

Echoes Across Time: How Intergenerational Trauma Shapes Romantic Relationships

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Abstract. This review article explores how intergenerational trauma affects romantic relationships by synthesising existing literature. It examines the mechanisms through which trauma is transmitted across generations, including genetic, psychological, and sociocultural factors. The review highlights the impact of unresolved trauma on attachment styles, communication patterns, and emotional regulation within romantic partnerships. Empirical evidence linking historical and familial traumas to present-day relationship dynamics is discussed, focusing on common challenges such as establishing trust, intimacy, and emotional stability. The article underscores the necessity of trauma-informed approaches in relationship counselling and the importance of incorporating historical context into therapeutic practices. By providing a comprehensive overview of current research, this review aims to deepen our understanding of the enduring impact of intergenerational trauma on romantic relationships and inform future therapeutic interventions.

Keywords. intergenerational trauma; psychology; trauma; relationships; family

1. Introduction

One of the most neglected areas of public health worldwide is mental health, adding to that we have another rising problem, trauma. In recent decades, trauma has changed its focus from being limited to people who experienced war to everyday people, since trauma can manifest in various ways, and its effects differ depending on an individual's unique life circumstances, environment, and resilience. Judith Herman stated, "Traumatic events are extraordinary, not because they occur rarely but rather because they overwhelm the ordinary human adaptations to life." [1,6]

It is important to highlight the primary function of the family, both in the reconstruction of the subject and the elaboration of traumatic experiences, as it serves as a matrix of meaning and serves as the primary envelope for the psyches of individuals, as well as the transmission of their content. [ANDRÉ-FUSTIER; AUBERTEL, 1998]. From a psychoanalytic perspective, the mother, as the primary caregiver, provides a protective and nurturing environment for the baby. This early relationship is essential for the infant's emotional development, helping them make sense of their emotions and laying the foundation for coping with future challenges. The mother's ability to contain and interpret both her and the child's emotions is

key to the child's psychological well-being and resilience [3,4]

The traumatic experience kept secret in a given generation can provoke in the members of the next generation an incorporation without work elaborative. What was unconsciously transmitted by previous generations needs to undergo a process of metabolization, to make possible its introjection and consequent use for the construction of a new story [ABRAHAM; TOROK, 1995].

The earlier in life we experience trauma, the more it has an impact on how we respond to it, according to recent studies the exposure of children to violence, together with other factors such as lack of education and poverty, can contribute to their passing of similar conducts with other people, mainly in romantic relationships [5].

Thus, understanding the intergenerational transmission of trauma, especially within familial and romantic relationships, is crucial for developing effective public health strategies and therapeutic interventions. As we delve deeper into the ways trauma is passed down and manifests in these intimate bonds, it becomes clear that addressing these patterns is essential not only for individual healing but also for breaking the cycle of trauma across generations, paving the way for healthier futures.

2. Trauma

2.1 History of trauma

Trauma is a word that comes from the Greek (τραύμα = wound) which can be defined as an event that happens in life categorized by the intensity and the inability of the subject to respond adequately to the disorders and long-lasting pathogenic psychological effects [6].

The study of psychological trauma originated in the late nineteenth century, Pierre Janet and Sigmund Freud offered the first characterizations of traumatic events and their clinical implications. Freud's work on the aetiology of hysteria in the twentieth century — particularly concerning psychological and sexual trauma — faced significant contention and censure, leading to the development of contemporary trauma theories and definitions primarily from studies on male soldiers' war experiences. After World War I, studies on traumatic stress and interventions emerged, only to diminish until the Vietnam War [6,7].

A pivotal shift occurred when societal attention was drawn to the consequences of sexual and domestic violence due to the women's movement of the 1970s. It was then recognized that the most prevalent posttraumatic disorders are not those of war but of women in civilian life. Herman describes the history of psychological trauma as "one of episodic amnesia." This examination of violence and trauma in both war-related and domestic/interpersonal contexts led to the groundbreaking inclusion of posttraumatic stress disorder (PTSD) in the DSM-III in 1980. Prior to this, the DSM had categorised reactions to stressful experiences as "transient situational disturbances" that would diminish over time [6].

History has witnessed the devastating effects of abusive childhoods in dysfunctional families during the tyrannies of Hitler and Stalin, among many others. Present-day society continues to grapple with the aftermath of the dark leadership practices of dysfunctional adults. Indeed, we live in an era of pervasive trauma.

Dunker (2006) said that trauma can be considered a hypertensive event, which exceeds the representative capacity and affects the subject before he or she can process it psychically [6].

According to Freud in his letter addressed to Fliess, dated September 21, 1897 [8], he was uncertain about the distinction between what was real and what was fantasy, based that every subject reacts to a situation differently than others. He concluded that there is no index of reality in the unconscious, where one cannot distinguish between truth and fiction invested with affection, which would be the abandonment of the real factor responsible for the traumatic aspect. In the text Draft L (1892-1899/1976), Freud established that fantasies are a combination of what was experienced with

what was heard, that is, the history of the parents and predecessors with what is witnessed by the subject [8]. In this case, there is a combination of what is heard, seen, and experienced by each subject and the other generations whose legacy is transmitted and it becomes a family web. Concurrently, research continues to explore trauma's biological impact on the brain. Recent findings indicate that trauma induces changes in the limbic system, the hypothalamic-pituitary axis, and neurotransmitters [1, 9].

2.2 Development of Trauma

It can occur from the moment of conception until before the onset of conscious verbal thought, typically around the age of two or three. This period is quite prolonged for the foetus and infant. It is a precognitive, pre-verbal phase that cannot be consciously remembered. However, during this time, the brain and body are flooded with stress hormones. At birth, the stress experienced by both the baby and the mother can make forming a secure attachment difficult or even impossible [9, 10, 11].

Epigenetics studies how the environment and behaviours can influence genes. Specifically, it has been identified that certain genes in the hypothalamic-pituitary-adrenal (HPA) axis, a brain region responsible for stress responses, are altered. Research shows that emotional abuse and neglect are associated with a wide range of negative outcomes in adolescence and adulthood, including anxiety, depression, and post-traumatic stress disorder (PTSD). The importance of a child's close relationship with a caregiver cannot be overstated. Through bonds with attachment figures, children learn to trust others, manage their emotions, and engage with the world. They develop a perception of the world as either safe or dangerous, along with a sense of their own self-worth [6].

When these relationships are unstable or inconsistent, the child learns that they cannot rely on others for support. If primary caregivers exploit and mistreat the child, the child internalises the belief that they are bad and that the world is a hostile place. Traumatic experiences leave a lasting impact, with reminders that can persist for years, linked to elements of the traumatic experience, its context, and its aftermath [3, 6].

2.3 Trauma in a romantic relationship

Recent studies have demonstrated that the intergenerational transmission of trauma can occur through the mechanism of imitation, modelling, and active experiences, therefore, children exposed to violence in their family context could learn that violence is a characteristic of intimate relationships. On the other hand, it can develop an insecure attachment to children, causing a risk of being a victim of psychological or physical abuse. [5]

By understanding that individuals develop their personality through interaction with the people closest to them, whether family or friends, and with

the entire context of the environment in which they are inserted, Luciano Abate [2005] created the Relational Competences Theory (RCT), which was developed to understand the relational competence of individuals in intimate relationships.

According to the RCT, intimate relationships can be categorised into three distinct styles: the abusive-apathetic (AA) style, the reactive-repetitive (RR) style, and the creative-conductive (CC) style. Each individual may exhibit one of these styles as their primary mode of interaction. [5]

The AA style is regarded as dysfunctional, marked by tendencies toward verbal or physical aggression and handling situations ineffectively or inconsistently. Individuals with a dominant AA style may form relationships that are abusive, violent, or neglectful. In contrast, individuals with a prominent RR style tend to react either immediately or by withdrawing during interactions, aiming unconsciously to keep the relational dynamic unchanged. As a result, these individuals might struggle with forming intimate connections. On the other hand, those with a predominant CC style are more inclined to engage in self-care and care for others creatively. They also demonstrate flexibility and assertiveness in a constructive manner. Consequently, people with a high level of the CC style are more likely to develop functional and healthy intimate relationships. (L'abate, 1983; L'Abate, 2005; L'abate and Cusinato, 2007)

Additionally, L'Abate (2005) suggests that relational styles can be passed down through generations. He defines intergenerational transmission as the "transmission of particular relationship styles or symptoms from one generation to another, including the present situation in the family of procreation" (L'Abate, 2005, p. 125). Thus, according to RCT, the relational styles encountered by caregivers appear to affect the relational styles that individuals adopt in their adult relationships (L'Abate, 2005) [5, 9].

3. Methodology

In this study, a systematic literature review was conducted using Google Scholar and PubMed. The review focused on the impact of trauma on family dynamics and relationships, conclusion, intergenerational trauma significantly impacts romantic relationships, shaping both emotional and dynamics. The research was made using the following keywords: "intergenerational trauma," "psychology," "trauma," "relationships," and "family."

The keywords were selected to capture a wide range of literature on how trauma affects family dynamics and relationships, and its psychological implications. Searches were performed using these keywords, with filters applied to limit results to peer-reviewed articles published in the last 10 years, ensuring the relevance and timeliness of the findings. Filters were also used to focus on clinical studies, systematic reviews, and relevant psychological research.

Articles were initially selected based on their titles and abstracts. Free full-text reviews were conducted to determine the relevance and quality of each study. Articles that did not directly address the intersections of the chosen keywords were excluded.

A qualitative analysis of the included articles was conducted to identify common themes, methodologies, and key findings. The analysis focused on understanding the dynamics of trauma across generations and its impact on relationships and family structures.

The results were synthesised to provide an overview of major discoveries and trends in the literature, offering insights into the effects of intergenerational trauma, psychological aspects of trauma, and its influence on family relationships.

4. Results

Studies indicate that unresolved trauma in one generation can be transmitted to subsequent generations, shaping behaviour patterns and expectations in romantic relationships. Individuals from families with a history of trauma often replicate detrimental dynamics, such as intense conflicts and communication difficulties, negatively impacting the quality of their romantic relationships.

These manifestations may include attachment issues, difficulties in establishing trust, and a tendency to avoid intimacy. Such patterns hinder the development of healthy and stable romantic relationships.

In summary, the review confirms that intergenerational trauma has a profound and lasting impact on romantic relationships, affecting both emotional and behavioural dynamics. Identifying and addressing these traumas is crucial for promoting healthier and more satisfying relationships [1, 5, 6].

5. Discussion

The findings from the literature review highlight the pervasive impact of intergenerational trauma on romantic relationships, reinforcing the complex interplay between past trauma and present-day relationship dynamics. Unresolved trauma within families can permeate generations, influencing attachment styles, emotional regulation, and communication patterns. Trauma, particularly when transmitted from one generation to the next, manifests in deeply ingrained behaviours that affect how individuals relate to their romantic partners [1,6].

The results align with Luciano Abate's Relational Competence Theory (RCT), which emphasises that early relational experiences shape the development of emotional and interpersonal competencies in adulthood. Individuals who have grown up in

environments marked by trauma often exhibit insecure attachment styles and a diminished capacity for intimacy and trust. The review also shows that these individuals are more likely to engage in dysfunctional relationship behaviours, such as emotional avoidance, heightened emotional reactivity, or abusive tendencies. This further perpetuates unhealthy relational dynamics, where trust and communication become sources of conflict instead of support [5].

Moreover, the biological implications of trauma are significant. Epigenetic studies reveal that trauma can alter gene expression, particularly in brain regions involved in stress responses like the hypothalamic-pituitary-adrenal (HPA) axis. This biological transmission of trauma adds another layer to understanding how deeply trauma can affect not only psychological but also physiological responses in romantic contexts. For instance, individuals with heightened stress responses may struggle to regulate their emotions during conflicts, which exacerbates relational difficulties [9].

The research underscores the importance of trauma-informed interventions in therapy, particularly for couples and families. Approaches such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Emotionally Focused Therapy (EFT) are effective in helping individuals navigate the impact of trauma on their relationships. These therapeutic interventions emphasise emotional regulation, empathy, and communication skills, which are crucial in breaking the cycle of trauma transmission and fostering healthier relational dynamics.

6. Conclusion

In conclusion, intergenerational trauma significantly impacts romantic relationships, shaping both emotional and behavioural dynamics.

The transmission of trauma through familial relationships results in dysfunctional attachment styles and communication patterns that inhibit the development of trust and intimacy. Addressing these issues through trauma-informed therapeutic interventions is critical for healing individuals and fostering healthier romantic relationships. Therapy must focus on both the psychological and biological effects of trauma, providing individuals with the tools to develop emotional regulation, trust, and communication skills that are essential for stable and fulfilling relationships.

By addressing unresolved trauma, we can help individuals break free from negative relational cycles and cultivate more positive, secure, and resilient relationships in the future.

7. Acknowledgment

I would like to extend my heartfelt thanks to the INCBAC Institute and Professor Petr Zelensky for their invaluable contributions to my academic journey. The classes provided and the knowledge shared have significantly enriched my understanding and enthusiasm for my studies. Your dedication and support have laid a strong foundation as I embark on this new chapter of my academic life. I am deeply grateful for the opportunities and insights that have already made a meaningful impact on my growth.

8. References

- [1] Goel R, Kumar B. Psychological abuse and trauma in familial relationships and its aftermath: a review [Internet]. *J Cardiovasc Dis Res.* [cited 2024 Sep 16]. Available from: <https://jcdonline.org/admin/Uploads/Files/6619051489ce13.26599134.pdf>
- [2] Abraham N, Torok M. *The Shell and the Kernel: Renewals of Psychoanalysis.* Chicago: University of Chicago Press; 1994.
- [3] Ee E, Meuleman EM. Mothers with a history of trauma and their children: a systematic review of treatment interventions. *Front Psychol* [Internet]. 2024 [cited 2024 Sep 16];15:1293005. Available from: <https://doi.org/10.3389/fpsyg.2024.1293005>
- [4] André-Fustier D, Aubertel C. *Transgenerational transmission and clinical practice.* Paris: Casa do Psicólogo; 1998.
- [5] Taccini F, Rossi AA, Mannarini S. Intergenerational transmission of relational styles: current considerations. *Front Psychol* [Internet]. 2021 Sep [cited 2024 Sep 16];12. Available from: <https://doi.org/10.3389/fpsyg.2021.672961>
- [6] Azevedo LJC, Brandão EP. Trauma e a transmissão psíquica geracional. *Ágora Estud Teor Psicanál* [Internet]. 2019 [cited 2024 Sep 16];22(1):8-18. Available from: <https://doi.org/10.1590/s1516-14982019001002>
- [7] Freud S, Breuer J. *Studies on Hysteria (1893-1895).* In: Strachey J, editor. *The Standard Edition of the Complete Psychological Works of Sigmund Freud.* Vol. 2. London: Hogarth Press; 1955.
- [8] Freud S. Letter from Fliess to Freud, July 26, 1904. PEP Archive. 2024. Available from: <https://pep-web.org/browse/document/ZBK.042.0465A>.
- [9] Nelson CA, Zeanah CH, Fox NA. How early experience shapes human development: the case of psychosocial deprivation. *Neural Plast* [Internet]. 2019 [cited 2024 Sep 16];2019:1676285. Available from: <https://doi.org/10.1155/2019/1676285>
- [10] Reese EM, Barlow MJ, Dillon M, Villalon S, Barnes MD, Crandall A. Intergenerational

transmission of trauma: the mediating effects of family health. *Int J Environ Res Public Health* [Internet]. 2022 May [cited 2024 Sep 16];19(10):5944. Available from: <https://doi.org/10.3390/ijerph19105944>

[11] Trombetta T, Giordano M, Santoniccolo F, Vismara L, Della Vedova AM, Rollè L. Pre-natal attachment and parent-to-infant attachment: a systematic review. *Front Psychol* [Internet]. 2021 Dec [cited 2024 Sep 16];12. Available from: <https://doi.org/10.3389/fpsyg.2021.620942>