

Shadow and Transgenerationality in Postpartum Depression: A Perspective from Analytical Psychology

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Abstract

Postpartum depression is a multifaceted phenomenon that transcends biological and social factors, rooted deeply within the maternal psyche. From the perspective of analytical psychology, motherhood can be understood as a rite of passage, wherein the woman encounters archetypes of the collective unconscious, particularly the archetype of the Great Mother, and may activate complex and challenging psychic contents, such as the dark maternal complex. These aspects can give rise to feelings of inadequacy, guilt, and emotional disconnection, potentially impairing the mother-infant bond and perpetuating transgenerational patterns of emotional suffering. This study examines the transgenerational transmission of unresolved maternal trauma within the context of postpartum depression, highlighting how such trauma can resurface during the maternal experience. Furthermore, it explores the role of the maternal shadow in the development of postpartum depression and considers how its integration and elaboration may serve as a path toward psychological transformation. Grounded in Jungian psychology, the argument is made that postpartum depression may represent a call from the unconscious, offering the mother an opportunity to reframe her emotional narrative and break cycles of transgenerational distress. Drawing on the contributions of Jung,

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Neumann, and contemporary authors, it is posited that motherhood, anchored in the integration of the shadow, can foster not only individual healing but also a psychological legacy of balance for future generations. Thus, understanding postpartum depression through this lens expands the therapeutic horizon, emphasizing the importance of emotional containment, care, and the symbolic re-signification of unconscious material in the maternal journey.

Descriptors

Postpartum depression, junguian psychology, mothers.

Sombra e transgeracionalidade na depressão pós-parto: um olhar da psicologia analítica

Resumo

A depressão pós-parto é um fenômeno multifacetado que transcende fatores biológicos e sociais, possuindo raízes profundas na psique materna. Pela psicologia analítica, a maternidade pode ser compreendida como um rito de passagem, no qual a mulher vê-se diante de arquétipos do inconsciente coletivo, especialmente o arquétipo da Grande Mãe, e pode ativar conteúdos desafiadores, como o complexo materno sombrio. Esses aspectos podem desencadear sentimentos de inadequação, culpa e desconexão emocional, impactando o vínculo mãe-bebê e perpetuando possíveis padrões transgeracionais de sofrimento emocional. Este estudo discute a transmissão transgeracional na depressão pós parto, destacando como traumas maternos não elaborados podem emergir na experiência da maternidade. Além disso, explora-se o papel da sombra materna no desenvolvimento da depressão pós-parto, bem como a possibilidade de sua compreensão e elaboração como um caminho para a transformação psíquica. A partir de uma abordagem baseada na psicologia junguiana, argumenta-se que a depressão pós-parto pode ser um chamado do inconsciente e que é possível a vivência de um caminho no qual a mãe ressignifique sua história emocional e rompa com ciclos de sofrimento transgeracional. Com base nas contribuições de Jung, Neumann e autores contemporâneos, percebe-se que a maternidade, ancorada na integração da sombra, pode proporcionar não apenas um processo de cura individual, como também um legado de equilíbrio psicológico para as futuras gerações. Assim, a compreensão da depressão pós-parto sob essa perspectiva amplia as possibilidades de

intervenções terapêuticas, enfatizando a importância do acolhimento, do cuidado e da resignificação dos conteúdos inconscientes na jornada materna.

Descritores

Depressão pós-parto, psicologia junguiana, maternidade.

Sombra y transgeracionalidad en la depresión posparto: una mirada de la psicología analítica

Resumen

La depresión posparto es un fenómeno de múltiples facetas que trasciende factores biológicos y sociales, y que tiene profundas raíces en la psiquis maternal. Por medio de la psicología analítica, la maternidad puede ser comprendida como un ritual de pasaje, en el cual la mujer se ve frente a arquetipos del inconsciente colectivo, especialmente el arquetipo de la Gran Madre, y puede activar contenidos desafiantes, como el complejo materno sombrío. Estos aspectos pueden desencadenar sentimientos de inadecuación, culpa y desconexión emocional, impactando el vínculo madre-bebé y perpetuando posibles estándares transgeneracionales de sufrimiento emocional. Este estudio debate la transmisión transgeneracional en la depresión posparto, subrayando cómo traumas maternos no elaborados pueden emerger en la experiencia de la maternidad. Además, se explora el papel de la sombra materna en el desarrollo de la depresión posparto, como también la posibilidad de su comprensión y elaboración como un camino para la transformación psíquica. A partir de una perspectiva basada en la psicología junguiana, se argumenta que la depresión posparto puede ser un llamado del inconsciente y que es posible la vivencia de un camino en el cual la madre dé nuevo significado a su historia emocional y rompa con ciclos de sufrimiento transgeneracional. Con base en las contribuciones de Jung, Neumann y autores contemporáneos, se percibe que la maternidad, anclada en la integración de la sombra, puede proporcionar no solo un proceso de cura individual, como también un legado de equilibrio psicológico para las futuras generaciones. Así, la comprensión de la depresión posparto desde esta perspectiva aumenta las posibilidades de intervenciones terapéuticas, enfatizando la importancia de la acogida, del cuidado y del hallazgo de nuevos significados para los contenidos inconscientes en la jornada maternal.

Descriptores

Depresión post-parto, psicología junguiana, madres.

Introduction

Postpartum depression is a phenomenon of considerable clinical and social relevance, significantly affecting maternal mental health and child development. In Brazil, the prevalence of this disorder is alarming, ranging between 12% and 37% (Moraes et al., 2017), a rate higher than the global average estimated by the World Health Organization (WHO, 2017) for low-income countries. The experience of motherhood, frequently idealized as a time of fulfillment and emotional bonding, can, in reality, evoke ambivalent feelings, insecurities, and depressive symptoms that compromise the mother-infant bond and the woman's emotional well-being.

Beyond biological and psychological causes, it is essential to consider the symbolic and historical weight accompanying the experience of motherhood. Women carry a collective inheritance of femininity marked by centuries of repression, idealization, and social control, in which motherhood was exalted as a natural destiny but also instrumentalized as a tool of subjugation (Badinter, 1985; Federici, 2019). This cultural heritage, combined with the practical overload faced by many women without an effective support network, renders the postpartum period a time of extreme vulnerability. The near-exclusive responsibility placed on mothers for both the emotional and physical care of the infant, combined with the lack of paternal or communal co-responsibility, heightens the risk of psychological suffering and contributes to the high rates of postpartum depression in the country. The scarcity of public policies addressing perinatal mental health and social protection for women reveals how the maternal experience remains neglected as a relational and collective event (Federici, 2019).

Understanding and addressing postpartum depression requires a holistic and multidimensional approach that integrates biological and environmental factors with the psychic and symbolic aspects that permeate the transition into motherhood. In addition to hormonal fluctuations and potential social challenges, it is critical to consider the influence of the collective unconscious and inherited maternal complexes that may surface with intensity during pregnancy and the puerperium (Jung, 1959/1969).

The process of becoming a mother entails profound psychological and emotional transformations, which can be understood as a rite of passage through which a woman encounters archetypes of the collective unconscious and confronts the shadow aspects of her identity (Petric, 2023). Analytical psychology offers a valuable lens for understanding postpartum depression by allowing exploration of maternal archetypes, the dark maternal complex, and transgenerational transmission within the maternal experience. Jung (1959/1969) emphasizes that the Great Mother archetype may

manifest in a dual manner, both as a nurturing and protective force and as an oppressive and destructive presence. When the shadow aspects of this archetype are activated, the mother may experience intense psychic conflict between the idealized image of motherhood and the concrete reality of the actual child, resulting in frustration, anguish, and feelings of maternal inadequacy (Gutman, 2013).

The transmission of psychic patterns across generations is another crucial factor in understanding postpartum depression. Jung (1921/2013) emphasizes that unresolved family traumas and experiences, especially maternal ones, can influence the psyche of subsequent generations, perpetuating unconscious dynamics that affect the mother-child relationship.

This article proposes a reflection on postpartum depression through the lens of analytical psychology, exploring the influence of the maternal shadow and transgenerational transmission on the maternal psyche. It discusses the impact of negative maternal complexes and the potential for psychic transformation. By illuminating these deeper layers of maternal experience, the aim is to contribute to a broader and more humanized understanding of postpartum depression, offering pathways toward a more conscious and integrated motherhood.

Methodology

This study was conducted through an exploratory theoretical review, a method that enables the identification, analysis, and synthesis of existing knowledge, allowing for conceptual deepening and the construction of new interpretations of a phenomenon (Snyder, 2019). The selection of the theoretical framework followed a heuristic approach to literature search, characterized by the progressive identification of relevant materials on academic research platforms, allowing the construction of a consistent theoretical foundation, in accordance with Gil (2008) methodological guidelines, which emphasize the importance of progressive exploration and theoretical refinement in qualitative studies.

The selected texts were read and analyzed from a qualitative perspective and organized into thematic categories addressing the manifestation of the Great Mother archetype in motherhood; the influence of the dark maternal complex on maternal mental health; the transgenerational transmission of trauma and unconscious patterns; and postpartum depression as a symbolic call from the unconscious for individuation. Social issues intersecting with maternal mental health during this period were also considered.

This strategy enabled the integration of classical foundations of analytical psychology with recent research on motherhood and postpartum depression, allowing for a broader and deeper understanding of the topic with potential contributions to psychological interventions and academic discourse.

Becoming a mother

The process of becoming a mother is a journey that begins during pregnancy and is marked by profound psychological and emotional transformations. According to Petric (2023), this period can be understood as a moment of rupture and transition in which the woman comes into contact with archetypes of the collective unconscious and confronts deep and shadowy aspects of her identity, as well as her own maternal complexes. These changes are accompanied by an intense process through which the woman adapts to her new maternal role while navigating emotional and identity challenges that arise along the way (Babotin, 2020).

In addition to psychological transformations, significant changes also occur in the female body, including hormonal shifts essential to fetal development. These transformations frequently provoke feelings of vulnerability, insecurity, and anxiety (Marty, 1991). As such, motherhood, as socially constructed, cannot be disentangled from its historical and cultural foundations. For centuries, motherhood has been presented as the natural and transcendental destiny of femininity. As Badinter (1985) argues, this idealization historically functioned as a form of social control, placing the woman at the symbolic center of the household while simultaneously restricting her autonomy and linking her identity to reproductive function. Federici (2019) extends this critique by demonstrating that idealized motherhood served the logic of patriarchy by sustaining the reproduction of labor and the transmission of property.

This is therefore a historical and symbolic construction that has inflicted deep psychological wounds upon the feminine, transforming mothering into an affective and moral obligation frequently detached from the lived realities of women. Even today, as Vivas (2021) denounces, this idealization persists, imposing a hyper-individualized and exhausting motherhood in which women are held entirely responsible for the physical, emotional, and even symbolic well-being of their children.

In this context, the transition to motherhood involves not only the assumption of a new social role but also a profound psychic and symbolic reconfiguration of the woman's identity at multiple levels. During pregnancy and the postpartum period, significant changes

occur in the body, society, and psyche, impacting perceptions of femininity, sexuality, and selfhood. Danylova (2020) compares this process to a symbolic death, in which the non-mother self must make way for the birth of a new subjectivity, that of the mother, which once emerged, cannot be undone. This transformation, replete with ambivalence, does not always unfold in a linear or harmonious fashion and may give rise to feelings of distress, guilt, or inadequacy.

The idealization of motherhood, cultivated from early childhood through cultural and familial narratives, often collapses when the woman confronts the real baby, a concrete, demanding, unpredictable, and often frustrating presence. Gutman (2013) notes that this encounter may constitute a true emotional upheaval, as the baby seldom aligns with the idealized fantasy. This experience, marked by fatigue, lack of recognition, and the deconstruction of the ideal, exposes the gap between the imagined and the lived, rendering motherhood an arduous and often solitary passage.

This deconstruction of the maternal ideal does not occur solely on the individual level but is also inscribed in a broader symbolic dynamic in which the woman must revisit both her own expectations and the cultural and transgenerational images that have shaped her maternal imagination. The encounter with the real baby often serves as a turning point between archetype and reality, between the personal myth of the perfect mother and the imperfect, attainable experience of everyday caregiving. Within this symbolic tension, ambivalent feelings, emotional fragility, and, frequently, depressive symptoms may emerge.

Far from embodying the fulfillment of an ideal, the maternal experience demands a profound psychic reorganization, calling upon the woman to confront her shadows. This integrative process requires the courage to face the implicit losses of "becoming a mother", the loss of a previous identity, of full autonomy, of a body free from function, and simultaneously the willingness to reinvent oneself within a new subjective position, marked by ambivalence, but also by the transformative power of surrender (Danylova, 2020; Gutman, 2013).

According to Gutman (2013), even if the woman experiences a peaceful and joyful pregnancy, the postpartum period often introduces a new reality that may manifest in challenging ways. After birth, the baby, now physically separate from the mother's womb, begins its independent functioning: breathing, feeding, and expressing needs and emotions. Yet, the emotional connection to the mother remains intense and profound. Although there is physical separation, emotional fusion between mother and infant

persists, assuming a new dimension wherein the mother becomes the infant's primary mediator to the external world.

At the beginning of life, the infant lives in a state of psychological symbiosis with the mother, absorbing and reflecting her emotions, anxieties, and insecurities. This stage may be understood as a "psychological birth," during which the mother is also reborn psychically through the assumption of her new maternal identity. The symbiotic relationship requires the mother's emotional presence and connectedness, as her own internal states are instinctively absorbed by the infant. The challenge, as Jung (1959/1969) suggests, lies in balancing the role of absolute nurturer with the gradual facilitation of the child's independence, a process involving both surrender and detachment.

Every feeling experienced by the mother resonates within the infant's emotional world, shaping their initial experience of life and laying the foundation for their understanding of the self and others. Babetin (2020) emphasizes that, at this early stage, the infant does not yet perceive a clear separation from the maternal figure, experiencing her as an extension of the self. This early relationship is profoundly influenced by various archetypes, such as that of the Great Mother, who may offer protection and care but also evoke ambivalent feelings such as fear and dependency.

Importantly, the maternal figure in this context is not restricted to the biological mother. The maternal function may be performed by any emotionally available primary caregiver, father, grandmother, or other support figures who offers emotional presence, responsiveness, and psychic containment. According to Marty (1991), what sustains the infant's subjective constitution is not solely the maternal body but rather the experience of a "good enough" environment composed of relational dynamics capable of providing emotional security and continuity.

As this bond evolves, the need for differentiation arises, allowing the child to develop a distinct identity. However, if this emotional separation is impaired by insecurity or dysfunctional emotional patterns, the effects may reverberate throughout adult life. Understanding this maternal-infant dynamic is essential not only to support maternal mental health but also to ensure healthy psychic development in the child (Jung, 1954/2000).

The postpartum experience, therefore, can be understood as both a crisis and a moment of profound psychic transformation (Danylova, 2020), wherein the mother must reconcile the idealized and the real, acknowledging both her vulnerability and inner strength. This reconciliation demands symbolic elaboration of the loss of a previous identity and integration of emerging contents (Balliet, 2024; Jung, 1959/1969). When supported through empathic

listening and symbolic processing, this passage may catalyze individuation (Diamond, 1996; Neumann, 1955/2021). As Balliet (2024) states, by engaging with the maternal shadow, the woman may access deeper layers of her psyche, fostering significant psychological growth. This process requires receptivity and understanding, for the archetypal maternal journey is fraught with challenges, yet rich in possibilities for integration and self-discovery.

Laufer (2024) also emphasizes that the maternal journey can be understood as a psychic rite of passage structured in three classic phases: separation, liminality, and reintegration, as defined by Van Gennep (1909/1960). Pregnancy and the postpartum period symbolize a rupture with the woman's previous identity, initiating a liminal phase, ambiguous and unstable, marked by uncertainty, internal reorganization, and symbolic redefinition. It is a dense and often painful subjective crossing, requiring elaboration of loss and the construction of a new maternal identity. In this process, the woman is confronted with unconscious aspects and fragments of her shadow, which must be integrated into consciousness for a new configuration of the Self to emerge.

Childbirth and the puerperium thus acquire symbolic meaning as moments of psychic death and rebirth: the woman ceases to occupy solely the position of daughter to become a mother, biologically and archetypally. Due to its complexity, this transition may be accompanied by depressive or anxious symptoms, reflections of the psychic effort needed to deconstruct past identities and sustain the emergence of a new mode of being (Laufer, 2024).

The puerperium, therefore, represents a liminal phase of profound psychic restructuring in which the woman encounters not only the birth of the child but also a new configuration of herself. This process may be understood as a rite of passage in which previous identities are symbolically dismantled to make way for new ways of being (Jung, 1959/1969; Neumann, 1955/2021). Such transition requires the feminine psyche to traverse states of regression, ambivalence, and confrontation with deep unconscious contents, particularly those associated with maternal archetypes such as the Great Mother and the woman's own maternal complex (Diamond, 1996; Jung, 1928/2011).

Faced with this symbolic death and rebirth, the presence of a support network becomes not only desirable but essential. The father, extended family, and other caregivers who share the maternal function act as psychic anchors, enabling the woman to navigate the chaos of early motherhood without succumbing to fragmentation (Levin, 2020; Balliet, 2024). When this support is lacking, due to emotional absence, social isolation, or idealized

cultural pressures, the woman becomes more vulnerable to the constellation of shadow complexes, facilitating the development of depressive states. In Brazil, where the prevalence of postpartum depression ranges between 12% and 37% (Moraes et al., 2017), these dynamics reflect not only individual vulnerabilities but also symptoms of a culture that demands archetypal maternal devotion while offering little in terms of real support.

Postpartum depression and the dark maternal complex

Postpartum depression is a clinical condition that typically emerges within weeks or months after childbirth, as described in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) of the American Psychiatric Association (APA, 2013). It is characterized by symptoms such as depressed mood, loss of interest or pleasure, changes in appetite, sleep disturbances, fatigue, feelings of guilt, difficulties concentrating, and suicidal ideation. Risk factors include a personal history of depression, stress during pregnancy, lack of social support, complications during childbirth, and marital problems. This condition can significantly impair the mother-infant bond and increase the long-term risk of maternal mental disorders.

In analytical psychology, depression is understood as a sign of psychic imbalance caused by unconscious complexes that take over the ego. According to Diamond (1996), these complexes manifest during crises as anxiety or depressive states. As described by Jung (1959/1969), such complexes contain repressed memories and emotions, and influence behavior when not integrated. Jung (2011) further notes that these contents, often inaccessible to consciousness, can overwhelm the ego with foreign impulses, disrupting psychic equilibrium. In this context, depression is viewed as a symbolic call to integrate dissociated psychic material.

One of the first complexes to form in the psyche is the maternal complex, intrinsically linked to the maternal archetype and the child's relationship with the mother. The valence of this complex, positive or negative, depends on the quality of this foundational relationship and how it is assimilated into the child's psyche. Jung (1959/1969) defines the maternal complex as composed of universal archetypal images and emotional experiences that profoundly shape future relationships with feminine figures.

Oliveira (2005) emphasizes that the conception of the feminine as a sacred principle traces back to ancient cosmogonies, where the figure of the mother held a central role in the symbolic organization of existence. Neumann (1955/2021) further develops this understanding, demonstrating that in archaic mythologies and religious traditions, the Great Mother manifested in multiple forms,

as goddess of fertility, harvest, war, or wisdom, reflecting the psychic and sociocultural needs of each civilization. Thus, although archetypes are universal structures of the collective unconscious, their concrete images, that is, the ways in which they are experienced and represented are deeply shaped by historical and cultural factors (Jung, 1959/1969; Neumann, 1955/2021). As Jung (1959/1969) states, archetypes lack specific content until they find symbolic expression through culturally provided images. In this sense, representations of motherhood are permeated by symbolic narratives transmitted intergenerationally, shaping the collective imagination of what it means "to be a mother" in each time and society. Culture, therefore, not only expresses archetypes but also influences the symbols that embody them and make them accessible to consciousness.

Zharylgapov and Syzdykova (2023) note that the influence of the Great Mother still resonates in contemporary contexts, although it is often reinterpreted or concealed under new symbolic forms in modern cultures. According to the authors, the typology of the archetype continues to influence collective imagination, shaping perceptions of the feminine in literature, psychology, and artistic expression. The inherent duality of the Great Mother, encompassing both the nurturing and the devouring aspects, remains a fundamental element in the study of the psyche and female representations in contemporary society. However, the persistence of the idealized face of this archetypal figure as a symbol of unconditional love, total surrender, and limitless nurturing, can become a source of intense pressure on women. By establishing a symbolic standard of a completely good, perfect, and devoted mother, the archetype, when not consciously integrated with its ambivalences, contributes to psychic suffering, as it invalidates real experiences of ambivalence, frustration, and fallibility. Jung (1959/1969) had already warned that when an archetype dominates the psyche unilaterally, it becomes oppressive and may obstruct the individuation process by imposing an inflated identity disconnected from concrete reality.

At the personal level, archetypes and the maternal complex deeply influence a woman's experience of becoming a mother, often leading her to replicate internalized patterns from childhood. If she becomes conscious of this process, especially in the case of having had a negative maternal experience, she may seek to relate differently to her own child. The negative maternal complex is not solely dependent on direct mother-child interactions but also on the psychic representation of the maternal, which is shaped by cultural, social, and unconscious influences.

When dominantly constellated, this complex may significantly affect the gestational and perinatal periods, facilitating conditions

such as prenatal or postpartum depression. Jung (1959/1969) emphasizes that not all influences on a child's psyche come directly from the mother but also from the internalized maternal image, formed through transgenerational and archetypal factors. The maternal function thus plays a structural role in the child's subjectivity and is essential for their emotional and relational development (Diamond, 1996; Jung, 1951/2000). According to Jung (1959/1969), the absence of consistent emotional attunement from primary caregivers, often attributed to the mother, who may lack adequate support, can result in significant emotional repercussions. These foundational relational experiences extend beyond childhood, influencing the individual's entire emotional and relational life course.

From this, we can derive not only the implications of a strongly constellated dark maternal complex within the woman's psyche but also the consequences of such dynamics on the child's psychic development. The mother's inability to provide adequate emotional responsiveness, often due to her own anguish, exhaustion, and feelings of inadequacy, may impair the formation of a secure attachment, negatively affecting the mother-infant bond. This early disruption has profound implications for the child's emotional, relational, and even cognitive development, potentially leaving marks that persist into adulthood. It is important to note that in many cases, such failures in maternal containment do not stem from individual incapacity, but rather from the overwhelming burden placed on mothers in contexts where emotional, relational, and institutional support is lacking. The idealization of motherhood, combined with the exclusive assignment of childcare responsibilities to women, exacerbates psychic isolation and prevents the maternal function from being exercised sufficiently (Jung, 1960/2013; Iaconelli, 2020).

According to Neumann (1955/2021), contact with the maternal archetype during the puerperium activates not only universal images from the collective unconscious but also personal unconscious contents and unprocessed wounds from the woman's psychic history. The very rite of passage that characterizes the transition into motherhood is, by nature, a liminal and disorganizing process in which repressed psychic material may resurface with intensity. Traumatic past experiences, such as losses, abuse, neglect, or abandonment, are often reactivated in this symbolic state of regression and exposure. Confronting such material from one's own history can intensify internal conflicts, making the passage into motherhood even more challenging, especially in the absence of adequate symbolic and relational support.

The influence of transgenerationality and family inheritance on postpartum depression

The beginning of psychic life is marked by an unconscious fusion between the infant and the mother, a primitive symbiotic state. Lucien Lévy-Bruhl (1927/1985) referred to this state as *participation mystique*, in which there is no clear differentiation between self and other. Jung (1959/1969) adopted this concept to describe the archetypal relationship between the child and parental figures, which is essential for ego formation. In this stage, the infant experiences a sense of unity with the environment, and it is from this initial fusion that individual identity progressively emerges.

Jung (1959/1969) referred to this phase as a *uroboric reality*, wherein the developing ego remains immersed in the collective unconscious, absorbing social, emotional, and cultural patterns. As the ego matures, there is a gradual separation of consciousness from the environment, leading to a more defined identity. However, these early experiences continue to exert a profound influence on relational patterns and psychic structure throughout life (Neumann, 1955/2021).

The emergence of consciousness, according to Jung (1959/1969), is a continuous process of awakening that originates from the depths of the unconscious. Thus, consciousness is dynamic, evolving through interaction with the unconscious, a process Jung termed individuation. Fershtman (2021) explains that transgenerational transmission occurs through the familial unconscious, whereby unresolved ancestral traumas continue to manifest symbolically in the lives of descendants.

Furthermore, Jung (1921/2013) emphasized the significant impact of experiences not fully lived or processed by parents, especially the mother, on the psychic lives of their children. This suggests a profound interconnection between the lives of our ancestors and our own, where unresolved experiences, unaddressed traumas, and unmet challenges of the parental generation may leave a lasting imprint on the psyche of the next, even if these elements remain unconscious.

This process is particularly relevant in the context of postpartum depression. Unresolved childhood traumas or maternal emotional detachment may be reflected in the daughter as anxiety or depression, even without conscious awareness of the original trauma. According to Newsome (2023), the mother-daughter relationship is especially pivotal here, as it shapes how a woman relates to herself and to others. This legacy is often transmitted symbolically, through beliefs about femininity and emotional coping mechanisms, thus perpetuating unconscious cycles of repetition.

Jung (1951/2014) further discussed the psychic inheritance transmitted by the collective unconscious, which connects modern individuals to their ancestors through archetypal imagery and emotional structures. These patterns shape thoughts, emotions, and behaviors, suggesting that much of psychic content is not purely personal but resonates with collective human experience. For Jung (1954/2000), archetypes carry residues of humanity's past, guiding individual psychological processes. This psychic transmission occurs on both collective and personal levels. Within the family, beliefs, emotions, and complexes are passed down from generation to generation, especially during early life, when the infant shares an intense psychic bond with the mother. This bond enables maternal emotional states to significantly influence the child's psychic structure and worldview.

This notion of *psychic contagion* underscores the importance of family dynamics and intergenerational transmission in the formation of individual subjectivity. Family patterns, unresolved traumas, conflicts, and parental expectations are internalized by children from an early age, shaping their perceptions, behaviors, and relational schemas. Fershtman (2021) notes that trauma can be unconsciously transmitted within the family emotional field, creating a psychic cycle of repetition in which subsequent generations carry unresolved elements of familial history.

Recognizing this dynamic reveals the profound interconnection between generations and the enduring influence of familial experiences on human development. This highlights the importance of examining transgenerationality and the family shadow in cases of postpartum depression.

Depression may be interpreted as a sign of imbalance between the conscious ego and unconscious psychic content, which manifests through psychological complexes. When an unresolved complex is activated, it exerts pressure on the conscious ego, leading to feelings of helplessness, hopelessness, and lack of purpose, core features of depressive states. According to Jung (1959/1969), complexes carry significant emotional charge and may emerge autonomously, influencing thoughts and behaviors outside of conscious awareness.

Moreover, when a negative maternal complex is transmitted across generations, it may contribute to the onset of postpartum depression, creating a form of psychic inheritance that affects the mother-daughter bond. Engelken (2021) notes that unresolved maternal emotional trauma can be internalized by the daughter and re-emerge during her own experience of motherhood, perpetuating a cycle of emotional suffering. Similarly, a negative maternal complex may result in patterns of emotional

disconnection, anxiety, and insecurity in descendants, making it difficult to establish secure attachment and increasing the risk of depressive disorders throughout life.

In this dynamic, the interaction between ego and complexes is central to understanding the nature of depression and assessing the role of transgenerationality in psychic structure. The ego, representing individual consciousness, often attempts to suppress or deny disturbing or threatening unconscious material. However, such repression may intensify the complex and exacerbate depressive symptoms. As Jung (1959/1969) observed, complexes do not simply vanish when repressed; rather, when ignored, they gain autonomy and may dominate the ego, resulting in emotional crises.

Postpartum depression, therefore, may be viewed as a symbolic summons from the unconscious toward reconciliation and integration of repressed material, aiming to restore psychic balance both at the individual level and within the familial unconscious. This represents a potential path toward healing and the integration of the transgenerational shadow. The experience of motherhood may reactivate inherited maternal complexes, bringing to the surface traumas and emotional patterns transmitted across generations. Rudashevsky (2024) also suggests that a mother's approach to managing postpartum depression may be influenced by inherited unconscious patterns, and that awareness of these dynamics can facilitate emotional healing and the reconstruction of a healthier maternal relationship.

Addressing the integration of the shadow in the context of generational wounding opens up the possibility of challenging and transcending negative patterns passed down through time. This transformation can occur through conscious recognition and acceptance of the present wound, manifesting as postpartum depression. Perry and Tower (2023) argue that the shadow contains repressed contents which, when not integrated, appear in dysfunctional family dynamics and perpetuate emotional suffering across generations. Acknowledging and containing these wounds allows for a reexamination of family history and the creation of new paradigms and approaches to handling the darker aspects of the unconscious.

To navigate the complexities of postpartum depression, Roulleau (2023) advocates for the use of expressive therapies as tools to help mothers access and integrate repressed emotional material, thereby fostering a more authentic connection with themselves and their infants. She also emphasizes the importance of engaging with the maternal shadow, allowing the woman to understand and transform negative aspects of her own psychic history. However, this process of integration requires that the mother be sufficiently

supported. In order for her to reflect, process her experiences, and emotionally sustain the infant, she herself must be supported by an affective and relational network.

Caring for a woman's psychic health during the postpartum period must not be individualized; it requires the active participation of the father, other parental figures, and caregivers who share the maternal function. By distributing the responsibility of newborn care, symbolic and concrete space is created for the mother to fully engage in her own transformative process (Rouleau, 2023).

In this context, with proper support, postpartum depression may be reframed as a call to transformation, an opportunity for women within the family lineage to explore and confront their maternal challenges in a more conscious and healthy manner. As Walls (2023) observes, the recognition of intergenerational trauma enables not only a reinterpretation of emotional pain but also facilitates a collective healing process, allowing women to reconstruct maternal relationships from a renewed symbolic and psychic perspective.

By acknowledging and processing the grief inherent in becoming a mother, thus preventing its manifestation as postpartum depression, more nurturing and affectionate relationships between mothers and their children may be cultivated. As Laufer (2024) argues, motherhood is a psychologically liminal space where light and shadow coexist, and awareness of this process can lead to an emotional rebirth for the woman and a strengthened bond with her child.

Conscious motherhood, anchored in the integration of unconscious contents and supported by systemic care for the mother, is what enables the interruption of transgenerational cycles of suffering, thus promoting a more integrated and resilient future for subsequent generations.

Conclusão

Postpartum depression can be understood as a complex and multifactorial phenomenon, encompassing not only biological and social dimensions but also deep elements of the maternal psyche. From the perspective of analytical psychology, the experience of motherhood evokes intense internal conflicts and unconscious inherited patterns, often linked to the dark maternal complex and the transgenerational transmission of trauma.

As explored throughout this study, the journey of motherhood is marked by a profound psychic transformation in which the woman is confronted with the contrast between the idealization of motherhood and its concrete reality. The impact of the Great Mother archetype may either empower or destabilize the maternal

experience, depending on how these contents are experienced and elaborated. If unrecognized and unprocessed, the maternal shadow may manifest through feelings of inadequacy, guilt, and emotional disconnection, hindering the mother-infant bond and perpetuating dysfunctional patterns across generations (Neumann, 1955/2021).

Recognizing that postpartum depression may be rooted in inherited psychic structures opens the path toward a deeper and more effective approach to its understanding and care. Awareness of transgenerational dynamics and family inheritance enables the mother to comprehend her own suffering and break intergenerational cycles of distress, paving the way for a more conscious and healthier model of motherhood. The integration of the maternal shadow, as proposed by Jung (1959/1969) and expanded by contemporary authors such as Roulleau (2023), allows the woman to reframe her relationship with motherhood and her psychic history.

In this sense, rather than being approached solely as a pathology to be treated, postpartum depression can be seen as a threshold to psychic transformation, a symbolic invitation to reconcile with deeper aspects of the feminine and family heritage. Conscious motherhood, grounded in the understanding and attempted integration of the shadow, enables women to transcend inherited patterns and foster a more authentic relationship with themselves and their children. As Laufer (2024) highlights, motherhood is a space of psychic death and rebirth, in which the woman must relinquish old identifications in order to reconstruct her identity as a mother.

However, it is essential to recognize that such transformation can only unfold healthily when the woman finds herself in a minimally supportive environment. Care for the mother, as a vulnerable subject undergoing psychic transition, must be understood as inseparable from care for the infant. The affective presence of the father and/or other caregivers, along with support networks that share the maternal function, is a fundamental condition for the woman to turn inward, process emerging content, and more fully sustain the maternal bond.

In this context, the integration of the maternal shadow not only benefits the woman in her healing process but also strengthens the mother-infant relationship and disrupts cycles of transgenerational suffering, opening space for a new legacy of emotional well-being and psychological balance for future generations.

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