, and suicidality (Ramiah, 2007). Recent studies have moved beyond psychological distress alone, emphasizing the biological implications of caste-based trauma. Pal (2015) highlights that the experience of systemic caste discrimination contributes to dysregulated stress responses, particularly affecting cortisol levels. These physiological markers establish that caste oppression is not merely a sociopolitical issue but has tangible neurobiological consequences. Studies such as those by Patil and Apparaya (2014) reinforce this by showing that chronic exposure to discrimination can result in long-term dysregulation of the body's stress response systems, increasing susceptibility to psychiatric disorders. The intersection of social, psychological, and biological factors suggests that caste-based trauma must be understood as a multidimensional phenomenon rather than a singular psychological burden.

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A particularly significant area of study in recent years is the intergenerational transmission of caste-based trauma. Mukherjee et al. (2024) argue that caste-based trauma does not simply affect an individual in isolation but extends across generations through learned behaviors, psychological conditioning, and structural disadvantages. Initial research focused primarily on the social transmission of trauma—how marginalized groups internalize oppression, leading to learned helplessness and diminished self-worth. However, contemporary research highlights that caste trauma is also passed down through biological mechanisms. Cherechès (2014) suggests that chronic stress experienced by caste-oppressed individuals may induce epigenetic modifications, altering gene expression patterns related to stress regulation. This is further supported by Yehuda (2018), who demonstrates that trauma-related changes in cortisol regulation can be inherited, increasing vulnerability to anxiety and PTSD in subsequent generations. The integration of neurobiology with sociocultural perspectives has expanded the scope of understanding caste-based oppression, highlighting that the psychological distress it generates is not only a social construct but a perpetuating cycle of physiological and psychological harm.

Despite the systemic nature of caste-based trauma, communities have developed resilience mechanisms that help mitigate its psychological impact. Earlier research focused almost exclusively on the detrimental effects of caste oppression, but more recent work acknowledges that caste-oppressed groups actively cultivate protective strategies to cope with systemic discrimination. Afreen (2023) examines the role of cultural traditions such as storytelling, rituals, and community gatherings in fostering psychological resilience among Dalit and Adivasi communities. These practices reinforce cultural identity, create collective support systems, and serve as a means of resistance against systemic oppression. Wessler (2021) argues that resilience in this context is not merely an individual trait but a form of collective strength that emerges through shared histories and social solidarity. Social support networks have been consistently identified as critical protective factors, with Pal (2015) demonstrating that strong familial and communal bonds play a significant role in buffering against the negative psychological effects of caste-based discrimination. The recognition of these protective factors underscores the need to move beyond a deficit-based model of caste-based trauma and instead adopt an approach that acknowledges both suffering and resistance.

Given the complexity of caste-based trauma, mental health interventions must be tailored to the specific cultural and structural realities of caste-oppressed individuals. Historically,

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psychological interventions in India have been based on Eurocentric models that fail to address the unique sociopolitical and historical dimensions of caste-based oppression (Komanapalli & Rao, 2021). More recent research advocates for culturally sensitive approaches that integrate traditional community-based healing practices with modern psychological interventions. Ali (2023) demonstrates that blending indigenous healing methods—such as ritual-based therapy and communal storytelling—with evidence-based psychological treatments enhances therapeutic effectiveness. Similarly, Tripathi (2023) argues that mental health interventions must recognize caste oppression as a structural determinant of mental health, ensuring that therapy is not limited to individual symptom management but extends to social empowerment and collective healing. These studies highlight that effective interventions must address not only psychological distress but also the broader social and cultural contexts that sustain caste-based trauma.

However, while clinical interventions are essential, addressing caste-based trauma at a systemic level requires broader policy reforms. Devarapalli et al. (2020) emphasize that increasing access to culturally competent mental health services in marginalized communities is critical for meaningful change. Policy-driven mental health initiatives must recognize caste-based discrimination as a public health issue rather than solely a social justice concern. This includes expanding mental health services to rural and underserved areas, training mental health professionals in culturally sensitive approaches, and integrating mental health policies with broader social justice efforts. Without systemic interventions, individual therapy alone will be insufficient to break the cycle of caste-based trauma.

Another critical aspect of intervention is the need for increased awareness and advocacy at the institutional level. Many mental health professionals in India lack training on the psychological effects of caste-based oppression, leading to misdiagnosis, inadequate treatment, and further marginalization of caste-oppressed individuals (Tripathi, 2023). Integrating caste-awareness training into psychology curricula and clinical practice can help bridge this gap, ensuring that mental health professionals are equipped to provide culturally competent care. Additionally, legal and policy frameworks must be strengthened to address caste discrimination in mental health institutions, ensuring that caste-oppressed individuals receive equitable access to care without fear.

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5. Conclusion

The discussion of caste-based trauma must move beyond viewing it solely as an individual psychological issue and instead recognize it as a deeply systemic and intergenerational phenomenon. While the literature effectively highlights the mental health consequences of caste discrimination, there is a need for a more intersectional, policy-oriented, and decolonized approach to addressing caste-based trauma. Interventions must go beyond resilience-building and individual therapy to include structural changes, community empowerment, and culturally informed mental health care that acknowledges the historical and ongoing realities of caste oppression. Addressing caste-based trauma is not only a matter of mental health but a question of social justice, demanding a collective commitment to dismantling the systems that perpetuate caste-based violence, exclusion, and psychological distress.

References

Apparaya, S., & Patil, N. H. (2014, September 1). Problems and challenges of Scheduled Caste women empowerment: A sociological study of Gulbarga District. *Indian Streams Research Journal, 4*(8). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2498351

Ali, A. (2023, January 1). Integrating traditional healing and modern mental healthcare in India: Collaboration and challenges. *Indian Journal of Psychiatric Social Work*. https://pswjournal.org/index.php/ijpsw/article/view/198?

Afreen, A., Mahato, T., Mishra, N., & Kumar, M. (2023, October 13). Embracing Indigenous knowledge for drought risk reduction in Jharkhand. CEED India. https://ceedindia.org/bringing-resilience-through-rituals

Cherechés, B. (2024, April). The rhetoric of Dalit psychological suffering in Meena Kandasamy's The Gypsy Goddess (2014). CASTE: *A Global Journal on Social Exclusion, 5*(2), 143–159. https://journals.library.brandeis.edu/index.php/caste/article/download/1744/1803/5608

Devarapalli, S. V. S. K., Kallakuri, S., Salam, A., & Maulik, P. K. (2020). Mental health research on scheduled tribes in India. *Indian journal of psychiatry, 62*(6), 617–630. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_136_19

French, A. N. (2020, March 24). Dalits and mental health: Investigating perceptions, stigma, and barriers to support in Kathmandu, Nepal. *Journal of Global Health Records*.

https://www.joghr.org/article/12136-dalits-and-mental-health-investigating-perceptions-stigma-and-barriers-to-support-in-kathmandu-nepal

Goghari, V. M., & Kusi, M. (2023, December 21). An introduction to the basic elements of the caste system of India. *Frontiers in Psychology, 14.* https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1210577/full

Komanapalli, V., & Rao, D. (2020, November 2). The mental health impact of caste and structural inequalities in higher education in India. Sage Journals. https://journals.sagepub.com/doi/abs/10.1177/1363461520963862

Mukherjee, A., Agarwal, G., Tandon, C., & Meena, A. (2024, April). Exploring narratives of victimization, resistance, and resilience among Dalits using thematic analysis. *CASTE: A Global Journal on Social Exclusion, 5*(2), 160–180. https://journals.library.brandeis.edu/index.php/caste/article/view/911/1804

Narula, S. (2008). Equal by law, unequal by caste: The "untouchable" condition in critical race perspective. *Wisconsin International Law Journal, 26*(2), 255–305. https://idsn.org/uploads/media/Unequal_by_law_12.pdf

Narayan, P. (2021, March). The intersecting norms of gender and caste in South Asia. Align Platform. https://www.alignplatform.org/sites/default/files/2021-03/intersecting_norms_-_south_asia.pdf

Pal, G. C. (2015). Social Exclusion and Mental Health: The Unexplored Aftermath of Caste-based Discrimination and Violence. *Psychology and Developing Societies, 27*(2), 189-213. https://doi.org/10.1177/0971333615593446 (Original work published 2015)

Ramaiah, A. (2007, January). Dalits' physical and mental health: Status, root causes, and challenges. Mind of caste.https://mindsofcaste.org/uploades/books_articles/1494312397A%20Ramaiah%20on%20caste%20and%20mental%20health.pdf

Tripathi, S. (2023, July 6). This is how discrimination takes a devastating toll on mental health.India Times. https://www.indiatimes.com/lifestyle/mental-health/casteism-and-its-effects-on-mental-health-608090.html

Wessler, H. W. (2020, June). From marginalisation to rediscovery of identity: Dalit and Adivasi voices in Hindi literature. *Studia Neophilologica, 92*(3), 1–16. Research

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Gate.https://www.researchgate.net/publication/341885157_From_marginalisation_to_rediscovery_of_identity_Dalit_and_Adivasi_voices_in_Hindi_literature

Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World psychiatry : official journal of the World Psychiatric Association (WPA), 17*(3), 243–257. https://doi.org/10.1002/wps.20568