

The Compulsion to Repeat Trauma: Intergenerational Transmission in Family Relationships

Systemic Thinking & Psychotherapy, 28, 49-59. <https://doi.org/10.82070/SYST20262808>

Efpraxia Nteli¹, Adamantia Karabini²

¹ Clinical Social Worker MSc, PhD (c) University of West Attica, Child Mental Health Center of Athens, 1st Health Region of Attica, email: efideli71@gmail.com <https://orcid.org/0009-0000-3469-0749>

² Clinical Social Worker MSc, Child Mental Health Center of Athens, 1st Health Region of Attica, email: ad_karabini@yahoo.gr



Abstract

The intergenerational transmission of trauma and the compulsion to repeat constitute crucial factors in the formation and maintenance of dysfunctional relational patterns within the field of domestic violence. The aim of this article is to explore the mechanisms that lead to the organization and reproduction of family patterns through roles, positions, and recurring interactions that span across generations. Drawing from systemic and psychodynamic perspectives, intrapsychic and relational processes are highlighted that hinder change and reinforce the perpetuation of violence. The discussion is based on conceptual analysis and supported by a hypothetical, synthetic clinical example, used solely for deepening understanding. From this perspective, the condition in which silence, identification, and immobilization structure bonding dynamics and limit the possibility of psychic transformation is illuminated. At the same time, an interpretative framework of theoretical and clinical relevance is proposed for understanding family systems that remain trapped in painful, repetitive patterns.

Keywords: *Intergenerational trauma, compulsion to repeat, dysfunctional relational patterns, domestic violence*

Introduction

Domestic violence is established as a stable organizational pattern within the family system, solidifying roles, expectations, and implicit “rules” of relating that become resistant to change over time. Its persistent presence reflects deeper processes within the internal structure of the



family, limiting the potential for psychic and relational transformation, both for adult and minor members. Violent conditions draw their intensity from unresolved traumatic traces, which are transmitted across generations and reactivated through recurring relational patterns, making repetition a central mechanism in the construction of experience. This mechanism is understood as an intergenerational dynamic that permeates the fabric of bonds and determines the position of subjects, particularly the child.

The article develops within the dialogue of psychodynamic and systemic approaches, aiming at a synthetic interpretation of the consolidation of dysfunctional forms of interdependence. The recycling of experiences is conceptualized as an organizing principle of relationships and as an inscription of traumatic experience that transcends time and generations, influencing the potential for psychic transformation. The contribution of the present work lies in the clinical and theoretical highlighting of the intergenerational dimension of trauma and compulsive transmission as interconnected axes for understanding domestic violence, with an emphasis on the child's position in environments where the phenomenon remains active. For interpretative purposes, a hypothetical, synthetic clinical example is employed, focusing on parenting and therapeutic processes, while reflecting on the therapeutic stance in contexts where trauma reactivation tests the limits of psychic processing and intervention.

Trauma and the Compulsion to Repeat: Psychodynamic Approaches

In psychodynamic thought, psychic trauma is not equated with the event itself, but with the imprint of an experience that could not undergo psychic processing. Surpassing the subject's capacity for symbolization, it is not organically integrated into the biographical narrative, but reappears as a symptom, relational entanglement, or act without conscious recognition (Freud, 1920/1961; Herman, 1992). The compulsion to repeat expresses the unconscious effort of the psyche to approach, retroactively, what could not be experienced and made meaningful at the moment of the original event. The subject does not seek pain, yet is unable to recall it as mnemonic material that can be articulated verbally (Freud, 1914). Repetition, in this sense, constitutes a psychic necessity rather than a pathological obsession, with particular intensity in relational contexts.

Object-relations theories have highlighted the relational dimension of trauma. Early experiences with significant objects, especially when marked by threat, discontinuity, or violence, are internalized as psychic representations that shape patterns of emotional engagement and connection with the Other. Trauma returns as expectation, position within the bond, and repeated pattern, shaping emotional experience and relational functioning (Bollas, 1987/2017; Fairbairn, 1952; Klein, 1946; Winnicott, 1965). Its intergenerational transmission is activated within the field of family bonds.

In the context of domestic violence, the ambiguity between care and threat is deeply inscribed in the child's psychic organization. When the parental object simultaneously represents a source of safety and fear, the development of stable internal representations is disrupted, affecting emotional structuring and the capacity for connection with Others (Bowlby, 1988; Herman, 1992). The reappearance of violence reflects the inability to process intense feelings of dependency, loss, and disorganization elicited in interpersonal proximity. Contemporary psychoanalytic approaches, in dialogue with the neurobiology of trauma, emphasize that traumatic experience affects memory, emotion regulation, and bodily



experience (van der Kolk, 2014). The compulsion to repeat provides a crucial theoretical tool for understanding domestic violence as an expression of a diachronic and partly unthinkable experience, which persists in seeking conditions for recognition and psychic processing.

Intergenerational Transmission of Trauma in the Family System

The intergenerational transmission of trauma is inscribed primarily in the dynamics of bonds and secondarily in narratives. What remains unprocessed is not transformed into discourse, but is expressed indirectly through distance or closeness, care or aggression. Trauma is transmitted as a silent organizing pattern, shaping the emotional atmosphere of the family and acquiring the character of taken-for-granted normality. The systemic perspective has highlighted that family systems are structured around recurring interactions, which carry the imprint of unresolved experiences from previous generations. The traumatic load, as a property of the overall functioning of the system, is perpetuated through unspoken injunctions, rigid boundaries, and silent conventions that preserve a fragile cohesion, even when it maintains dysfunction (Bowen, 1978). Repetition does not follow linear causality but contributes to the stabilization of the existing organization, even at the expense of the most vulnerable members.

In families with a history of violence, the internal organization is shaped by fluid positions of power, responsibility, and vulnerability, which shift between members and across generations, serving as a way to manage the anxiety and disorganization accompanying unresolved traumatic experiences. The cyclical alternation of perpetrator, victim, and rescuer sustains a fragile equilibrium, without the possibility of exiting the repetitive pattern (Boszormenyi-Nagy & Spark, 1973; Karpman, 1968). The position of the child gains particular significance, as they embody aspects of the family trauma that have not been processed. The minor may assume disproportionate roles, unconsciously attempting to regulate family bonds or becoming the focal point of reenactment. Traumatic material is imprinted in the body and interactions, while parentification emerges as a mechanism of temporary stabilization of the family network, with significant costs for the child's psychological maturation and autonomy (Minuchin, 1974).

The concept of "lived legacy" clarifies the transmission of trauma, avoiding simplified explanations of behavioral reproduction. It refers to the transmission of modes of emotional engagement and boundary-setting, which shape subjectivity and determine the individual's position within the family system. The maintenance of traumatic patterns across generations is documented in the systemic literature, based on studies of family scenarios and relational dynamics (Boszormenyi-Nagy & Spark, 1973; Byng-Hall, 1995). Contemporary empirical studies highlight that childhood neglect and abuse, as forms of traumatic experience, are inscribed in recurring patterns of dysfunctional or even violent relationships in adulthood. Common structures and elements such as attachment disruption, confusion between safety and threat, and the cyclical alternation of power and vulnerability in relationships are identified and emphasized by both psychoanalytic and systemic theory (Ferreira et al., 2025; Phillips et al., 2025; Randhawa & Bisht, 2025).



When Theory Intersects with Clinical Practice: Domestic Violence as a Meeting Point of Trauma and Attachment

The transition from the theoretical to the clinical field does not consist of the mere application of concepts, but of the construction of a framework of meaning that determines what becomes visible, interpretable, and actionable. The psychodynamic and systemic understanding of trauma and its intergenerational transmission offers a unified lens for comprehending domestic violence as a phenomenon inscribed within bonds, rather than as an isolated act or individual dysregulation. In parent-child and closeness relationships, emotional states are activated that have not been symbolized, yet persist as somatized tensions, rigid patterns, and unconscious reactions (Herman, 1992).

The systemic perspective describes family relationships as organized around circular patterns that serve the psychological survival of members, even when they intensify suffering. Violence is not interpreted as a deviation but is integrated into a cyclical map of interactions, where roles, alliances, and boundaries are reorganized in response to unspoken tensions and threats to cohesion (Bowen, 1978; Minuchin, 1974). Aggression, in addition to being an act of control or dominance, functions as a means of temporary regulation of disorganization. The psychodynamic approach highlights the unconscious processes reactivated when assuming the parental role. With early traumas remaining inscribed and unresolved, closeness is experienced as threatening, and care becomes imbued with aggression. Violence expresses the difficulty of regulating emotions beyond the limits of internal organization (Fonagy et al., 2002).

The therapist in such systems is called to maintain a dual focus: on the one hand, remaining external to triangulations (Bowen, 1996), safeguarding systemic balance, and on the other hand, tolerating intense transference and countertransference movements without resorting to defensive stances or moral judgment (Racker, 1968). This position requires continuous reflection and clinical flexibility, as recognizing repetitive patterns does not automatically produce change, but opens the path toward it.

This theoretical background frames the hypothetical clinical example that follows as an interpretive field, where trauma is inscribed in family processes, shifting roles, and the child's position within the system. Clinical practice becomes a space for the intentional meeting of theory and experience, where trauma can gradually acquire a recognizable form and a perspective for transformation.

Methodological and Interpretive Framework of the Synthetic Example

The following material is presented as a synthetic clinical example, based on recurring patterns that emerge in clinical practice with families where domestic violence functions as a stabilizing mechanism. The descriptions and details have been modified so that they do not correspond to any real family or identifiable individuals. The aim is not the presentation of a "case" in the sense of a clinical history, but the interpretive connection of psychodynamic and systemic theory in understanding violence and its intergenerational continuity. The example condenses typical connections and voices that emerge across generations in order to illuminate the unconscious processes that sustain the repetition of trauma. The development is based on short vignettes,



which function as interpretive snapshots and allow the reading of roles and the inscription of violence within the emotional economy of the system.

To deepen the phenomenology of trauma, the mythical figure of Medusa is used as a symbolic thread for understanding the transition from victim to carrier of violence, from trauma to transformation. The form of Medusa, who was transformed into a monster due to the violence she endured, expresses the frozen gaze that paralyzes what cannot be faced. This is not a mythological reference, but a symbolic analytical conceptualization of the processes of numbing, fear, and alienation that run through the family system. The following approach does not seek description, but understanding. Each position, such as that of the mother, father, child, and therapist, carries a different aspect of the same cyclical mechanism, where the gaze of violence freezes the possibility of encounter, care, and change.

The Family System and the Organization of Violence

The example concerns a family in which violence does not appear as a sudden event, but as an organizing principle of family life, a way of regulating tension, defining the boundaries of closeness, and managing disorganization. Violence is inscribed in the daily climate, in the way members speak, remain silent, withdraw, or erupt, functioning as a language where words are insufficient. In such a context, the system produces stable positions, such as the one who imposes, the one who endures, the one who mediates, and the one who withdraws, which serve as roles for maintaining balance.

From a systemic perspective, violence, although destructive, serves cohesion, as it organizes alliances, stabilizes hierarchies, absorbs anxiety, and shifts threat away from deeper emotional ruptures, abandonment, loss, shame, establishing a predictable, albeit painful, normality (Bowen, 1978; Minuchin, 1974). From a psychodynamic perspective, this normality bears the trace of an unspoken trauma that becomes action, and violence expresses the reenactment of relational patterns that resurface when closeness is accompanied by dependence and fear (Freud, 1920/1961).

The family moves around a fragile balance between closeness and threat. Silence, guilt, and distancing function as defenses against emotional exposure. Violence becomes an emotional climate, a frozen air permeating relationship, where fear, shame, and the need for love coexist in a state of mutual dependence. The field resembles a closed circuit of emotional energy, where roles alternate, abuse becomes predictable, and life is maintained through psychic stasis, with the gaze of violence determining who can see and who cannot.

The Maternal Position: The Gaze That Freezes

The maternal position, as it emerges in this hypothetical example, bears the traces of a history that predates parenthood. The relationship with the child does not begin from a neutral point, but from a psychic economy already charged with loss, fear, and silence. Assuming the maternal role activates memories and experiences that have not been symbolized and resurface, especially in moments of tension or separation. She describes moments when she feels “frozen”. She remembers, as a child, trying to care for her sick sibling while the adults remained silent. She learned to endure, not to ask. This early learning of endurance later transforms into a defense



mechanism, activated whenever closeness requires presence and care. In moments of pressure, her gaze hardens, not from indifference, but from terror in the face of her own inability to respond.

The relationship with the child is shaped within this dual field· closeness simultaneously evokes longing and threat. The child becomes a bearer of conflicting expectations, a source of meaning, but also a reminder of vulnerability. In this context, care and aggression intertwine, as violence represents a disorganized response to feelings of helplessness and loss of control (Herman, 1992; Winnicott, 1965). The daughter's fear mirrors her own, trapping them in mutual terror. In a characteristic moment, she reports: "I cannot bear her gaze when she questions me· I feel like I am losing my body, like I become stone". The "stone" is not indifference, but the fossilized residue of pain, the silence that once protected her from chaos. The Medusa of her inner history is not a monster, but a survival strategy, the psychic inhibition that prevents sinking into the unbearable.

Gradually, the form deteriorates the woman ceases to recognize herself. Her body, weary and alienated, becomes a symbol of the struggle itself. Her history as an abused child does not function as an excuse, but as a lens for understanding repetition. When trauma remains unspoken, the parental relationship becomes a site of re-enactment. The child is called to carry something that does not belong to them, the burden of a foreign story.

The maternal position does not develop independently of the family system. Available choices are constrained by roles that maintain fragile cohesion: endurance, silence, mediation, failure to protect. These functions do not indicate individual inadequacy, but ways of sustaining a system organized around violence (Bowen, 1978). The role of caregiver and the inherited silence from previous generations are repeated. She is simultaneously recognized as a parent and as a bearer of trauma, unable to suspend its repetition (Fraiberg et al., 1975). Interpreting this position shifts analysis away from blame and allows a deeper understanding of the intergenerational function of violence. It does not, however, remove responsibility. It redirects attention to processes that make abuse resilient over time and opens the way to examine other positions within the family system, where failure to protect and the transmission of trauma will emerge in different yet interconnected ways.

The Paternal Position: The Gaze That Looks Away

The paternal position in this hypothetical example is not structured around the exercise of direct violence, but around a persistent inability to protect. The father is not absent· he is present, yet unable to function as a stable point of reference. In moments of tension, he becomes immobilized, his gaze lowered, waiting for the storm to pass. His stance is characterized by avoidance, silence, and ambiguity, elements that leave the child exposed to a situation where violence remains unmediated and unchecked. In a hypothetical scene, the mother's voice rises, and the child searches for the father with their eyes. He stands motionless, arms crossed, a faint, awkward smile on his face. He justifies himself: "I didn't want to make things worse". His avoidance amounts to invisible consent, and his silence is perceived by the child as a way to survive the chaos. The father's difficulty cannot be separated from his own history. He carries experiences of early abandonment and fear, images of a child hiding "when the adults shouted". Every conflict revives that small, terrified self, frozen in the face of intensity.



Confrontation with violence does not mobilize intervention, on the contrary, it reinforces withdrawal. His inability to stand as a third party is not neutral. It expresses a deeply ingrained sense of futility, inherited from his own paternal family, where silence was a virtue and avoiding conflict was considered a mark of “goodness”. Just as Medusa cannot bear to face her own trauma and freezes everything around her, he turns his gaze away. It is not a gaze that attacks, but one that freezes, a mirror of helplessness. Avoidance becomes his own defense against a scene that awakens his own terror. This stance is often accompanied by demeaning his partner a verbal form of pseudo-power that conceals inner weakness. His speech oscillates between pity and disparagement, while responsibility is constantly shifted. Failure to protect becomes a mechanism of repetition, where violence reproduces itself through actions but, primarily, through silences. His inertia allows the family system to maintain a fragile equilibrium based on avoidance and fear (Minuchin, 1974; Bowen, 1978; Boszormenyi-Nagy & Spark, 1973).

The paternal position reveals how the absence of boundary-setting feeds the cyclicity of violence. Without the mediating role of a “third”, the family operates as a closed circuit of tension and incapacity, where the child becomes the recipient of an unwritten mandate: to endure, as previous generations endured. The gaze that looks away ultimately becomes the gaze that transmits, the silent continuity of trauma across time.

The Child’s Position: The Witnessing Gaze

The child occupies the center of a family organization in which violence is not an isolated event, but a consistent means of regulating relationships. The child becomes the recipient of aggressive behaviors, but also the site upon which that which cannot be spoken, acknowledged, or metabolized by the adults is inscribed. In daily interactions, tension circulates silently. A sudden glance, a sharp word, a pause in breathing is enough to signal danger. Before anything even occurs, the child has already learned to recognize the prelude.

The abuse experienced does not acquire clear meaning and is lived as discontinuity, fear, and loss of predictability, within relationships on which the child is entirely dependent. This position is shaped not only through acts of violence but also through the silences that surround them. The absence of protective boundaries, the adults’ inability to intervene, and their ambiguity leave the child exposed to an experience in which care and fear coexist. In a hypothetical scene, the child waits for the mother to calm down, the father remains motionless in another room, and silence falls heavily, as if the inevitable has already happened. Dependence on the parents makes it impossible to symbolically distance oneself from the violence. The child cannot place it “outside themselves”, but can only incorporate it as part of the relationship (Herman, 1992).

In clinical experience, the child often embodies the point of concentration of family tension. The violence coursing through them functions as a discharge mechanism for a system unable to tolerate conflict. The child occupies the position of the scapegoat, allowing adults to maintain a fragile equilibrium (Minuchin, 1974). The parents’ silence forms the framework in which the child is called upon to keep the unspoken alive. The child’s body and gaze testify to what remains unsaid· tension, anxiety, and freezing are survival strategies. This experience leaves traces on the body and in the gaze. The child learns to read faces, adjust their breathing to the adults’ rhythm, and become invisible when necessary. In the gaze of Medusa, contact transforms into freezing· here, closeness becomes dangerous. The need for connection is



accompanied by the fear of punishment, the body tightens, and emotions accumulate without words.

The intergenerational dimension becomes apparent in the way the child internalizes relational patterns that preexist their own life. Trauma is transmitted through experience, through the body's responses, the difficulty in regulating emotion, and the sense that the world is unpredictable and potentially dangerous. Without sufficient protection, the child risks carrying this experience into future relationships, not as a conscious choice, but as a familiar mode of being (Fraiberg et al., 1975; van der Kolk, 2014). Understanding this position shifts the gaze from symptom to function. The child is not a "problem" to be fixed, but a bearer of meaning for the system that surrounds them. By highlighting their voice, it becomes possible to crystallize the trauma and, potentially, to open the way for a new kind of gaze, one that does not return the violence, but learns to see it without petrifying.

The Therapist's position: a Holding and Containing Gaze

Clinical practice in contexts of domestic violence places the therapist in a position of particular tension. Contact with violence, especially when it has an intergenerational character, creates strong pressures toward identification, intervention, or distancing. The threat of triangulation is constant, as the system tends to incorporate the therapist into its dynamics, seeking at times alliance, at times confirmation, and at times silent tolerance (Pomini, 2021). Maintaining the position of the third party constitutes an active and often fragile process. Understanding the traumatic histories of family members is necessary but not sufficient on its own. The therapist is called to withstand the complexity without turning understanding into complicity. There is a risk that interpretation may function as a mitigation of responsibility or an indirect justification of the violence, particularly when the trauma remains unresolved and is reactivated within the therapeutic relationship. Under such conditions, the therapist's stance is tested. How can they recognize the trauma without weakening the need for boundaries and protection?

The therapeutic process does not develop in a vacuum but within a framework where power dynamics, expectations, and transference are intertwined. The therapist is called to maintain a dual awareness: to observe the members of the system while simultaneously attending to their own involvement. Distancing does not mean coldness, but the preservation of an internal space for thought, which is not overwhelmed by the other's violence. In this sense, neutrality is not abstention but an active form of presence that allows the transformation of action into speech. The therapist's position requires continuous vigilance toward dynamics that attempt to entrap them in the roles of savior, judge, or silent witness. Maintaining clinical thinking presupposes the capacity for clear boundary-setting, even when this disrupts the fragile balance of the system. Non-intervention may function as a reproduction of the silence that sustains the trauma.

For the therapist experienced in the field, the interpretive schema of Medusa helps endure something even more difficult: their own immobilization. There are moments when the extent of the violence, the persistence of repetition, and the limits of intervention may provoke a sense of paralysis. Medusa, as a psychodynamic schema, allows recognition of this experience without being interpreted as weakness or failure. Immobilization becomes an object of thought rather than silent complicity. Reflection on Medusa shifts the focus from what happened to what became immobilized. It is not a search for blame but an understanding of the condition in which



violence is transmitted as a lived legacy. When trauma passes from generation to generation, not only pain is inherited but also emotional paralysis. Recognizing this immobilization is a critical step for gradually restoring the capacity for thought, relationship, and transformation.

Reflection on the therapist's position highlights a fundamental condition of clinical practice. Understanding does not negate responsibility, and empathy does not replace boundary-setting. Working with intergenerational trauma requires maintaining a dual stance of closeness and limit, which is continuously reshaped within the relationship. Therapeutic presence consists in the ability to remain present before the frozen gaze without petrifying. To see, recognize, and think where the system is unable to do any of these.

Discussion

The present work has attempted to approach domestic violence not as an isolated event but as an intergenerational process of trauma, which organizes relationships and shapes positions within the family system. The theoretical elaboration, combined with the hypothetical clinical example, highlighted the way violence persists when trauma remains unspoken and experience cannot be symbolized. The emphasis shifted from seeking causes or assigning blame toward understanding the mechanisms of repetition that render violence resilient over time.

The analysis of the positions of the mother, father, and child demonstrated that violence is not inscribed uniformly but through differentiated functions that complement one another. Maternal disorganization, paternal inability to protect, and child vulnerability constitute a field of toxic relationships (Marketos, 2024) where trauma is transmitted through actions, silences, and emotional climate. The hypothetical example did not function descriptively but interpretively, allowing processes that usually remain unseen in clinical practice to be illuminated.

The introduction of the Medusa myth as an interpretive schema contributed to the formation of a bridge between theoretical reflection and clinical experience. The immobilization produced by trauma, both in subjects and therapists, emerged as a central condition of repetition. This metaphor allowed violence to be seen not only as destruction but also as a disorientation of the mind, where the gaze loses its capacity to see. Understanding this immobilization does not remove responsibility but renders it more conscious. Where trauma paralyzes the capacity for relationship, reflection opens the way for movement (Pomini, 1994).

Particular significance was given to the therapist's position, who is called to remain present within this field without being overtaken by it. Therapeutic work requires both understanding and protection, closeness and boundaries. The therapist must recognize their own vulnerability in the face of violence, endure immobilization without reproducing it, and be able to discern where the system averts its gaze.

The study supports the view that perceiving intergenerational trauma constitutes a necessary but not sufficient condition for breaking the cycle of violence. Therapeutic thinking gains meaning when accompanied by clear boundaries, reflection, and a presence that is not paralyzed by trauma. In this context, theory and practice do not coincide but remain in productive dialogue. The capacity to observe the gaze of Medusa without petrifying oneself may constitute the core of therapeutic practice.



Conclusions

This article highlighted domestic violence as an intergenerational process of trauma, which is inscribed and transmitted through family relationships. The interpretive focus shifted from justifying violence to understanding the mechanisms of repetition that sustain it, even when the intentions of the subjects are not consciously abusive. The analysis demonstrated that the differentiated positions of family members do not constitute individual deficiencies but rather functions of a system organized around violence. The child emerged as the primary site where this dynamic is inscribed, making it clear that the need for the child's protection cannot be suspended in the name of understanding.

The contribution of the present work lies in emphasizing domestic violence as a complex phenomenon, requiring interpretive approaches capable of linking trauma, intergenerational transmission, and relational organization without reductive or moralizing readings. Theoretical reflection and clinical practice meet at the point of the "restarting of the gaze", where it becomes possible to adopt a stance that does not petrify in the face of the unspeakable.

References

- Bollas, C. (2017). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. Routledge. (1st published 1987).
- Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible Loyalties: Reciprocity in Inter-generational Family Therapy*. Harper & Row.
- Bowen, M. (1978). *Family Therapy in Clinical Practice*. Jason Aronson.
- Bowen, M. (1996). *Triangles in the Family: On the Differentiation of Self* (Transl. E. Gkika). Ellinika Grammata.
- Bowlby, J. (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development*. Routledge.
- Byng-Hall, J. (1995). *Rewriting Family Scripts: Improvisation and System Change*. Guilford Press.
- Fairbairn, W. R. D. (1952). *Psychoanalytic Studies of the Personality*. Routledge & Kegan Paul.
- Ferreira, V. N., Vigfusdottir, J., Breivik, E., Jonsbu, E., Bell-Mizori, A. R., Domogalla, S. A., & Tokovska, M. (2025). Childhood neglects: Intimate partner violence in PTSD–SUD comorbid patients treated with narrative exposure therapy. *European Journal of Psychotraumatology*, 16(1), 2566615. <https://doi.org/10.1080/20008066.2025.2566615>
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. Other Press.
- Freud, S. (1914). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (pp. 145–156). Hogarth Press.
- Freud, S. (1961). *Beyond the Pleasure Principle* (J. Strachey, Trans.). W.W. Norton & Company. (1st published 1920).
- Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*. Basic Books.
- Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7(26), 39–43.
- Klein, M. (1946). Notes on some schizoid mechanisms. In R. Money-Kyrle (Ed.), *Envy and Gratitude and Other Works 1946-1963* (pp. 1–24). Free Press.
- Marketos, N. (2024). *Toxic Forms of Love*. Korontzis Publications.



- Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.
- Phillips, A. R., Williams, R., Okuoimose, V., Hiller, R. M., McCrory, E., Viding, E., & Pezzoli, P. (2025). Lived-experience perspectives on the psychological factors linking childhood maltreatment to later intimate partner violence victimization. *European Journal of Psychotraumatology*, 16(1), 2524922. <https://doi.org/10.1080/20008066.2025.2524922>
- Pomini, V. (1994). Time and “Disrespect”: Recent developments in the Milan School. *Psychiatric Notebooks*, 45, 118–126.
- Pomini, V. (2021). The therapeutic relationship in systemic family and couple psychotherapy: Evolving perspectives. *Psychology*, 26(2), 110–126. https://doi.org/10.12681/psy_hps.26864
- Racker, H. (1968). *Transference and Countertransference* (1st ed.). Routledge. <https://doi.org/10.4324/9780429484209>
- Randhawa, R., & Bisht, P. (2025). Childhood trauma impacting closeness, dependency and anxiety within close relationships: Insights from a Punjab. *International Journal of Indian Psychology*, 13(4), 058. <https://doi.org/10.25215/1304.058>
- Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.
- Winnicott, D. W. (1965). *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. Hogarth Press.