

**Transgenerational Hauntings: Working with Inherited Attachment Dynamics and the  
Transgenerational Transmission of Trauma**

by

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A Capstone Research Project submitted in partial fulfillment of the requirements for the degree

of

Master of Counselling (MC)

City University in Canada

Vancouver, BC

May 2023

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**Dedication**

This paper is dedicated to the editors Mary Elizabeth Borkowski, NAC, and KW, as well as to Capstone Director Laura Farres, Faculty Advisor Dr. Bruce Hardy, and Second Reader Dr. Alicia Spidel. Most importantly this paper is dedicated to the MC 23B Cohort.

**Abstract**

This research project reviews modes of trauma transmission across generations, including how trauma is passed from parent and grandparent to child through attachment, genetics, and systems of society. A discussion on the origins of the research and how it came to be suppressed by the medicalization of health care is provided, and a review of the topic's development since its conception is overviewed. Recommendations for identifying and working with inherited trauma dynamics are provided, along with a call to restructure our views of one another within communities, as well as the larger systems we reside in, issued.

*Keywords: trauma, attachment, trauma dynamics, systems*

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## **Chapter 1: Introduction**

Trauma can be defined as a disturbing experience of perceived life-threat or loss that can lead to long term emotional disruption that shatters or fragments concepts of self, others, or the world (Evans et al., 2015). This state of cognitive and emotional fracturing, based in shattered self, other, and world concepts is inherited across generations and enacted as a recurring narrative of self and others maintained rigidly across interpersonal interactions (Barnwell, 2018; Lehner & Yehuda, 2018). In constellation dynamics, histories of abuse held by individuals and groups as narratives of the self, world, and/or others persist in both victims and victim-perpetrators unless true resolution is accepted by both parties (St., Just, 2012). This reconciliation can occur across time, including generations, and geography as gradual processes of growth and re-growth (Madden, 2019). Abuses described include sexual, physical, emotional, financial, and losses secondary to war (Atkinson, 2017; Harknes, 1993; Schwab, 2010;)

### **A Background and Overview for Transgenerational Transmission in Canada**

A recent emerging dialogue in contemporary Canadian politics is that of the Indigenous genocide, enacted with conscious disrespect on the part of early settler colonists that had been invited formally with the Indigenous nations to share in the prosperous land of Turtle Island.<sup>1</sup> Despite the ceremonial Wampum belt clearly outlining the terms and expectations of the land-sharing treaty, settlers thereafter stole lands and resources from the Indigenous peoples under the guise of good-spirit, failing to properly inform the Indigenous peoples of the potential risks and harms inherent in the gift they shared in return for the extension of such a generous treaty (Hallenbeck, 2015). This dialogue uncovers a Canadian history of mass rapings, systemic and institutionalized murders, theft and capitalization of key natural resources, by means of spreading

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<sup>1</sup> Turtle Island is the Indigenous name for North America.

disease and illness to the former guardians of those resources, disruption and separation of families, and a persisting racial hate that sought to cover up the reality of such acts and their endorsement at-large by a political body that formed to shut out the original peoples of the land (Monchalin, 2016). These truths, carried forward in the lives of a diminishing population, reveal a horrifying reality about our last century, and, so far, we have only begun to recognize the brave few persisting land-guardians who advocate for and express the eternal concern for their native lands, which gave them life and bears the entirety of their ancestral heritage (Lightfoot, 2016).

Today, seventy-eight years after the world's largest and most devastating war, political unrest, marginalization, discrimination, and denial of an ongoing genocide in our own lands are met with increasing threats of natural disasters caused by a capitalist-industrial motive to produce, despite growing economic and environmental costs, such as famine and disease transmitted across the earth as fast as our airplanes can take them, tearing scars into our atmosphere as they promote worsening disasters with each trip (Angus, 2016). As the economy, and political unrest about the economy grow exponentially, globalization increases rapidly (Wu, 2022). Although medical technology can increasingly mend and repair our physical injuries or biochemical deficiencies, humans are increasingly dying of stress and poor nutrition, related to poor economic status of the majority, and the tendency to avoid and/or dissociate from our feelings (Bowman, 2007; Liu et al, 2017).

World War II is often cited as having the world's highest number of human killings in any historical period. Civilians conscripted into armies were sanctioned and permitted to rape female prisoners to relieve the tension of war, which often entailed the recurrent nightly rapings of prisoners of war in internment, slavery, and death camps across Europe (Askin, 1997). It may arguably be the period of the world's most vicious and numerous mass and individual rapings



(Brint, 2013). Many prisoners of war died during their rapings, many more died trying to prevent the rape of their loved ones (Rintamaki, 2009). In the months and years that war camps were held throughout Europe, prisoners were impotent to the backdrop of their land being torn apart by bombings and the constant sound of gunfire, the land itself became inhospitable from the secondary impacts of toxic warfare which poisoned agriculture for generations (Certini, 2013; Szansz et al., 1995). Many areas of Japan to this day remain toxic and unlivable after American bombings, but the Japanese government cites that lack of retaliation was a small sacrifice in the face of ending the most horrifying global event in documented human history (St. Just, 2012).

Psychoanalytic literature discusses re-enactment, when contextually triggered, traumatized parents take on the identities of their abusers (Ferenczi, 1933) and then pass it on to their children. Without conscious awareness of their parents' deep emotional wounds, children inherit symbolic internal representations and patterns for example, that the world is unsafe, which negatively influence their interpretation of their and others' behaviours and affects until and if they are able to form an alternate narrative integration, often labelled a corrective emotional experience (Fromm, 2012). When parents themselves feel abandoned, by loss, the world at large, and within themselves, it is difficult for a child to develop a secure attachment.

### **Theoretical and Conceptual Framework: Constellation Dynamics and Somatic Archeology**

Constellation dynamics evolved in post-war Germany as a way of understanding family processes (Cohen, 2006). Behaviours and actions of family members represented by elected constellation group members have long-lasting impacts on not only the key participant, but on others as well, in the ways both participants and witnesses view and interact with the world after having witnessed or experienced a shift in a constellation. Placeholders of the original constellation system are named and positioned in the room, and then shifted. The way

constellations shift in collaboration through participants and client's subsequent explorations and/or reflections of systemic stakeholder-placeholder movements allows participants a sense of greater freedom in the number of options available as ongoing difficulties are navigated within the real system the constellation is constructed to represent. This here-and-now process which facilitates the client accessing a sense of freedom or autonomy that was previously felt to be unavailable as an artefact of stuckness, or situations deemed to be rigid or insurmountably unshiftable, thereafter maneuvered in a constellation and reflected upon, allows clients to develop increased agency in navigating what previously felt insurmountable or out of control in their daily lives.

Seemingly, individuals enter relationships with often unconscious, predetermined roles and expectations from others which orients them towards seeking specific forms of social gratifications prior to even entering a dyadic or group interaction. If these expectations of gratification are neglected or disenfranchised, experienced disrespect and neglect within the neglected or disenfranchised individual can present as physical or mental distress in a later time-space, until those meaning contexts are uncovered and integrated (St. Just, 2012). Lovers experiencing inexplicable distress as cognitive or somatic symptoms report having their unexplainable negative experiences alleviated when their partner or ex-lover initiated their own emotional repair, regardless of geographical separation, communication about the shift, or time elapsed since the original event. When families have mutually experienced traumas, they are often unable to see past their own experiences and only look inward, unable to make generative attachments outside of the family system, making it important for the therapist with an individual in therapy to consider the broader framework of the client's life.

There is also evidence that discrepancies in individual narratives within a system that remain without reconciliation, or where one person overtly exerts dominance or power over another, can persist through generations, and that we become inheritors of past secrets, neglects, and regrets (Taylor, 2019). *Somatic Archeology* asks participants to explore what hidden stories the body is telling, and what stories of ancestors may be waiting to come-into-being in the physical world through our now-and-here beings (Ocheretyany, 2017). Viktor Frankl discusses how mothers who have not worked through their own traumas interact with their infants in ways that create intolerable fears (2002), and Laub discusses the transmission of histories of abuse in symbolic and somatic narratives in which a lack of narrative discussion facilitates transmission of the *Traumatized Archetype* (2018).

Although these concepts seem foreign to Western Culture, Asiatic cultures are well accustomed to the notion of living amongst and being influenced by one's ancestors (Joshi, 2018). Similarly, First Nations and Indigenous peoples of Turtle Island believe that the spirits live within and among us in overlapping time-space (Champagne, 2010). Many of these first peoples believe that there are signs one can detect when an ancestor returns in flesh to the family, including birth marks or other spiritual symbols (Graber & Klassen, 2020). First Nations elect their leaders on the basis of the ability to commune with ancestral and spiritual guides that live within the environment.

### **Contributions - Attachment Inheritance**

The theory of attachment posits that we develop in relation to a safe other (Schoore & Schoore, 2008). The child, seeking the admiration and empathic resonance of the caretaker, shapes their worldview from the context of what garners attention, and what leads to a punishment or neglect from the caregiver. The child's yearning to be the parent's whole world has been termed orphic

function and represents the earliest forms of clinical narcissism, which is fundamental to the development of healthy independence (Gurevich, 2016).<sup>2</sup> When the caregiver is ill, absent, or unwilling to appropriately indulge the child, the child takes it personally and punishes itself (Mikolajczak et al., 2018). In some cases, this punishment mimics the way the parent has or had been punishing themselves in earlier contexts, including those predating the conception of the child themselves (Ronner, 2020). Our inability to forgive ourselves manifest detrimentally in our children. This phenomenon has been termed *Attachment Inheritance*, however inheritance was not the result of a biological predisposition, but rather a mechanism of unspoken shame or relational non-closure left unprocessed and transmitted symbolically and behaviourally across generations (Gourevitch, 1980).

Dupont, when reflecting on the writings of Sandor Ferenczi, writes, “trauma and the affects it has caused are relegated to a psychic tomb, a crypt. The crypt is the result of a shared, shameful secret” (1998, p. 239). Regardless of the child’s awareness and the caregiver’s willingness to accept the child’s awareness, the child is brought into a history of coping, a family crypt of emotions, that when not discussed and verbalized leads to *Symbolic Transmission* of trauma between generations that may or may not ever become consciously discussed or attended to.

### **The Importance of Positionality - Stress Tolerance is Heritable, and can be Protected by Maternal RNA**

Emerging data demonstrates that emotionally oriented responses are predisposed in our DNA, and that DNA stresses experienced by the parent are inherited by the child (Crews, 2008;

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<sup>2</sup> It is thought that the culmination of need to dissolve the distress of the caregiver so that the caregiver can be available to indulge the child over time is what leads to the quest for mastery and ego development. In some cases these urges become so strong they border on pathology, leading to phenomenon such as re-enactment where individuals are caught constantly reliving an experience in an attempt to achieve mastery but failing to be cognizant of discrimination from the present moment, or parentification, when the child is forced to act as parent to the parent leading to a disenfranchisement of the childhood experience (Frankel, 1998).

Franklin et. al., 2010). Sigmund Freud, from his vantage as a neurologist, would likely say that this is proof that trauma carries across generations (Faimberg, 2005). Further, literature shows that cortisol is dysregulated across generations in survivors of trauma (Irvine, 2020; Yehuda & Lehrner, 2018). Cortisol is a hormone that is released during stress and is essential to learning. It engages our fight or flight system and increases our cellular metabolism, but over time wears down our metabolic, immune, and psychological resources and thereafter systems. (Wirth et. al., 2021). Children of survivors of trauma show high blood plasma cortisol levels with low levels of cellular responsiveness to cortisol, due to a diminished number of cortisol response elements in the cellular transcriptome, or proteins the cell produces in response to signals, including the membrane receptor for cortisol itself (Yehuda & Lehrner, 2018).

The overall effect of trauma on children's cortisol systems results in repression of the body's survival mechanisms. Despite the presence of elevated background cortisol from previous experiences of threat, so that more cortisol is circulating to trigger fight-or-flight responses, when new threats to survival are experienced, the body is less able to respond to ongoing stresses, and is more inclined to allow cortisol to continue to accumulate rather than act on the body's cells to upregulate metabolism, leading to experiences of chronic fatigue or adrenal burnout from the existence of extended metabolic signaling that is not processed or recycled (Yehuda & Lehrner, 2018; Yehuda et al., 2007). Phenomenologically, survivors themselves report reliving of past events in fragmented moments as they try to integrate and reintegrate exactly what the traumatic event or moment was, and unexplainable physical pain and/or psychic overwhelm, including experiences of depression or anxiety (Brewin, 2015). Children of survivors may experience these same phenomena, without experiencing a trauma themselves, if the parents do not disclose the existence of the trauma to the children.

Transmission data reports that when the mother is stressed during pregnancy, the infant's ability to cope with stress is diminished overall as well as later in life (Zietlow et. al., 2019). If the father is over-stressed during the child's conception, the mother as a somato-chemical container can sufficiently repair, but when the mother is stressed, the child will likely subsequently develop pathologically, or rather with insufficient psychic and/or emotional resources to cope with the world (Harmon, 2011). For example, there are emerging studies that suggest the sexual orientation of parents does not impact children's behaviour or outcomes, rather the amount of stress the parents experience is negatively correlated with the child's adjustment regardless of sex after the period of conception and birth (Farr, 2017). In queer family systems it would be interesting to see if the sex of the parents and their social roles and locations impact patterns of transmission differently than that of heterosexual partners, and whether trauma correlates to the identity of queerness. For many queer folx, talking about social ostracization and marginalization as part of their lived experiences of being othered is a mechanism by which they can better enable their children to survive in a social world that can be at times isolating (Farr et. al., 2019). Queer families may be a good starting point for studies on positive coping mechanisms to disenfranchised identities. Disenfranchised identities may be a theme that arises when intergenerational transmission is investigated on personal levels, and possibilities of historical identities on current day perspectives are explored.

### **Personal Positionality, Framework, and Contributions to Counselling Psychology**

The author of this paper (I/He/They/Their) is a multi-ethnic, multifaith, queer, unwelcomed settler to Canada. In learning about their unspoken-of pre-migration family history and the discrimination which marginalized their parents and grandparents as new immigrants to the country, they are reconciling their own experiences of trauma and minority ostracization and

other-ing. In claiming their identity as an unwelcomed settler, they have begun to unearth the horrors of colonial legacy and the previous century's global wars, resources shortages, access restrictions, and gatekeeping of wealth and knowledge secondary to capitalist ideology. Being cognizant of having been born onto a planet dying from a human-accelerated rate of climate change, they hope to extend and manifest their predecessor's dialogues of healing the environment and oneself; moving forward ecologically and ethically mindful of the diverse cultural identities and understandings that populate our shared global community. It is their hope that through dialogue and unconditional regard for others, we can all work towards collaboratively establishing a more just and equitable society for our children.

### **Definitions of Key Terms**

#### ***Après-Coup***

Après-Coup, also known as Nachträglichkeit, afterwardsness, or deferred action. The concept, originally introduced by Freud, emphasizes that there exists a psychic temporality and causality to traumatic experiences. Often, traumatic experiences do not register as traumatic until a later developmental stage is reached, or a symptom develops. When triggered, these pre-determined traumas influenced by rearing manifest, causing observable interpersonal pathology after the event itself in a way that colours how the future may be experienced or received. (House, 2017).

#### ***Attachment Inheritance***

In attachment inheritance Carl Jung's writings, the inheritance of a parent's psyche (Knox, 2003), but in prominent psychological sciences the conditioning of maternal response patterns to infant's needs during infancy and childhood onto relationship archetypes for interactions with others that tend to endure across lifespans, including being avoidant, anxious, ambivalent, or disorganized (Harper, 2005).

***Bridging Sentences***

Bridging sentences describe how symptoms, patterns of distress, unplaceable feelings, and mental or emotional blocks reflect the experiences of your ancestor (Wolyn, 2017).

***Constellation Dynamics***

Constellation Dynamics is a lens of family systems therapy where relational dynamics are investigated for stresses that may be promoting undesired behaviors, dynamics, or responses between family members, or amongst other individuals not directly related to the system (Fromm, 2012).

***Core Fear***

The core fear is a central worry or concern that keeps traumatic memories surfacing in the psyche as fragmented memory or unexplainable psychic blocks as warnings of danger triggered by past experiences (Wolyn, 2017).

***Disaster Anthropology***

Disaster Anthropology is the study of the transmission of traumas that occur to groups, communities, or geographical areas. Trauma can be transmitted both vertically through time and horizontally across communities (Fromm, 2012). It is posited that all trauma is caused by disenfranchised grief and the negation of opportunities for reconciliation or healing events in the follow-up of the trauma.

***Event Countertransference***

Event countertransference describes how an individual who experienced an event can rarely attend to someone who was traumatized by the same event, due to inherent bias in the processing of personal experiences that arise when content or schemas of a client mirror that of the therapist



(Danieli, 1994). In other words, one cannot be sufficiently attentive and present to an experience they identify as having been through.

### ***Healing Sentence***

Healing sentences acknowledge the pain of your ancestors and moving forward into a future both you and they can both be proud of (Wollyn, 2017).

### ***Horizontal Transmission***

Horizontal Transmission is the transfer of traumatic experiences from those who have directly experienced an event to those in contact with those persons directly affected by the event. This includes health care or emergency responders who provide support to individuals who have been traumatized, as well as family and community members who provide support to traumatized individuals (Fromm, 2012).

### ***Identification with the Aggressor***

Identification with the Aggressor, coined by Ferenczi, describes when an individual takes on aggressive characteristics of a past aggressor as a result of experiencing threatening situations from which there is no escape (Frankel, 2002). This experience from which there is no escape can and does include the experience of being a child, and having limited freedoms within the world, and thereafter experiencing perpetration or abuse within the family or community.

### ***Moral Injury***

Moral injury includes psychological, behavioural, social, or spiritual distress in response to acting or witnessing behaviours that go against an individual's values or moral code that have common sequelae to physical traumas (US Department of Veteran Affairs, 2020).

***Posttraumatic Growth***

Posttraumatic growth describes positive shifts in a person's character and world outlook following trauma, including personal strength, new possibilities, relating to others, appreciation for life, and spiritual change which occur concurrently to post-traumatic stress (Calhoun & Tedeschi; 1999, 2004; 2014).

***Repetition Compulsion***

The repetition compulsion describes how victims of a trauma continually seek risky environments that mimic the original trauma, thought to be a compulsion, or drive to seek mastery or closure over an event that once destabilized the individual, or was lost from consciousness due to the psychic defense of repression (Freud, 1920). Stated otherwise a clinging to our origins despite our best attempts to forget them, that become recreated in our relationships (Freud, 1914).

***Somatic Archeology***

Somatic Archeology describes the process of excavating stories that live within the tissues of the body and elements of the spirit related to ancestral histories of personal lineage and the events of geography that lineage has lived through (Jones, 2019).

***Symbolic Transmission***

Symbolic transmission occurs when the experiences of being traumatized are role-modeled to children or others without any explanation of the history behind the responses, transmitting a sense of unfounded anxiety, panic, or inability to cope in the here-and-now experience of being-with, which are contextually incongruent. Symbolic transmissions promote the interpretation of non-threatening contexts as being threatening as a result of lacking or unclear narrative

explanations that would otherwise specify or localize the context of the trauma as an incident in the past separate from the present (Fromm, 2012).

### ***Transgenerational Trauma Transmission***

Transgenerational trauma transmission is when traumatic experiences and defensive responses related to those experiences are transmitted from one generation to the next. Transmission of trauma is facilitated by lack of a narrative summary of events, which generates symbolic and somatic communications of traumatic history without any contexts the children can make here-and-now versus there-and-then discrimination of (Fromm, 2012).

### ***Traumatized Archetype***

The traumatized archetype is a constellation of symptoms and defense strategies shared between individuals who have unintegrated direct traumatic experiences, and individuals with inherited ancestral symbolic representations of trauma operating as indirect traumas in the psyche.

Subjectively individuals who fit within the traumatized archetype report experiencing more distress than the untraumatized individual following an arbitrary stressor (Kalsched, 2014). This is a manifestation of a prior-dysregulated nervous system being challenged by new stresses before past stresses have been resolved and integrated.

### ***Vertical Transmission***

Vertical transmission occurs across generations in a family or community system and is thought to be the result of an amalgamation of traumatic representations that accumulate without narrative specification or identification (Fromm, 2012).

### ***Vicarious Traumatization***

Vicarious traumatization occurs in a responder by witnessing or hearing of the details of a traumatic event from a traumatized individual (Valent, 2002, as cited in Andaházy, 2019).

**Outline of the Capstone Chapters**

This opening chapter included the introduction and overview for the background for transgenerational trauma transmission. Chapter two will cover five themes. Theme A explores the key foundational ontological underpinnings of transmission studies: psychoanalytic hauntings, constellation dynamics, attachment inheritance, and ancestral legacies. Theme B explores constraints of transmission, threat and access restriction, social inequality, and resistance and resilience. Theme C covers the literature on recovery from childhood trauma, or trauma transmitted prior to birth, including developing past infantile narcissism, coming face to face with our ghosts, and resourcing non-colonial and non-oppressive client-centered forms of healing. Theme D will include an overview of the ethical conundrums that face trauma transmission dynamics; social malaise, inequitable distribution of privilege, and healthism and capitalism. Finally, the fifth theme of Chapter Two is treatment modalities, and includes an overview of trauma-informed methodology, working with trauma, empowerment, and Gestalts and somatic expressive therapies. To summarize the project, Chapter three will summarize recommendations for individuals, clinicians, approaching limitations of the work, and further work in the community.

## Chapter 2: Literature Review

### History of Research and Acknowledgement of Trauma Inheritance and Transmission

The study of trauma and its lasting impacts began with Freud and his characterization of the repetition compulsion, and a mandate received by the developing ego, transmitted from parent to child (Freud 1917, 1920). It was Freud's colleague Ferenczi, however, who first defined the mechanisms of transgenerational transmission through processes of splitting and identification (Grubrich-Simitis, 1988; Martín Cabré, 2008). Although the 'afterwardsness,' or impact of traumas having an irrevocable shift in an individual and their family system, has been well-studied by psychoanalysts following in Freud's footsteps (Grubrich-Simitis, 1988), this work was quickly overlooked during the onset of the 1960s pharmaceutical boom. The idea that psychic qualms might be soothed by a chemical supplement, or medication, promoted a devaluation of psychoanalytic and psychodynamic theory in favour of biological reductionism. The exploration of phenomenology, causality, and impacts of psychic distress were overlooked, replaced by scaling of symptoms meant to inform what dose of a chemical aid would be prescribed to make a person act as though their biological system had never been dysregulated.

We know now that medications have varying degrees of success on individuals. It does not leave the individual with a realization of their character strengths and resilience, but potentially with a reliance on medication as the go-to therapeutic tool. This in turn, has led to the stigmatization of mental health services and care and an increased blame on parents for their behaviors or diets during the time of child conception or infancy (Slater, 2007). The shifted focus of modern healthcare from person-to-personal interventions to the manipulation of genes and their products with the modern sequencing of genes in the 1980's (Slater, 2007), resulted in society and psychiatry discrediting psychoanalysis and psychodynamic therapy at large in favour

of drug-based treatments (Aviv, 2022; Slater, 2007). It was only when John Bowlby, a psychiatrist and psychoanalyst, validated attachment theory in 1993, and our modern neuroscientists subsequently demonstrated how much activity the brain generates when interacting with an attuned other, that psychoanalytic and psychodynamic theories were re-evaluated and found to be of as much or more valuable than medication-based approaches alone. (Schoore, 2009; Slater, 2007). We now know that attunement between individuals can re-regulate the nervous system more effectively than medications alone, and that this attunement only requires eye contact and active participation of both parties (cognitively, verbally, and/or somatically) for the brain's neural response connections to shift from fight, flight, or freeze to grounding in safety that is contextual or self-reflexive and conducive of memory integration and rep-processing (Schoore, 2009).

The battle between psychoanalytic, or psychodynamic, psychotherapy and psychiatry continues into present day, and numerous accounts of patients being hospitalized and sedated against their consent, labelled ill, and accused of having fixed mindsets, have led to multiple class actions lawsuits against psychiatrists, instigated by patients who longed to be treated psychodynamically with prioritization of their individuality and autonomy (Aviv, 2022). This battle being formalized in legal action has not shifted the prejudices in first-line treatment protocols, and the tendency to medicate and suppress individual's suffering with sedatives, in place of empowering their narratives and creating access to psychosocial services, is still well documented in global treatment literature (Guina & Merrill, 2018). Despite psychodynamic therapy being more effective than most medications alone (Yonatan-Leu et al., 2022), global research and funding bias remains to fund pharmaceutical sciences and chemical fixes for social malaise (Cristea et al., 2017; Self, 2013; Sen & Prabhu, 2012). Shedler (2022) takes this dialogue

one step further, noting that clients will often come to psychotherapy actively acknowledging the limitations of their medications, but resisting the personal work required for further growth within the psychotherapeutic relationship by citing a “chemical imbalance” the client has come to believe should take precedent.

In an attempt to rewrite past harms, the British Psychological Association (BPA) has created an alternative diagnostic framework, the power-threat-meaning framework, which prioritizes the impacts of interpersonal dynamics over chemical causality in mental and social wellbeing across the lifespan and generations (Johnstone & Boyle, 2018; Johnstone et al., 2018). Unfortunately, endorsing a more just assessment of social malaise could contribute losses of trillions of dollars to the medical industrial complex as well as a removal of pharmaceutical industry contributions to physicians’ paycheques (Luiza et al., 2015; Rashidian et al., 2015). A deconstruction of power and authority is understandably unpopular among those who live some of the most provided for lives in exchange for endorsing the system. In short, the medical system has become a source of industrialist oppression, one that refutes the existence or meaning behind social interactions that are not quantifiable or measurable in current-day biochemistry or neuroimaging technologies. Although biochemical aspects of trauma transmission, such as cortisol dysregulation (Yehuda et al., 2007; Yehuda & Lehrner, 2018), are a growing field of study, the goal of treatment and research remains the development of drugs to artificially re-regulate cortisol (Brueckner et al., 2019; Castro-Vale & Carvalho, 2020). Further, these interventions do not impact the contexts or interpersonal dynamics which initially caused cortisol dysregulation, rather they give individuals a false sense of security in an unjust social world.

As victim narratives are dismissed and labelled the fault of the victim, perpetrators’ sentences are increasingly based on their affluence and capacity to pay the system. Coates and Wade

(2007) describe how legal systems are designed to protect perpetrators rather than acknowledge the experiences of victims in the way legal language is used to minimize aggression underlying actions and displace accountability on the ‘victim’ who should have been smarter or more aware to threats. Trauma has been compounding since time immemorial, from our cave-dwelling ancestors and their knowledge of the constantly pending threat of a natural disaster or larger predator appearing, to inequities among modern peoples maintained through divisions of class, gender, ethnicity, sexuality, or spirituality, with non-scientific literature being the main medium of record-keeping for these stresses catalogued by our genetic architecture without conscious acknowledgement (Nepal, 2020).

Despite advanced medical technology extending lifespan, the mean quality of life is decreasing (Wickramasinghe et al., 2020). As we self-medicate, dissociate, and tune out of our human and individual histories, adolescents are increasingly taking their own lives as bullying and racial and sexual prejudices that persist in homes and family systems plague the school hallways of an increasingly globalized youth (Baiden et al., 2020; Opara et al., 2020). Our society continues to globalize further, but the divides between races are now less geographically determined, and more evident in urban incidents of hate crimes. Recently, Chinese Americans were beaten and murdered in the streets of America in response to the stress and desire to place blame during COVID-19 (Gover et al., 2020). This eerily echoes how Japanese Canadians were placed in internment camps during WWII (Archana, 2020)<sup>3</sup>, for fear that biological affiliation and origins would trump that of chosen citizenship.

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<sup>3</sup> In World War II Canada confiscated lands and forced Japanese immigrants into Internment camps to prevent them from spying on Canada, despite these individuals having completed the immigration process and becoming legal citizens of Canada (Sukul, 2018). The author of this paper lives in the site of an internment camp, where Japanese citizens were illegally jailed for their heritage. Vancouver, B.C., has recently released a public apology for the past century of discrimination and racial hate experienced by Chinese



*Development of Conceptualization of Transgenerational Trauma Transmission*

Despite the near century of marginalization and suppression psychiatry and public policy imposed on the field of psychoanalysis, it has survived and infused social justice in its continuing development. Indeed, psychoanalysis has played a key role in the development of critical theories and humanities in non-clinical academia, including the development of queer theory, structuralism, post-structuralism, and multicultural and feminist theories (LaCarpa, 2016; Tummala-Narra, 2009). Psychoanalysts now view resistance, once thought to be that which was pathogenically blocked from consciousness impeding therapeutic process, as a venue into a client's personal narrative. Transference and countertransference dynamics are now viewed as a valuable tool to use to look into the client's inner world and how they are perceiving that which is outside of themselves (Apprey, 2016). Rather than fixing or claiming to heal, contemporary psychoanalysis now works to shift the transference wishes associated with sedimented trauma within the psyche into positive outlets of transformative justice or memorialization (Grand & Salberg, 2017). In contrast to historical and alternative contemporary approaches of erasing or suppressing history by minimizing memories deemed too distressing to an individual or society, contemporary psychoanalysis is focused on empowering individuals as agents of change for society and advocates of others, as psychoanalysis is one of the few treatment approaches with chronicled origins in the accentuating of an individual's memory as a process of treatment.

It has also since been accepted that parents may not directly be the origin of childhood disruption, but rather a holding space that carries disruption evoked by the previous generation, instanced in accounts of children who displayed signs and symptoms of abuse they had not

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minorities in Vancouver (Wong, 2019). All of this occurred on unceded territories, and the Indigenous land-keepers were never consulted about these processes, meaning that the Government of Canada never had consent or permission of stakeholders of the land when they enforced these decisions.

actually experienced, but which were suppressed within their parents' or grandparents' psyche as unconscious secrets maintained by actions, gestures, or dialogues that seem without place or reason (Apprey, 2016; Atlas, 2015). These internalized experiences are often later expressed in the child as prohibition, secrecy, or promiscuity centering around a sense of vague boundaries, simply by the mechanism of having experienced an unspoken-of narrative through a parent or grandparent's behaviours, mannerisms, or beliefs resulting from an earlier trauma without any subsequent context (Atlas, 2015).

Normative unconscious process is a psychoanalytic term for parts of the unconscious which pull affect, cognition, and behaviour from past experiences into the present to recreate and uphold social norms (Layton, 2006). The repetition compulsion does not just pertain to experiences of traumatic abuse and activation of the death drive, but rather a struggle between the coercive normative unconscious, and the counter-normative unconscious seeking change. This means that not only do we hold onto past experiences as a source of understanding of the way the world is, but we also spend our unconscious energies trying to shift these dynamics with our behaviour without conscious awareness of doing so. Grand and Salberg (2021) note that when traumas are social in nature, the likelihood and intensity of post-traumatic symptoms, anxiety, conduct disorder, depression, and hyperactivity that are passed down to children, increases. As Grand and Salberg described, Faimberg's approach of telescoping generations has since shifted to an analysis of the human family, rather than the 'psychoanalytic family,' which previously focused heavily on parent-child attachment and sibling dynamics to the exclusion of the social world. For this reason, psychoanalysis has expanded beyond the family crucible to become a critically reflexive space on the impacts of history, politics, personal ethics, and social justice, in addition to personal history and the family unconscious.

Going beyond the ghost in the infirmary, the phantom in the crypt refers to how we live inside the unconscious states of living our ancestor's wars, and how the status of these wars is conveyed between members of society through our attachment systems and micro-relational communications as a form of internalized memorialization of ancestral suffering (Grand & Salberg, 2021). Bettelheim (1983) was the first to name what remains unspoken festers through generations. Gurbich-Simits, in the same year, wrote that concretization, or the setting of trauma as foundational to the psyche, results from a failure to discuss in language-based communication, symbolic or representative understandings of the other, thereby transmitting feeling states across generations without contexts (Grand & Salberg, 2021 & Grubrich-Simits, 1984, as cited in De Mendelsohn, 2008). Apprey writes that the phantom of our ancestors is visible within the patterns of resistance an individual exhibits towards the change they themselves declare to desire (2014), and Franke adds that transference can be thought of as the way clients' internal representations of self, world, and other are challenged by internal structures of the therapist (2017). Further, Franke writes that transference is not isolated to therapy but exists in all relationships. Simply put, we form attachments more strongly to those who have understandings or beliefs that have the potential of facilitating the rewriting of our past negative associations, even those psychic battles that began before our birth.

### ***Psychoanalytic Hauntings and Attachment Legacies***

I was once told by an energy healer that I was haunted by the spirit of an ancestor who had the potential to be a great physician but was instead incarcerated in a mental hospital. I was completely startled, given that she had never met me and that I had just left my first attempt at graduate studies secondary to my brother's schizophrenic diagnosis and internment under the mental health act, which resulted in my own personal experiences of post-traumatic stress. The

realization that something I was experiencing was a repetition of my ancestry, had a profound affect on my ability to look more clearly at my choices going forward.

There are phenomena medicine and science cannot explain; individuals who went blind regaining their sight after forgiving their ancestors, the inability to grow one's business until one had reconciled with the slaves their father had kept, an inability to feel warmth or regulate body temperature until an abandoned ancestor had been acknowledged, the loss of the use of limbs until grief had been reconciled, to name a few (Wolynn, 2017). Accounts of these examples of spontaneous alleviation of symptoms upon having one's ancestral experiences validated, have resulted in misattributions of 'factitious disorders' to invalidate and discredit lived experiences, and to label some as less resilient than others. Assumptions that individuals make up their symptoms for attention, rather than symptoms being due to inherited intergenerational overwhelm, grief, or loss, blocking the psyche and manifesting in the body, is yet another example of how the medico-scientific establishment has suppressed Freud and his colleague's contributions, as these occurrences are well discussed in Freud's earliest foundational works on hysteria (Galli et al, 2018; Freud, 1953). Previously dismissed as factitious disorders, in the most recent *Diagnostic and Statistics Manual* (DSM) experiences of unexplainable symptoms have since been reclassified as dissociative, somatization, or conversion disorders (Shetty et al., 2020).

The study of transference as a process by which mentalization of past figures in an individual's life are projected onto new acquaintances, demonstrating attachment as a mechanism of symbolic meaning-making and prediction related to the past, evolved from Freud's original studies in 1905 (Franke, 2017). Children learn to navigate their world with their experience with their caregivers as templates, however when parents have experienced trauma, part of their psyche is blocked off from their children (Grand & Salberg, 2021). As Grand and

Salberg summarize from previous literature, this dynamic results in the child engaging in an endless quest of filling in the missing pieces that may not ever become conscious, and parentification can occur. In this way, an *other* who is not present in the immediate relationship, but who has made an impression on the relationship by virtue of their historical impacts on the parent, becomes a ghost within the psyche (Grand & Salberg, 2021). When this *other* is objectified, and dialogues of this *other* are persecutory, we ourselves can become persecutory. The transmission of anger, fear, anxiety, and violent behaviour across generations is facilitated both vertically and horizontally. The child, attuned to the traumatized parent, inherits the same fragmentation that occurred within the parent's early experiences. Reis, as cited in Grand & Salberg (2015, 2021), posits that it is not trauma itself that is transmitted, but rather the fragmented mental state which prevents closure from being accessible in the present, even once the threat or traumata has long since passed or been eliminated from the immediate system.

Both Freud (1920), and Kohut (1971) wrote about the phenomenon of when primary energies are directed towards self as opposed to others and the contextual environment, individuals become trapped in self-indulgence, where withdrawal-fixation-ambivalence strivings overtake present mindedness, and the individual is left striving towards the internal object they withdrew from for the sake of their ego. This mixed withdrawal-fixation becomes the only defense available to the child of a traumatized parent (De Mendelssohn, 2008). The child is sent on a quest to repair the parent's dignity, which in De Mendelssohn's words, becomes a kind of psychic "straitjacket" (2008, p. 397). In Freud's original terminology, the child receives an "ego that is not the master of its own home" (Freud, 1917, as cited in Apprey, 2016, p. 22). In a sense, parents unknowingly evacuate their traumatic experiences from their own minds and into that of their children (Silverman, 2015). The danger of this is threefold: it occurs without the child's

consent, the child cannot elaborate on the experience contextually and so does not have a concept of the scope of the information being passed down, and the child does not yet have the tools of elaboration to understand why or why not the communication held relevance.

Silverman (2015) contrasts this to colonization, where unbearable burdens are pushed onto others, without the possibility of narrative transformation. Unknowingly, traumatized parents colonize their children's minds with their past traumas, reducing psychic space available to the child prior to the child forming their own experiences of the outside world and the possibilities for alternatives that may exist. When working with such clients, it is important to resist the urge to be colonized by a traumatized client's narrative while sitting with them in their emotional experiences and providing empathy, as therapeutic efficacy is based on a collaborative meeting of minds that are able to function both jointly and independently in processing experiences of overwhelm (Gabbard & Ogden, 2008; Paré, 2012). Silverman further elaborates how 'knowing it is unsafe to ask a question' ingrains the experience of helplessness or lack of control within the developing child's psyche (2015). Franke (2017) labels this dynamic of transmission as "familial repetition compulsions" (p. 24), drawing on evidence of how schizophrenic illness parallels patterns of conflict in family processes experienced by an individual in their childhood development.

### ***Constellation Dynamics***

It is not just individual dynamics between members of society that compound over time, but also the cumulative effects of society's trauma at large. Societal traumas impact individuals of diverse groups discretely, and often with a lag (Belnap, 2018; Fromm, 2012). Often, a trauma that impacted a society might be dealt with by some in the moment, and by others via their children, generations later. The Holocaust is one such example, with the treatment of holocaust

survivor's children being a predominant focus of trauma transmission studies throughout the early 2000s, as children of survivors began entering their midlife and having children of their own (Danieli, 2007). Layton explains that as all identities are relational, repetitions of past trauma are played out in relation to others after they have been triggered, in manners consistent with gender and class conditioning (2006).

Constellation work evolved as a way of honoring the fact that identity and psychological development are biographical (Franke, 2017). Groups are optimally twelve to twenty individuals, or can be conducted with an individual and figurines, objects, or images that can be manipulated to represent key stakeholders of the system. Although developed to address the lack of catharsis in classical analysis, and then limited as a family systems therapy, it is now considered a systemic solution-focused brief therapy that can be applied to individuals, families, and groups across society and nationalities. Rather than attribute blame, dynamics are portrayed with constellation representatives, and clients are invited to generate solutions by maneuvering the position of individuals within the constellation, changing who plays what role in the constellation, and even stepping into the constellation themselves. The family and individuals represented by the constellation can be present or un-present, but the goal is to elucidate mechanisms that are keeping distress or behaviours and patterns of complaint alive. Ultimately, it should become apparent that no one person is to blame for the way things are today, and that it was an intersection of a complex system that created distress in the first place. This places clients in a 'metaposition,' where their previously unnamed internal distress is now outside of themselves and they have the power to observe and change in the way they see and choose to interact with the dynamic after it has become apparent.

Although Jacob Moreno initially developed constellations work in 1945 as a psychodrama approach to address a lack of catharsis and play in psychoanalysis (Franke, 2017), his approach is now considered a sociodrama, mapped onto the client's psychodrama, or the map of internal tensions within the client. The goal was not to modify behaviour, but rather perception. Virginia Satir who popularized constellations in 1987, used it as a family approach to demonstrate how interactions between family members led to symptoms or dynamics of distress. The family members would decide who played what role, and how that would shift as the therapy progressed. Although the success of the constellation therapy in modern day interpretation was Bert Hellinger's in 1980, it was Ivan Boszormenyi-Nagi and his approach he named contextual therapy in 1973 that linked intergenerational linkages between families and systems that really gave constellations the shape they have in today's modern therapy. In addition to existential, which was Boszormenyi-Nagi's term for genetic, and psychodrama, two additional forms of communication were attended to: cybernetic, which called attention to communications and their stylings, and relationship ethics, which describes attributions of balance, loyalty, trust, entitlement, and merit to family members based on how they behaved in context to ancestors or the parents themselves.

Boszormenyi-Nagi describes how when children experience ambivalence towards their loyalty to the family, they stop reaching out. Therapy then begins a repair of the reaching-out reflex, as individuals are empowered as change agents. Subsequently, Hellinger, informed but rejected by psychoanalysis, then supplemented Boszormenyi-Nagi's theory with dynamics he termed identification, representing systemic entanglements and invisible loyalties, and following, which summarized the repetition compulsion as the tendency to follow one's ancestor into their



tragic<sup>4</sup> death. Today constellation therapy is used not only to shift perspectives, but to allow for the catharsis of grief towards unspoken losses in one's biographical development of self within a system.

## **Key Themes of Trauma Transmission and Recovery**

### ***Transmission Dynamics***

Trauma in a family impacts the family for all eternity, just as it impacts the individual. This was what Freud described when he coined the term afterwardsness. For families, the afterwardsness of trauma is “depression, anxiety, decreased self-esteem, anger, guilt and shame, disturbances in sleeping and eating, aggressive behaviors, dissociation, suicidal behaviors, substance abuse and dependence, impaired social functioning, personality disorders, intimate relationship problems, posttraumatic stress disorder, and a number of health risks including diabetes, cancer, heart disease, and gastrointestinal disorders” in children of the family (Kendall-Tackett, 2009, as cited in Paladino & DeLorenzi, 2022, p. 23).

Trauma does not just transmit vertically across generations. In fact, first studies on trauma transmission were initially focused on how trauma moved horizontally across circles of society. When viewed in the contexts of school communities, including elementary and high schools, those who were bullied were later found to be at elevated risk for psychiatric diagnosis, negative health, financial stress, and social outcomes relative to those who were not bullied (Wokle et al., 2013, as cited in Swank et al., 2022). Notably, bullies had all been previously bullied, or abused at home by a parent likely dysregulated by trauma.

Bowlby the American attachment theorist who allowed for the resurgence of psychoanalytic literature, saw childhood disruptions as children who are living in the shadow of

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<sup>4</sup> *Tragic* is used here in the classical Greek sense described by Franke, 2021, wherein disregard for the significance of an individual leads to negative consequences for the future.

parent's unconscious worlds (Karen, 1998, as referenced in Tucker et al., 2022). This is not to say that misbehaviour was related to the unconscious of the parents, but that children acted out the behaviour of their parent who was likely at the time, lost in a fugue of their unconscious, reliving some past pain in place of providing the child attention and nurturance.

It is not a novel perspective that domestic violence and abuse are intergenerational, and that perpetrators are living in a state of reenacting their past perpetrations. Unfortunately, the legal-justice system rarely consults psychology, with the exception of determining criminality, and is often unjustly biased towards perpetrators, especially those who wield social power. Identification with the Aggressor is an unconscious psychic defense, but legally it can be applied to describe a skewing in our legal-justice system where perpetrators are judged by their past experience of perpetrations experienced, versus the impact they themselves had on victims, which is often the intended purpose of a legal trial. In a sense, because the aggressor was unconsciously lost in their past traumatic experiences, they are held less accountable. On the other hand, victims are commonly left without justice, enabling horizontal transmission of aggression and/or violence and grief. The backlog of global trauma is not just in our interactions with one another, it is woven within the fabric of social governance, and yet not currently supplied any space or resource. Further, there are those that would choose to actively side with their past aggressors than work towards a brighter future, one they and their aggressor never had. When someone vulnerable or young knows nothing but violence, it becomes all they know.

### ***Negative Impacts of Threat and Access Restriction***

As we reflect on the century behind us and transition towards collectively developing an ideal and socially just world, where equitable aid is accessible and everyone's voice is included, we notice that lack of accessibility and threat of harm or exclusion have adversely impacted

human health and functioning, and that lack of justice and disenfranchised losses commonly become psychiatric symptoms when unattended to (Johnstone & Boyle, 2018). Even more harmful, we dismiss histories of harm or threat as psychiatric symptoms, and other as ‘patients’ those who need treatment as distinct from ourselves. This dialogue emerging from the British Psychological Association is termed the Power-Threat-Meaning framework, and was introduced as an alternative to DSM diagnosis, acknowledging that many DSM diagnoses are the result of histories of restricted access – to nutrition, psychological security, and a safe childhood. Rather than medicating the world into robots, the British Psychological Association is recommending we endorse more diverse modes of being, and frame discussion around the past injuries that are preventing us from showing up as our best selves in the moment.

### ***Social Inequality in Contemporary 21<sup>st</sup> Society***

The concept of power-threat analysis the British Psychological Association proposes is an admirable notion, however it is not evident that we could all show up to the table equitably today, and some narratives by processes of bias are given more attention than others. LGBTQ2IA+ individuals, ethnic minorities, individuals with disabilities, both visible and invisible, and those with pre-existing illnesses are often those highlighted in counselling literature as being afforded less cumulative support across domains of society (education, employment, social clubs, fitness groups, daily community exchanges, to name a few) (Arthur, 2019). Under our capitalist regime, when individuals are provided aid in privileged moments, there is an expectation of gratitude held by both the giver and receiver that in some contexts leaves the individual who receives the aid on the lower end of a power-differential (Manstead, 2018). The giver, or provider of a service, receives gratification, often of a financial nature

provided by the receiver, to compensate them for their time, as opposed to the support being a moment of genuine empathy, or compassion.

Under this model, those who are in need of aid are given a moral imperative to pay back aid they received, which may even go beyond the financial exchange that accompanies this interaction and may elicit a strong sense of shame and a continued burden of debt. Individuals of lower class or other minority status often cite fear of felt power differential between provider and recipient as a reason for not seeking help (Arthur, 2019).<sup>5</sup> Judgements and prejudices may seem small in moment-to-moment interactions, but behavior patterns are inherited across generations (Mitchell et. al., 2016). Unless we take the lead in each and every interaction and invite and make space for each and every diversity, we will continue perpetrating harm that has existed for generations towards those who dare to be authentic and expressive of their internal experiences.

Hellinger wrote about systemic entanglement and the balance of giving and taking that we hold within ourselves as expectations that keep us from breaking larger systemic rules (Jelinek, 2015). It is important to note that, in a culturally diverse multiethnic and multi-faith world, no two paths are the same, and what might be right for one individual in one location may not be right for another of a different location. It is important not to impose our rules about how we conduct ourselves onto others, whose way of being may allow them to survive or thrive in their unique personal microcosm, unless they have themselves self-identified the behaviour as something which causes them distress (Arvidsdotter et. al., 2016). Having one's experience evaluated by another can inherently be disempowering, and it is important, when we work with

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<sup>5</sup> Political activist and songwriter Benjamin Hammond Haggerty (Macklemore) became an internationally famed popstar for his song *Thrift Shop*, which was written as a resistance to identifying an individual's worth by the price tag or origin of the clothing one wears and promoting the cherishing and acceptance of 'hand-me-downs.' His international fame is largely attributed to how this one song alone resonated with individuals who experience the pressures of classism under the popular notion of "dress to impress."

clients who have experienced trauma, that we value their narrative and language without attempting to minimize or reduce their experience to a standardized scale. Standardized growth or improvement may not be of value to the client's lived experience (Gonzales et al., 2015; Paré, 2012, Van Den Tillaart, et al., 2009), and further, might be an act of colonization where a client's words for their experiences are replaced by those of the counsellor/therapist's subjective appraisal or personal interpretation.

### ***Resistance and Resilience***

Counselling and psychotherapy literature discuss the phenomenon of resistance, in which individuals who have committed to change experience ambivalence or self-sabotaging behaviours related to anxieties, or negative self-thoughts which cause them to avoid therapeutic work (Aurthur, 2019). Resistance is often due to past narrative scripts that have developed, which limit an individual's outcomes by restricting the number of adaptive coping strategies that individual can confidently engage in. Stories of past failures prevent growth and positive adaptation when the narratives are not fully integrated and a strength-oriented coping strategy that maintains the reality of the event fails to be established (Fletcher & Sarkar, 2013). Reliance on past strengths and maladaptive coping is exactly what causes clients to fail, as the strategies they employ are adaptive to their historic social environments, reactions to formative trauma, or disruption of the self-narrative without closure and social support, which often fail to be contextually congruent in the present (Roussillon, 2020).

Clients must be educated about their resistance strategies and invited to explore the narratives behind feelings of unsureness around capabilities of the self, so that these negative self-narratives can be collaboratively 'edited.' In Narrative Therapy, events, experiences and phenomenon are externalized so that they can be processed with a cognitive distance from self, and so that

individuals are able to act with agency against forces that are limiting them and may otherwise seem overwhelming or insurmountable with actions that are tangible and within their circle of control (i.e. shifting the way we respond or process a trigger if we cannot eliminate the trigger completely). Counsellors must be alert to their countertransference with clients, as each client adapts uniquely, the therapist cannot assume how a client's defense system might still continue to serve them (Prochaska & Norcross 2018). The discovery of the causality of resistance phenomena is a collaboration between client and therapist, and the client should be well prepared about the likelihood that resistance can emerge, and how they can approach their experience of resistance with their therapist in a manner which is appropriate for them (Paré, 2012).<sup>6</sup>

Therapists should be open and receptive to feedback, as Frankel noted, “[therapists] often do not want to be seen as hurtful by their patients, and they certainly do not want to feel they actually are hurtful to them; so they may be motivated not to see their own hurtfulness” (2002, p. 131). Clients need to work through their narratives of their traumas and pains with a non-judgmental therapist to if they hope to self-discover and work-through past instances of harm or injury towards self-healing (Kogan, 2018), and the development of resilience (Fletcher & Sarkar, 2013).

## **Overview of Progressing Through Trauma**

### ***Developing Beyond Infantile Developmental Narcissism / Parentification***

Ferenczi wrote that every event in life is traumatic, including birth itself (Goodwin, 2020).

Humans are born into trauma that has existed since time immemorial, and from the outset must

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<sup>6</sup> Ferenczi believed in employing mutual analysis where the client was invited to share their analysis of the therapist with therapist as a mechanism of providing security to trauma survivors who tended to be mistrustful of others and had a tendency to perceive others as their original perpetrators, generalizing and reproducing their trauma through indirections with others indiscriminately. By talking about this process with clients by allowing the client the space to analyze the therapist, Ferenczi became famous for his treatments of traumatized patients (Rudnytsky, 2021).

compete with their caretakers for mastery to survive, without losing the favour and adoration of those same caretakers. When parents experience too much distress or trauma, the child becomes the parent, leading to higher incidences of adverse health income and self-destructive behaviours including substance-use (Farley & Josevska, 2018). Alternatively, the individual may themselves become their overwhelmed parent, and experiences a sense of being trapped in helplessness which may not be conscious, but which is passed forward into subsequent generations as a form of resentment (Beahrs, 2020).

In re-enactment, our past failures, or negative formative experiences, are re-lived in the reactions we shape and pull from others, in a futile attempt to re-write the past (Miller-Bottomo & Safran, 2018). Belnap writes about the mother's demands to be recognized by the infant operating as a skeleton, in some ways fundamental to the development of the individuated self, but not having a full life of its own (2018). Caring only for one's parents and not being able to care enough for oneself or others is like being stripped of flesh, left with bare bones to fulfill the parents' demands to be understood and taken care of by their child (2018).<sup>7</sup> Humans develop best in interconnected communities where mutual support is met with gratitude and exchanged reciprocally, rather than demanded unilaterally (Bono & Sender, 2018).

### *Coming Face to Face with the 'Ghosts in The Nursery'*

Coming face to face with the ghosts in the nursery is a psychoanalytic term for facing the gravity of our unborn children, the skeletons in the closet and the unspoken secrets unconsciously carried by individuals of a family unit (Coles, 2018). When children are excluded from receiving verbal accounts of their family's past trauma narratives, the trauma is transmitted

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<sup>7</sup> I have used gender-neutral language here to acknowledge either parent could be the source of this tendency, however, in the literature it is most often the mother who takes the blame for negative attachment dynamics by sole virtue of their exclusion from the workplace and the expectations that those of female gender should manage the home as well as child-rearing responsibilities.

as somatic sensations and symbols (Kogan, 2018). In the clinical context, dystonic, or personality-incongruent behaviours are classified as two types of enactment, “acting in,” and “acting out.” “Acting out” is the attempt to avoid painful knowledge in treatment by reacting to situational triggers of past harm before they can manifest in the present in place of consciously acknowledging rememberings and choosing to react in the present moment’s situational contexts mindfully (Wikström, 2019). “Acting in” is defined as acting in the transference or demonstrating attachment dynamics relationally with the therapist;<sup>8</sup> in some cases, “acting in might be the only way available to the patient to relive an experience and to convey its existence and operation in the psyche to the therapist” (Kogan, 2018 p. 6). When sequelae of grief, losses and/or unbearable aloneness manifest in patterns of behaviour and are inherited across generations, as behaviours or entrenched psychic defenses, there is said to be a ‘phantom in the crypt,’ where an ancestor’s unspoken psychic legacy is unconsciously transmitted through generations as a sense of alienation or lacking-wholeness-of-self that existed within the past ancestor but is actively re-experienced by the inheritant in the present day (Koritar, 2019).

Non-judgement allows clients to access and express their inner dialogues in a space of trust and compassion, so that processing of unconsciously held past events from previous generations can be integrated as a positive self-narrative. Resilience from such narratives can then operate as memories of coping well across generations and can be called upon in the future as reminders of mental resources and resilience that honour one’s ancestor in culturally appropriate ways (Leaviss & Uttley, 2015). Resilience is thought to develop after positive closures of difficult or challenging experiences are integrated and processed. The client can build off-of and fall back onto those integrated experiences as they adapt to a continually evolving world that transforms

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<sup>8</sup> Transference is the associations from past relationships clients superimpose onto the reactions of the therapist (Plaut, 2018).



both reciprocally and paradoxically with the individuals who inhabit it. Clients are thought to experience change when their perceptions and patterns of interaction shift through the process of working through experiences with the non-judgmental and compassionate therapist (Krebs et. al., 2018; Paré, 2012).

Being honest about childhood disappointments is essential for adaptive and resilient growth. The ultimate goal of many trauma-informed therapies is to integrate an accurate summary of the event and build a strengths-oriented here-and-now resilience that allows the client to move forward from reliving their past hauntings while acknowledging the event and its impact (Macaulay & Angus, 2019). The reality is that integration can be a long process due to the discomfort, emptiness, and lack of a foreseeable way forward that must be worked through at its own pace to develop resilience. For some, therapy may be a lifelong process, or perhaps talk therapy might not be the most effective form of symptom reduction. For those who feel they ‘grew up with a shadow,’ it is important to remember it is never anyone’s duty to give life to someone who is choosing to be within a shadow; one can and probably should take space. As much as one may hope for personal healing to harmonize with others in the system (Burke, 2018), it is only possible to help others step outside of shadows once we have stepped out of those of our own.

Healing ancestral wounds and somatic aches takes time, as does going inward and working on oneself, which is different from narcissism, where one’s self-interest is manipulative, coercive, or abusive of others (Barsness & Sorenson, 2017). Those who have identified as narcissists, sadists, and masochists carry emotional wounds from early childhood, and often these individuals are best left to their own self-care, as early life emotional injuries damage the individual’s capacity to access and manifest their empathic or attuned parts of themselves (Heym

et al., 2019). It is not uncommon for these individuals to react to empathy with rage (Gojković et al., 2022), so it is imperative that therapists process such reactions with supervision and contain their own emotional reactivity when working with these individuals.

***Resourcing Non-Colonial and Non-Oppressive Knowledge Bases for Psychoeducation in a Multicultural and Diverse Intersectional Population***

In an ideal world, all children would be provided for, and no one would develop a deep hurt which positions them to indiscriminately exert independent forms of retributive justice on others. Some individuals, who experiences multiple traumas, harassments, or neglect in early childhood get labeled as 'difficult clients' (Zyromski et. al., 2018). These clients often require the assurance and security of long-term support so they can work through their inner demons and come to a place of being attuned and actualized with their inner potentials (Gibson, 2019). Rehabilitation of fantasy to help differentiate damaged perception, reality, and imagination is recommended (Volkan, 2018). Psychoanalysis argues that treatment should focus on differentiating traumatic memories from present day experiences, as until these two experiences are separated the individual lives a life that is frozen, automatic, purposeless, and bereft of meaning (Laub, 2018).

Traumatic experiences, experiences of intense or incredible threat, are largely stored somatically, while one's sympathetic arousal system is activated and there is narrowed perception outside of their body (Sarin, 2019). Until these narratives are reconciled, and information gathered from the event can be sorted through, individuals cannot stop experiencing events in their bodies, and often feel heightened anxiety, depression, and emotional reactivity, along with dissociation or hyperarousal (Stubley & Young, 2021). Psychoeducation about the impacts of experiencing trauma must focus on grounding, stabilization, and safety planning and facilitation, including allowing clients to leave a message for their therapist at any time, and

having a collaboratively designed safety checklist that the client feels capable of turning to during moments of panic outside of the sessions (Harte, 2019).

Counsellors will need to be ready to help clients navigate ancestral turmoil in a globalizing world where technology allows us to reach almost anyone anywhere. It is important that we come together as a community to solve the issues of and cultural ancestral strife, so that no one individual is left to bear the weight of its entirety (French et. al., 2020). Rather than segregate and separate, we must embrace change and not see it as a limitation, but rather a small step in a larger transformation towards a more equitable and accessible world. No lone practitioner or independent system has the solution for every case or scenario, healing is a collaborative outcome of multiple systems, cultures, and individual's unique beliefs and ways of being.

### **Ethical Relevance of Understanding Trauma Transmission**

#### ***Social Malaise and the Extension of Death and Dying***

It is not just our minds and bodies that bear the weight of ancestries of stress, but also our environments and our neighbours. The ozone is depleting again after a brief period of healing, and corporations are fighting over owning resources in monopolies that would control everyone's access for the benefit of a single industry (Chowdhury et. al., 2021; Hirthler, 2018). Unemployment is inflating as fast as the global population, and as we indulge ourselves and push ourselves harder to fall in with the capitalist ideal of a self-made hard-worker capable of taking on more work independently, we pay less care to the environment directly in front of us (Boltanski & Chiapello, 2005). As we near the anniversary of the Canadian famine of the 1930s dustbowl, we hoard food for ourselves as our livestock starve more and more as they are fed less and less and are slaughtered younger and younger because of the farming demand. Food shortages and diminishing resources easily slip our buyer's conscience as we stockpile for

ourselves instead of setting examples for others; we continue to purchase what we are used to instead of choosing to stay conscientious about what we are buying (Barrett, 2021; Cunsolo & Ellis, 2018).

As we build sky-towers to support ourselves in ways the earth no longer will, we pour liquid nitrogen into it, to make it more fertile for a fleeting period, so we can sell each fruit and vegetable for that little bit extra. We tell ourselves we are meeting the global demand, and that others would go hungry without soil nitrogen infusions and steroids for plants and animal products, rationalizing that these items save the farmers on complete forms of nutrition and growth factors they would otherwise have to provide through processes such as composting and not taxing the soil to produce all it can each year (Bowles et. al., 2018). Our planet is dying and will be uninhabitable within a century, so we race around in airplanes tearing apart the atmosphere faster than it will tolerate, racing to see it before it dies with us, four decades after making healing the planet an international priority (Li et al., 2021).

Although lifespan is increasing, quality of life is decreasing (Wickramasinghe et al., 2020). Old age, where once associated with wisdom, respect, and leadership, is now associated with decline, frailty, inability, and decreased capacity (Wister, 2018). As modernization replaces older adults with technology as the keepers of knowledge and wisdom, older adults are relegated to the margins of society, with discourses of the cost of their care crashing the economy, and their lived experiences devalued simultaneously with their life's savings devalued by inflation and rising housing and care costs. While we have become obsessed with living forever, investing in medical technologies that prioritize the extending of death and old age, we are holding older adults in poorer and poorer regard for the prioritization of youth. While youth absolutely should

be involved in decision-making and leadership as it pertains to their own lives and opportunities (Lansdown, 2009), the cost should not be older adults' space and autonomy in society.

### ***Inequitable Distributions of Privilege***

Our minds and bodies are also impacted. If you are an Indigenous citizen in Canada, you are 3.5 more times to be raped or murdered (NWAC, 2010). Likewise, society is more likely to see you as a drug addict or alcoholic if they see you touch a substance if you are Indigenous or of another visible minority (Dupuis-Rossi & Reynolds, 2018). Indigenous individuals are also more likely to be beaten or killed by law enforcement or have their ancestral lands taken from them by the government without compensation (Alberston et al., 2019). As an excluded population starves and shrieks for aid, we poison ourselves with bad foods and, in failing to take care of our bodies, become too busy building a healthcare deficit we will owe to our bodies later to be concerned with providing for families that first guarded and shared these lands with our predecessors. Further, these families blessed our education and sciences only to watch us start to use them to tear at the land, other life forms, and each other to maximize financial outcome and self-interested indulgence that is not without a cost to future generations (Goodman et. al., 2017). The number of sick and dying humans has never been higher, partly because of population inflation, and partly because we have learned to chemically bring life to stasis, even if we cannot defeat when age ravages at our tissues as cell deaths that leave scar tissue in the place of a functional contributing unit which once supported the whole (Meagher & Balk, 2017). The ancestral trauma of Indigenous Canadians created by Canadian leadership is a politically unwelcome topic, as unwelcome as it is undeniable (Goodman et. al., 2018; Skewes & Blume, 2019).

*Healthism and Capitalism – The Silent Acceptance of an Unspoken Elite*

Healthism describes how individuals are stigmatized and marginalized for sickness or disability and blamed for not having kept themselves healthier (Hanganu-Bresch, 2020). The way society treats someone who bears a scar or illness is sometimes worse than the illness itself, this is termed stigmatization (Have & Neves, 2021). As obesity, an excess of stored fats in the body which interferes with organ functioning and increases susceptibility to disease and illness, rises, ‘fat-shaming’ and fatphobia have developed, where individuals who do not comply with another’s health standards are bullied or discriminated against (Stearns, 2021). Many individuals who struggle with weight regulation cite meal consumption as a mechanism of coping with an inner emptiness and loneliness following an abuse that was not attended to by anyone in their environment (Lev-Arl et al., 2021). These scorned, yet resilient, individuals are met with disgust instead of admiration for their bravery to go on, when they have been invalidated, abused, or rejected unfairly without justice. For many the accumulation of excess weight acts as a defense against vulnerability to abusers. In anticipation of being taken advantage of or abused, and knowing that no one will be there when it happens, and if there are responders, they may rationalize the event on the basis of the appearance of the individual or the risks the individual took, it is oftentimes safer to keep oneself away from being perceived as desirable, or loving or caring of oneself, to keep oneself safe from the abuse of others (Shedler, 2022).

At an industrial level, health has become a pooled capitalist resource, and as pharmacies follow the trend of increasing capitalization as a primary business mindset, only drugs that treat the majority are funded (Boisjoly et. al., 2019; Rawson, 2021). This pre-selection of which diseases and illness will be researched impacts who medicine will be accessible for, and usually a decision based on which clients can pay the bottom line, and for whom the government is

willing to subsidize the development of care (Hopikins Walsh & Dillard-Wright, 2020). It is a bleak future where a select few are able to purchase an ‘eternal’ lifestyle, where microrobots can soon extend the wealthy’s life through enhanced immunity (Kumar et. al., 2021), and the vast majority do what they can to get by, knowing that if they fail or step out of line, society will blame them for their inability to keep their health.

## **Review of Treatment Modalities**

### ***Trauma-Informed Methodology***

Like in physics, it is so in psychology - force is always met with resistance. Being trauma-informed means meeting individuals where they are, regardless of their location on a perpetrator-victim continuum (McKenna & Holtfreter, 2021). Perpetrators often have earlier life trauma and meeting these individuals with only punishment or disdain does nothing to rehabilitate the damaged soul. More than often individual histories of neglect or abuse that led to becoming an abuser for their own sense of psychological safety is overlooked in the justice system. That being said, the cornerstone of an equitable and inclusive system or society is accountability (Dombrowski et al., 2016), and all must be held accountable for their actions. Being accountable, however, should not equate to being worthy of further isolation and societal disregard for one’s historical narrative or lived experiences, when these dynamics likely inspired the shift towards perpetration upon others as a shift from experiences of powerlessness (Hydén et al., 2016).

Being trauma-informed means challenging disempowerment with empowerment and meeting individual’s experiences of internal rejection with acceptance and compassion (Wright & Laurent, 2021). Until individuals can experience sufficient compassion towards themselves, they cannot be unhateful, non-oppressive, or unprejudiced, as often what we disdain most in others are projections of what we like least about ourselves (Mills & Chapman, 2016; Zhang et al.,

2020;). There is evidence that homophobia stems from rejection of an unreconciled homosexual arousal that others in the community have role-modeled hate towards (Adams et al., 1996; Zeichner & Reidy, 2009;). Reconciling racism, sexism, classism, and homophobia means recognizing we are all equal in society, and that is next to impossible to do when memories of personal experiences are riddled with marginalization for physical or behavioural traits.

The cornerstones of trauma-informed practice are safety, stabilization, and resourcing (Hepburn, 2017; Leeds 2009). We cannot approach experiences of feeling helpless, lost, unworthy or inadequate without first resourcing clients with their inner strengths and resources within and across the community. Mentalization techniques such as containment, mindfulness meditation, and bringing forward psychic supports into the immediate environment should be developed and practiced before the work of approaching trauma is undertaken (Greenberg & Greenberg, 2020; Shapiro, 2016). Grounding boxes and safety plans should also be resourced, and depression and suicidal assessments and check-ins should be established to ensure the dialogues engaged with are mobilized towards self-compassion, acceptance, and social justice advocacy, rather than furthering experiences of powerlessness, lack of control and/or overwhelm.

### ***Working with Trauma***

The first step to any trauma therapy is safety and stabilization. As all traumas impact the ability to maintain relationships, fostering the attachment systems of clients with radical relationality and moment-to-moment tracking, is required by the therapy, and the therapist's task is to follow material from past experiences and draw lines of contrast or comparison to the current moment in therapeutic engagements, discussing the impact of the therapist on the processing of the experience, or "metaprocessing" (Prenn & Fosha, 2017). Defenses need to be met with a slowing, as therapists track the client's experiences within their own bodies, and the



experience is processed. Only in this safety can core affects become untangled, sometimes requiring the use of fantasy by clients as a vehicle for mentalization, emotional repertoire development, and capacity building.

In adolescence, this process itself is ongoing, as the young mind plays out unfinished business from earlier development (Tucker et al., 2022), but in trauma this state becomes a stasis at any age, a freezing of the psyche into eternal conflict. The key of any trauma treatments is re-orienting trauma survivors towards choice, away from reaction, and into presence. The trauma survivor may miss all the transformations of their body back towards empowerment and self-compassion without adequate tracking skills (and tracking includes somatic, affectual, verbal, and countertransferential) to avoid therapist or client becoming lost in a client's traumatic fugue once evoked.

When all is said and done, it simply takes a therapist who can remain mindful, coach mindfulness, and anchor it within compassionate eyes to make a positive impact in any client's life (Higgins-Mitchell & Vicario, 2017). Working with trauma survivors includes helping them work back to human others as safety, after they have learned that humans can be cruel, ruthless, or neglectful. Play therapies can help individuals focus on the life and vitality that remained hidden or ungratified, and expressive interventions such as sandtray, art therapy, dance therapy, music therapy, bibliotherapy, and journaling can further prevent reliving trauma in the quest to integrate and move past some of the darkest moments of our life. In all cases, traumas become fragmented into our unconscious for a protective reason, at some point or other, in our long complex lives. It is on each of us to do our own work before seeking to support another, or to paraphrase Michael Jackson, we all need to start with the '[person] in the mirror.'

***Empowerment – Narrative and Strengths-Based Approaches***

Counsellors who step into the role of advocacy have the ethical imperative of deconstructing systems of oppression and hierarchies of inequity (Arthur, 2019; Johnson, 2007). The best way to empower those who have been disempowered is to encourage them to take up their own voice. Working with narrative approaches, externalizing and processing experiences in segments, clients are empowered to choose the direction of their therapy in each moment. This starts by counsellors stepping outside of the expert stance and allowing their clients to take the lead in their own healing, so as to promote experiences of autonomy and efficacy, where the client is transformed and empowered into their own change agent, rather than being led to identify as someone who has to be 'fixed' (Paré, 2012). Harnessing clients' strengths, cultural resources, spiritual resources, preferences, and sources of joy personalizes treatment and puts clients in charge of their own healing journeys. It is imperative to honor clients' local knowledge, or personal understandings of the world, and to not impose impacts of a client's intersectional identity that may not have impacted the client as one may presume. Appreciative Inquiry is a proposed shift from cultural competency, which describes exploring another's culture with curiosity for its strengths and virtues (van Zyl et al., 2016), rather than assuming to understand another's life experiences or cultural upbringings.

Motivational Interviewing positions clients in the orientation of their capabilities and competencies, and harnesses client's inherent strengths in moving forward towards a more empowered future (Minzlaff, 2019). As much as understanding the past to understand distress can be helpful, it does nothing for the client if they are left without the awareness that insight is a tool they are developing to prevent recreating experiences of helplessness that were created by the original trauma, whether or not the trauma was in their own life or that of another's.

Differentiation describes the process of individuating from the family system and attachment dynamic of origin and is an important process in positioning clients as change agents who have efficacy and opportunity to make social change through advocacy (Breunig, 2019). Self-advocacy and sharing of narratives is imperative to transformational change towards a more just and equitable society (French et al., 2020). It is often when individuals are able to help others through struggles that they feel most empowered. Giving back to the community and raising awareness or support groups can be vehicles of tremendous transformation for both the client and society, even if the progress of change is experienced as nonlinear (Haldane et al., 2019).

It is critical we remain non-judgmental and not police attitudes or tones that stem from experiences of lived injustice or trauma if we are to truly be of service to our clients. It is also important we recognize the importance of play and alternative perspective taking in mental wellbeing, resilience, and the ability to form positive relations with community members and one's children (Proyer, 2013, 2012; Škerlavaj et al., 2018). Remaining appreciative, curious, humble, and non-judgmental allows us to facilitate change in clients by following their natural emotional developments, rather than interjections of the therapist's arbitrary bias or experience (Paré, 2012). Notably, not all processing needs to occur verbally, and the creation of monuments or other symbolic representations of processes and experiences may be just as or more important than therapeutic conversations that lead up to these developments (Grand & Salberg, 2021; Franke, 2017). For those who find it too difficult to talk, psychodrama and EMDR are alternatives.

### ***Gestalt and Somatic Archeology Attachment-Based Psychotherapy***

Psychotherapy is always relational, and in working within the medium of the therapist-client dyad, we are inherently evoking and working with both the therapist's and client's attachment

systems (Franke, 2021). Deconstructing systems of oppression and power hierarchies means utilizing this attachment relationship to heal other attachments in the client's life that may have caused emotional wounds or *Moral Injuries*. Resourcing clients with the ability to approach and work through their attachments may mean inviting the spirits of ancestors, or attachment figures into the therapy room for reconciliation and working through (Wolynn, 2017). Freud argued that knowing the origin of the experience is not always as necessary as processing it relationally in the present. As long as insight is generated and the transference is evoked within the analytic experience, assuming that the origin of the psychic phenomenology is blocked by repression, it would manifest as transference experiences in analysis (Freud, 1994). Two modalities that make this work more tangible include Gestalt psychotherapy and Somatic Archeology.

Gestalt psychotherapy involves integrating diverse components of the self and self-other representations into the whole with meanings that promote cohesiveness of the whole (Kolmannskog, 2018). The Gestalt two chair method can be used to invite an attachment figure into the room so that the client can dyadically process their experiences with this attachment figure and dialogues the client wish had transpired can be fulfilled by the client adopting the role of the attachment figure and experiencing control over the relationship. Clients may speak on behalf of the attachment figure, expressing the care that was never expressed with an awareness of the limitations the individual was under at the time that limited their expression or feelings of security. Greater understandings of past contexts will develop when the Gestalt chair is used optimally, in concert with catharsis of bodily expressions that are associated with attachments.

Somatic Archeology involves using the body as a vessel to channel the spirit of ancestors, community members, or attachment figures (Jones, 2019). In this approach, created by Ruby Gibson in 2005, clients may be asked to vocalize the inner spirit's energy, move the energy

through their body, or engage in movement to join with or express on behalf of the summoned figure. For clients with bodily awareness, this technique can be an excellent approach to unearthing unspoken narratives that have been inherited by the client unconsciously, making them conscious and accessible for transformation or reconciliation. It is important to note that compassion, self-acceptance, understanding, and forgiveness all take time and cannot be rushed for a practitioner's timeline. It is also important that exercises focused on mending past harms be debriefed and the meaning that the client makes be explored and processed, so as to allow the client to position the importance of the experience as it pertains to them with centrality on the client's individual meaning-making process and interpretations of the experience.

### **Chapter 3: Discussion and Application**

#### **Working Past Inherited Trauma into a Brighter Future**

“Trauma ... comes from the Greek word for wound.” (Echterling & Stewart, 2008, p. 216)

The transmission of trauma across generations is threefold (Wolynn, 2017). The first mechanism is in utero, when the fetus receives chemical signals from the mother, about the mother’s experience of her environment (Finch & Loehlin, 1998 as cited in Wolynn). It has been observed that children of Holocaust survivors have decreased reactivity to cortisol, meaning that their nervous systems are always producing more cortisol to generate the nervous system’s desired feedback response (Yehuda et al., 2007; Yehuda et al., 2002), a response which is necessary to signal the reduction of the body’s production of cortisol after each instance when a threat is perceived. The second mechanism of trauma transmission is attachment (Szyf, 2022). When the developing child is first experiencing the world, it is an adjunct to the primary caregiver’s experience and considers the primary caregiver a role model for survival. Here the infant, with the number of possibilities for its brain’s wiring continuously shrinking, preserves the actions and responses of the early caretakers in its nervous system. The final mechanism is systemic (Lehrner & Yehuda, 2018). In the way we respond to one another, and maintain the fallacy that trauma is a permanent damage that must always have significant impacts in others, or, conversely, that one must be weak or lacking in resilience to experience trauma, we perpetuate and evoke historical responses from one another, preserving them as ways of interacting with the world.

More and more trauma is inherited as socially constructed ‘heritable diagnoses’ that persist across generations without cure, as symptoms of an unjust society (Blank & Kitta, 2015; Cromby, 2022). Because the historical and semantic origin of symptoms within the individual’s

psyche remains largely unexplored by both client and healthcare provider in modern Western medicine, and because of the tendency to prescribe and repress unpleasant experiences, opportunities for restorative justice and human development are stifled for the sake of capitalist gain and the preservation of current systems of power (Bryant-Davis, 2019; Johnstone et al., 2018).

As an individual, one cannot heal from their traumatic experiences until they find compassion for themselves (Bryant-Davis, 2019). Early phases of the traumatic response include anger and irritability (Weisaeth, 2004), and until the trauma survivor can look inward and recognize their strengths, they are at risk of becoming trapped in enactment (Ferencz, 2014). In enactment, one acts out one's own ancestral or community narrative of loss and coping with loss and remains trapped in experiencing the hurt or neglect they project from their unconscious onto others and recreate through their relationships. Not until one is grounded in self-compassion and gratitude for the capabilities of oneself, can one work collaboratively with the world outside towards a more equitable and inclusive future (Bryant-Davis, 2019; Ferencz, 2014).

Only after one has re-individuated, identified the narratives that are not theirs (Khoeler, 2013; Wolynn, 2017), and separated their identity from the experience that remains haunting them, in their conscious and unconscious worlds, should one take the next step (Wolynn, 2017). The second step is realizing that the idea the child was born a blank slate into the world is an unrealistic fallacy. By birth the child already had the mechanisms of survival, and only needed a role model to help pace and regulate development through exploration of the world. If this role-model was absent, infants would not survive. These role models to young, all-observing, but not yet fully remembering, infants were born into similar conditions of being at the mercy of the contexts of their immediate environments, and it is acknowledged by both the infant and adult

caretaker that the adult role model has survived. In this way, when caregivers fail to be present for their children's emotional and physical needs, insecure attachments, feelings of hopelessness or lack of self-worth, inadequacy, and fear, are passed through generations without conscious awareness. Resourcing clients into reflexiveness around their childhood can be a first step in putting aside feelings that may not serve current environmental contexts. Here children of poor temperament should not be viewed as difficult, but rather enmeshed in their parent's legacies of stress and distress, hopelessly striving for healing their parents have not yet identified or welcomed in themselves (Shaw & Starr, 2019; Smet & Hartup, 1988).

Blaming a parent will never serve anyone (Maté, 2018). The bond between infant and caretaker is unlike any other (Winnicott, 2018), and at the end of the day, it is impossible to say that a parent was ever not doing what they thought was best for their child (Maté, 2018). The issue may, however, lay in what the parent thought was best for their child, if they were trapped in their own traumatized lens of the world, or perhaps the use of mechanisms of convenience as coping mechanisms which the parent was limited to at the time of the child's birth. An example of the transgenerational transmission of aggression is when parents raised under strict discipline may smack or restrain their children to teach them obedience, feeling that obedience and self-regulation are primary necessities for survival in their world (Apprey, 2016; Ibabe, 2019). In parallel, parents with ungrieved-for losses may ruminate on the dangers of the world, and raise children who are scared, withdrawn, or prejudiced of other people, places, or experiences, or conversely who strive towards risk and danger in an attempt to prove the caretaker wrong (Benser, 2019; Cornell, 2021). Similarly, parents who are depressed and/or angry will likely raise depressed and/or angry children, as the parent's affects, or global emotional responses, orient the child towards predisposed emotional reactions to events of the world and immediate



environment that become lasting personality over time (Bach & Farrell, 2018; Conger et al., 2003).

Increasingly, children are brought up by overwhelmed parents who are more disconnected from the world than their parents were, due to the demands of living in modern technology-based capitalistic society, and the prioritization of independence and autonomy of individuated family units, over the ancestral village model of human survival (Bryant-Davis, 2019). As we detach from one another and interface with technologies that detach us further from our immediate environment, suicide rates globally have not decreased in the last two decades despite our growing awareness (Alicandro et al, 2019; Pirkis et al., 2021; Renaud et al, 2018). Currently, global historic heat shocks and temperature increases continue to deplete our protective ozone atmosphere. Those living around the equator bear the brunt of low crop yields and toxic cancer-inducing ultraviolet radiation no longer blocked by our once protective and shielding sky (Bernhard et al., 2020; Lombardozzi et al., 2018).

One cannot simply solve and dissolve their anxious, depressive, schizoid, or bipolar parts: these are fragments of our adaptive history to real threats to our heritage (Shapiro, 2016; Wolynn, 2017). One can come to compassion and love for self (Bryant-Davis, 2019), and build up their community to lift some of this carried burden off of our children through our actions and discourses amongst one another. Shame is a natural aspect of any trauma response, and it is important for clients who have experienced shame to explore it without judgment, especially as it relates to exposure to death, mortality, and its haunting aftereffects (Patti, 2021). Often the victim blames themselves for the trauma they experienced when traumas are of an interpersonal nature, i.e., neglect, abuse, rape, torture, terrorism, or war (Unthank, 2019). Systems of perpetrator bias in our legal system obscure violence through the devices of legal jargon, popular

opinion, and media which neglect the interpersonal nature of violence (Coates & Wade, 2007; Joseph, 2019). It is even possible that an individual was conditioned to believe they were responsible for the harms that befell them even before the violence occurred to them, through media or familial or community expectations of their gender or social roles, preventing them from reporting or seeking support for themselves (Kruahiran et al., 2022; Penone & Spaccatini, 2019; Witte et al., 2006). One may have the right to physical safety, but there are no statutes for emotional safety outside of overt prejudice, slander, or discrimination confirmed by an unbiased outsider and a recipient who was well-resourced enough to afford defense or protection (Narsaiya, 2021). More than often, victims are told to have exaggerated their experiences as if their authentic emotional responses are insufficient testimony to having been threatened or abused. As counsellors in British Columbia, there are no guidelines, resources, or recommendations to consider when clients are causing emotional harm to others, indicating society's disregard for ongoing acts of bullying, belittling, ostracizing, and disregard for others.

There are some who believe neurodivergence stems from early childhood trauma (Maté, 2019). If a child is dysregulated by a traumatic event early enough in their childhood, their brain will wire in a unique way that allows them to escape the threat by suppressing it from conscious attention and shifting its mind elsewhere as a behavioral pattern that then becomes wired as the developing brain's default, leading to what has been, in some opinions oppressively, referred to as attention deficiency (Choi et al., 2022). Neurodivergence is often wrongly assumed to be a cognitive disability because one cannot work for eight continuous hours with only a single break or sustain attention on a single object or process for fixed intervals of seconds or minutes at a time for continuous prolonged hours while under strain (Santuzzi & Keating, 2022). Everyone has difficulty sustaining attention to a single task, but neurodivergent folk have difficulty

reorienting to the original task after their minds wander. This does not mean they cannot learn, simply that they require strategies and mechanisms that differ from a person who is perhaps neurodiverse,<sup>9</sup> but not neurodivergent (Legault et al., 2021). Neurodivergence is not a deficiency in a human, but rather a disability of our current education, community support, and employment systems.

### **Recommendations on Treatment Approaches for Transgenerational Trauma**

If you look deeply into the palm of your hand you will see your parents and all the generations of your ancestors. All of them were alive in this moment. Each is present in your body. You are the continuation of each of these people.

– Thich Nhat Hanh, *a lifetime of peace*, as cited in Wolynn 2017, p. 216

Constellation theory holds that every event is infinitely impactful (St. Just, 2012). All the hurts that you experienced in earlier and past lives are still within you, and those people who caused those hurts, if the hurt is persisting, have still failed to acknowledge your hurt. In this way the transactional energies that humans exchange wire the human experience permanently, based on how much meaning the recipient entered the situation with (i.e. the same event being more or less hurtful based on if it occurred with a parent versus a lover versus a friend, and if there were bystanders, how those bystanders were expected to respond rather than how they actually responded, in addition to what those bystanders meant to you as individuals). The therapist, then, primarily needs to counter these past experiences with nonjudgement and acceptance of the individual as they are, to help them repair or rebalance their overall energies through

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<sup>9</sup> Here the term neurodiverse is used to distinguish an individual who exhibits neuroatypicality as a positive or silent adaptation, where in contrast neurodivergent individuals qualify for diagnostic categorization into any of ADHD, ASD, OCD, Down Syndrome, identifiable Learning Disability, Bipolar Disorder, Prader-Willi Syndrome, Tourette Syndrome, Williams Syndrome, Sensory Processing Disorder, or Specified Social Anxiety, and medically or psychologically accepted associated physical or mental disability.

reinvestment in their care of themselves after experiences of being rejected or neglected (Bryant-Davis, 2019; Rogers, 1967). Gestalts and conversations with past figures may be helpful, but only the attunement of the therapist is required to reaffirm the client of their worthiness and strength (Bryant-Davis, 2019). Stob et al. (2020, 2012) employ Allen's conceptualization of trauma as an event that disorganizes an individual's capacity to mentalize, or make meaning of their experiences, to highlight the importance of the processes of meaning-making and mentalization in recovery from trauma, both experienced and inherited.

Polyvagal theory is predicated on the premise that infants rely on their parent's co-regulation of their nervous system and guts through receptive proximity and regulation through emotional receptivity and eye contact of the parent/caretaker (Dana, 2018; Kolacz et al., 2019). Whatever the parent's response to a threat or stimulus is, that response becomes conditioned in the infant's nervous system. In a traumatic instance, the threat itself becomes a resting memory both in the nervous system and in the client's unconscious and/or conscious experiences of the world thereafter (Breuer & Freud, 1955; Wollin, 2017). Polyvagal trauma therapists use graduated exposure to contextual triggers to re-wire the nervous systems under conditions of acceptance, non-judgment, and compassion of a therapist coaching mindfulness, grounding, and breathwork without visiting the narrative behind the symptom (Porges & Dana, 2018). The non-disclosure of the symptom- narrative is thought to empower clients in the power their breath and mind can have on their own regulation of their nervous systems, and capacity for mental resilience secondary to realizations of increased tolerance for distressing emotions or arousal. Clients learn to employ their breathwork towards psychological release from distress, meanwhile, mindfulness is conditioned as an ongoing response to new distresses, preventing past responses from resurfacing. Healing is relational, and interpersonal psychotherapies take years, but can rewrite

our experiences of loss, failures, fear, and sorrow into lasting experiences of gratitude, self-actualization, engagement with others, and appreciation for one's own strengths.

Psychoanalytic and psychosomatic modalities take the opposite approach, to polyvagal theory instead evoking the response but then working with the narrative fragments of experiences until are untangled into explicit linear narratives the client then explores in their path to self-actualization after the event with the relational support of the therapist, with healing as a more independent journey guided by the therapist but achieved by the individual (Krystal, 2006). Here autonomic deconditioning from breathwork is not the mechanism of regulation after dysregulation, but rather self-exploration and insight into self and self-as-context facilitate the reintegration of painful experiences as clients learn to understand and better interact with their unconscious. Gradually, through processes of differentiation, experiences of autonomy in deconstruction and reconstruction of narratives of the self, verbalization as catharsis, and competency developed over time, clients gain understanding of their internal world (Leonidaki et al., 2018; Mihalits & Valsinger, 2020). Desomatization, the reversal of somatization, involves pulling psychic manifestations of experiences and overwhelming emotions out of the body and containing or transforming them with the mind (Dimitrova, 2020). Gradually, through these processes, traumatized individuals can progress from catatonic, agentless victims of traumatic events or childhood abuse, to emotionally self-content, present, and mindful individuals who can face their unconscious experiences without repression, isolation, projection, or fantasy, and tap into inner instinctual signals as accurate signals of ourselves and the world around us as we experience it (Mihalits & Valsiner, 2020; Wolynn, 2017).

Mark Wolynn (2017), an American therapist, takes an attachment-informed lens on the inheritance of thoughts and beliefs, shame, guilt, and hopelessness from parents and extended

family members, and does gestalts with his clients wherein the client and family members collaborate with the owner of the experience (typically an ancestor or close family member) on moving forward to a place both the client and their ancestral memory holder would be proud of. *Healing Sentences* are used to soothe core fears by bridging our inner attachments over our wounds and losses. They are meant to be voiced by clients as the roots of deep inner healing that are woven into our ancestral tapestries through our being alive and choosing to move forward with conscientious purpose and insight. The healing sentence builds on the *Bridging Sentence*, which replaces the genogram, and explores the origin of the symptom through the question, ‘who do you know, or have you heard of whose experiences sound like [client’s symptoms of complaint],’ having clients directly explore their attachments and unconscious narratives only as much as it relates to their current symptoms or current narratives of distress.

Ruby Gibson takes on an archeological approach that explores the inherited histories held within the bodies of her clients she calls somatic archeology (Jones, 2019). The stress carried in our genes can be alleviated by thoughts, prayers, visualizations, meditations, daily practice, and healing images. Somatic therapy brings emotions that are too great for words to the surface of the body as a canvas and allows us to shift our body through and into postures of strength and posterity which can bring us healing strength (Ogden et al., 2006). Opportunities for somatic expressions of feelings, emotions, or movements should be naturalistic to the client and handled with patience and silence for the client’s emerging processes (Peña, 2019). A stance or movement might be revisited each session, or perhaps each session the previous stance or movement evolves into something new. Helping clients find strength in their bodies comes from resourcing clients into their reflexes and giving them space and opportunity to allow new

possibilities as they become more comfortable with expressing themselves through movements in place of words (Gray, 2019).

“ Traumas create a legacy of distress but also a legacy of strength and resilience for generations to come” (Wolynn, 2017, p. 24). The Japanese art of kintsugi, repairing broken pottery with gold, is often used to describe the process of recovering from trauma (Tedeschi et al., 2020). Once the fragments of a traumatic story that were previously assumed to be unrelated are brought together as a whole, the piece as a whole holds much more value than the original; the recovered human is more resilient and flexible than if they had never been challenged by a trauma. This phenomenon of growth occurring as a result of trauma, occurs concurrently with distress, and has been termed *Post-Traumatic Growth* (Calhoun & Tedeschi, 2014). The strongest factor of posttraumatic growth is a spiritual shift (Tedeschi & Calhoun, 2004). This growth in spirituality may be an increased attunement to your historical legacy and ancestral narratives or a greater sense of meaning in your own life or community that gives you a sense of joy and excitement about your life. Everyone’s path is different but starts with turning inwards and working towards a homecoming of your truest self after an experience of your life being disrupted (Bryant-Davis, 2019).

Regardless of modality or theoretical ontology, all approaches to trauma should be grounded in self-care and soul-nurturing (Bryant-Davis, 2019). After one is traumatized, marginalized, or oppressed, one can feel unworthy of care. The best thing you can do for your psychological resilience and overall health, regardless of where you are in life, is to care for yourself by nourishing yourself with play. Play and leisure have significant protective effects on the brain and mind beyond simply releasing dopamine and endorphins which calm the nervous system; play has been shown to be essential to the process of learning and may increase social inclusion

and engagement for those who engage in play regularly, as time spent engaging in play is associated with increased social skills (Middleton, 2016; Stebbins, 2018; Whitebread et al., 2012). Simple acts of honoring yourself with an hour or more a day to pursue your favourite activities, whether exercising, spending time in the sun, writing or reading, pursuing a hobby, reflecting, doing absolutely nothing, or performing kind acts for others, is the single best thing anyone can do to nourish their mind or soul and promote continued healing and growth (Bryant-Davis, 2019). Not only should clients be engaging in self-care, but they should also be sure they are seeing a therapist who is as well.

### **Countertransference Considerations**

Therapists identifying with clients unconsciously is known as *Countertransference* and occurs when the therapist slips from focusing on the inner world and experiences of the client to that of their own personal narrative, values schema, and/or solutions over that of the client's as a result of unconsciously projecting their conflicts onto the client and not realizing they are working with a conflict within themselves (Grinberg, 2018). In trauma therapy, countertransference is known to occur in a number of ways, the first is when therapists have not individuated from their own personal ancestral, community, or cultural traumas (Feldman, 2022). Clients are able to read into unconscious and conscious showings of empathy or assumed familiarity that may be related to a therapist's personal narrative. It is inevitable that therapists have emotional reactions, but when they occur it is best for therapists to disclose their emotional countertransference to clients (or supervisors, when direct disclosure would not be appropriate or safe) to avoid ruptures in the therapeutic alliance (Izner, 2018). Without some disclosures about feelings about the client's progress, the therapist risks seemingly manipulating a client from



behind closed emotional doors, depriving therapy of its essential relational humanness and collaborative spirit.

Ideally, therapists would be ahead of filtering out client referrals they know they will have many countertransferences with. Discussing emotional reactions to clients' narrative with clients is a great opportunity to role model self-compassion and emotional vulnerability throughout the ongoing therapeutic process, as well as a mechanism of checking in with them about how they might be processing uniquely from what you might have been postulating of their inner worlds, additionally to providing opportunities to process and work through transference/countertransference dynamics (Arthur, 2019; Paré, 2012; Prochaska & Norcross, 2018).

Beyond emotional responses, trauma can also evoke dissociation, or out-of-body experiences, in both client and therapist throughout the experience of therapy (Piedfort-Marin, 2019). When dissociation occurs, it is a signal of a response to underlying trauma that should then guide therapy. Therapists should not disclose their own level of activation/arousal and should only disclose what would be relieving to the client. Working through the energy in the room with immediacy and presence, without imposing responsibility for the therapist's comfort on the client, is paramount to successful treatment. It is believed that through empathy, one can evoke another's dissociative part within themselves, so rather than seeing the dissociative reaction as an impediment to therapy, dissociation can be seen as an early sign of much deeper narratives that are longing to be explored but which are currently held under stringent emotional restraint for the sake of the individual's ego resilience and self-concept, which when untreated allow for progressive increases in self-destructive behaviours and patterns (Loewenstein, 2022; Ludwig, 1983).

The primary goal of any trauma therapy is to help clients re-regulate their nervous systems after trauma has dysregulated the limbic system into a state of hypothalamic-pituitary-adrenal (HPA) amygdala override (Buczynski et al., 2017). Traumatized, humans and other mammals live in cycles of threat preparedness, reaction, and fatigue, constantly scanning their environments for active threats until they have discharged adequate response to threats (Levine, 2010; Ogden et al., 2006). As trauma-informed therapists, our primary job is to coach and model relaxation, momentary presence, turning inwards with the breath, and normalizing the release of distress that arises in whichever outlets feel safe and natural to the client (Buczynski et al., 2017; St. Just, 2006).

Therapists, although often following the narrative of the client, must primarily focus on deconditioning arousal to perceived threats in the client's inner world (Shapiro, 2016). Reacting emotionally to a client in a state of hyperarousal does nothing to orient the lost inner child or traumatized adult, replacing opportunities for identity reorganization or stimulus deconditioning with an inappropriate friendship with the therapist as pseudo-caregiver/guardian that will likely promote dependence and withdrawal/termination of the client when the therapist fails to uphold this unreasonable expectation in the future. While being sensitive to the emotional needs of the client, therapists must not give into the client's emotional draws for intimacy that may be lacking in their life as a result of their traumatized identity or symptoms, including seduction as avoidance tactics. Therapists should also prevent themselves from associating the client's immediate wellbeing or orientation at any stage throughout therapy with their own personal professional identity or success and resist the urge to respond emotionally to the client, instead maximizing the space the client has available to them to process their own inner world throughout the therapeutic engagement (Giovacchini, 1979).

Therapists should avoid the trap of feeling like they are saving the client by decreasing the client's immediate distress, while in the long-term preventing them from resourcing themselves to their "me-search," or their acceptance of healing as a process and a turning inward towards oneself. Atlas calls the "me-search," an investigative research into what has harmed us or our families and how we can heal (Atlas, 2015; Lusk, 2021). The trauma therapist's role is solely to facilitate the client's development of the skills to reorient themselves following distress or uncertainty about themselves, the world, or others after dysregulation, with their own inner resources. Outside of empathic attunement and mirroring employed for the sake of the therapeutic alliance, the therapist's emotional response to similar personal past experiences should never be privileged in therapy (Arthur, 2019; Paré, 2012). EMDR is specifically designed to eliminate any chance of just that occurring when interacting with a client's trauma (Shapiro, 2016).

*Vicarious Traumatization* explores the immediate and prolonged effects of responding to trauma (Valent, 2002, as cited in Andaházy, 2019). Vicarious traumatization has also been termed secondary traumatic stress disorder (STSD), and compassion fatigue (Andaházy, 2019). Just as trauma is associated with post-traumatic growth which occurs simultaneously with distress or posttraumatic depreciation (Taku et al., 2021), therapists experience vicarious post-traumatic growth and vicarious traumatization at the same time (Andaházy, 2019). Being aware of somatic cues can help therapists identify and actively work through and repair countertransference across cultural and sociocultural groups, and therapists tuning into their bodies to assess cues of the interaction is as advisable as having clients tune into their bodies to understand their experiences and histories. Being aware of somatic cues or responses throughout

the therapeutic engagement can help to prevent either over-identification or detachment from clients whose narratives repeatedly evoke physiological responsiveness.

Finally, and most importantly, therapists cannot impose their own interpretations of the client's historical legacies, family, community or social roles, or resistance (Arthur, 2019; Prochaska & Norcross, 2018; Wolynn, 2017; Paré, 2012). While framing questions may be helpful for the therapist to feel like they are helping the client achieve exploration, it is usually not as helpful for the client as the client being empowered to take the lead and conclude or hypothesize themselves (Paré, 2012). Clients should be given the space to discover their own narratives and legacies on their own timeline, after having heard the benefits and risks of such an exploration (Wolynn, 2017). Most importantly, therapists cannot interpret the origin of thoughts or beliefs, rather the owner of the thought should be discovered through a natural exploration of the client's attachment and living members of the family or community whom the client deems as appropriate to be invited into the client's healing journey. Drawing out the client's authentic ancestral self does take years and time spent in therapy may not be linear. Attachment attunement, empathy, and validation must accompany the processing each discovery might take, and ambiguities or incongruencies should be given more time and space to be explored. For those whose trauma is racial, sexual, or gender-based, there may be an ethical imperative toward a collective or community response in addition to the individual process (Ganz, 2020, Bryant-Davis, 2019).

### **Limitations of Applying Intergenerational Trauma Discourse in Clinical Practice**

The notion of transgenerational trauma inheritance should not be explored before clients have exhibited sufficient self-compassion (Bryant-Davis, 2019). Clients who lack self-compassion may take their anger out on their attachment figures instead of choosing to heal and holding the

space for others to do so as well (Sommerfeld & Schechory Bitton, 2020). It takes a village to raise a well-adjusted child, but it takes multiple systems and communities to heal from trauma (Bryant-Davis, 2019). Clients who lack sufficient social support, have family members who are closed off to discussion about the extended family due to its impacts on themselves and their own childhoods, experience an absence of physical or emotional safety through ongoing threats of interpersonal violence; physical, sexual, emotional, or financial abuse, disability, unmanaged chronic illness, or dysphoria around their bodies or gender should not be approached with inherited trauma as an initial discourse (Wolynn, 2019).

Discussing vicarious and direct traumatization may be a fruitful exploration, but discussions of trauma inheritance across generations may dampen hope and worsen psychopathology and self-criticism by generating irrational catastrophization or shut-down responses to emotions of overwhelm. This overwhelm may be particularly difficult in clients who were not ready to unearth or discuss these topics and how they might fit with the dynamics of their early childhood homes and adolescent development, or that of their current or future children, and should only be explored if the client is unable to cope with or uncover the origin of their existing symptoms. It is important that the basis of all trauma therapies is safety and regulation, and that before we endeavor into the depths, crypts, closets of our pasts, we must establish the client's ability to harness their strongest actualized selves who challenge these experiences to work past their unconscious blocks and achieve their value-actualized, distress tolerant gratifying lives. Therapists should not approach this work if they are not ready or willing to follow clients through all the ups and downs of their journeys through the long process of discovery and ancestral excavation, including all of the dead ends and disappointments.

Exploring trauma inheritance requires copious resources, including but not limited to access to living relatives, dreams, one's own body, the unconscious, and time (Wolynn, 2017). Clients who do not yet have these resources might have to overcome a great deal of psychic or social repression which would likely only increase their immediate overwhelm. For these clients, somatic approaches such as Levine's somatic experiencing might better be recommended (Kuhfuß et al., 2021). The exploration of trauma inheritance is in no way a brief therapy, it is a deep relationally-attachment based intervention that depends on the therapists' ability to be present with the client in the journey through their inner emotions, unspoken words, moments of absolute loss and loneliness, and processing, re-processing, and grounding and containing cycles (Prenn & Fosha, 2017; Wolynn, 2017). It is possible the excavation of one's cultural ancestry will be more difficult for some than others, particularly those of Western philosophies who are less familiar with the notion of ancestral inheritance (Selverian, 2021). Not only do clients have to excavate their family and community histories, but they must also process all the emotions that the excavation process itself evokes.

Finally, *Event Countertransference* explores the notion of proximity, that no one who experienced the event themselves could ever truly understand the event in the way another experienced it. Danieli (2007;1994) documented that following the Holocaust, psychotherapists unconsciously inflicted a "second wound" on trauma survivors, in the space for the silence that they failed to provide intrepid and fragmented survivors who felt unsure of who they could trust their stories to. It is important that therapists be aware of their own internal energies, including avoidance, and regularly assess their own self-compassion with reflexivity, supervision, and/or formal tools and scales such as the *Compassion Fatigue Questionnaire*, so that they may understand objectively where they may, because of fatigue or personal prejudice, be withholding

space from clients. Stob et al., note that there are few guidelines for how to treat or respond to individuals who score high on the ACE-Q, despite it being the first validation of the impacts of childhood abuse or neglect we have as therapists (2020). Similar to the providers of dialectical behaviour therapy, trauma therapists should have an extensive repertoire of self-care that they employ throughout their practice, both daily and weekly (Davis-Bryant, 2019). A therapist who has not adequately cared for themselves cannot possibly be present enough to care for someone who has been dysregulated by trauma. Trauma survivors, having dysregulated attachment, require absolute presence and attending to from therapists, and not all therapists should treat all traumas. Before treating another individual for trauma, therapists should have experience navigating trauma therapy for their own experiences, promoting process empathy and reducing the likelihood of disruptive transference dynamics around any unprocessed material within the therapist evoked during the process of providing clients with therapy.

### **Recommendations for Trauma Therapists of the Future**

It takes multiple communities, modalities, and teams of health professionals to mitigate and respond to traumatic events and their aftereffects, even more so when children are impacted (Green 1983; Figley, 2007; Wolynn, 2017). Many of today's chronic or genetic ailments are likely traumas from generations ago that were transmitted down generations without intervention. It takes more than just counsellors to make people aware of the impacts of trauma and the depth of the afterwardsness we are born into. Coaches, educators, activists, policymakers, healthcare providers, and government officials must all come together if we are to live in a society unplagued by trauma's sequelae (Figley, 2007). Debriefing opportunities have been shown to be effective in preventing first responders from developing a trauma response after responding to catastrophic events (Danieli, 2007). Having been aware of the risk and

trained how to mitigate it should it occur decreases the likelihood of posttraumatic stress developing. Working with mothers to help them become attuned to their child's needs can prevent generations of criminals, lawbreakers, and outcasts from ever experiencing the neglect and feelings of being unseen required to give someone the willingness or capacity to hurt or steal from another (Lieberman et al., 2005; Rosenblum et al., 2020). As long as there is a child who is allowed to suffer unseen, there will be murder, theft, sexual and physical violence, and worse, daily acts of emotional abuse and/or neglect that fade into a background of everyday community experience.

Therapists can pursue trauma treatment continuing education that is inclusive of all minority identities within their practice, but they should remember that even traumatized, the client remains their own expert in their experiences (Brown, 2008; Bryant-Davis, 2019) and that the goal of treatment should be to actualize clients into their more competent and capable selves through the process of having developed insight and self-understanding (Prochaska & Norcross, 2018). Green Cross offers a traumatology certification for all healthcare workers and first responders that is considered the gold standard globally (Figley, 2007). The most comprehensive trauma response is one that originates in the client, and the therapist should be resourced if the client happens towards somatic experiencing, artistic expression, requires role-playing games to aid in communication, or chooses that it is in their best interest to not disclose their experiences throughout treatment. Clinical projectives for analysis, somatic therapy, or techniques such as EMDR may be employed as alternatives to re-processing traumatic experiences if the client would prefer not to revisit the development of their symptoms and distress and would prefer to focus on re-regulating the nervous system.



Trauma will not be an experience individuals will be able to easily overcome and grow from until society accepts its impact and shows willingness to make space and provide a listening hand or compassionate ear. The stigma, or second wound, associated with stigma around those who disclose their traumatic experiences and are open about receiving care, does as much damage, if not more, than the traumatic event itself (Danieli, 2007), and by and large we too often demand that traumatized individuals stand up and advocate for themselves as part of their healing. Until we can meet these disorganized, confused, ashamed, and terrified individuals with compassion and non-judgement in our neighbourhoods, we cannot expect trauma not to be a debilitating experience for those who identify their experiences as traumatic. When we approach our own trauma and choose to transform our hurt into compassion, we hold the space for others to do the same, and step by step alleviate the shame others feel when they start out on their own healing.

As discussed above, humans are not immune to erasing data on the basis of biased leadership or single individual's personal biases, as evidenced by Aviv and others above. Defaulting towards chemically modifying the body's organic systems ignores vast injustices in society predicated by those who feel they are without support and must take advantage of others to have their needs fulfilled, facilitates the transfer of traumatic experiences both horizontally, across members of community demographics, as well as vertically across generations. Until we make amends for our past, invite in all narratives and forms of healing, and value each and every human and their narrative equally to every other, we are doomed to repeat our history of taking out our traumas on others in systemic, institutionalized, and societal decision-making policies and actions, as well as everyday microaggressions, invalidations, and isolations.

### References

- Adams, H., Wright Jr, L., & Lohr, B. (1996). Is homophobia associated with homosexual arousal? *Journal of Abnormal Psychology, 105*(3), 440. <https://doi.org/10.1037/0021-843x.105.3.440>
- Alberton, A., Gorey, K., Angell, G., & Mccue, H. (2019). Intersection of Indigenous peoples and police: Questions about contact and confidence. *Canadian Journal of Criminology and Criminal Justice, 61*(4), 101-119. <https://doi.org/10.3138/cjccj.2018-0064>
- Alford, C. (2017). Introduction: Haunted dialogues: When histories collide. *Trans-Generational Trauma and the Other, (1994), 27–31*.Routelage.
- Alicandro, G., Malvezzi, M., Gallus, S., La Vecchia, C., Negri, E., & Bertuccio, P. (2019). Worldwide trends in suicide mortality from 1990 to 2015 with a focus on the global recession time frame. *International Journal of Public Health, 64*(5), 785-795. <https://doi.org/10.1007/s00038-019-01219-y>
- Allen, J. (2012). *Restoring mentalizing in attachment relationships: Treating trauma with plain old therapy*. American Psychiatric Pub.
- Andaházy, A. (2019). Tuning of the self: In-session somatic support for vicarious trauma-related countertransference. *Body, Movement and Dance in Psychotherapy, 14*(1), 41-57. <https://doi.org/10.1080/17432979.2019.1577758>
- Angus, I. (2016). *Facing the anthropocene: Fossil capitalism and the crisis of the earth system*. NYU Press.
- Archana, V. (2020). The familiar turned uncanny: The Japanese Canadian internment and its erasure in Canadian history. *Teresian Journal of English Studies, 12*(2), 60-65.

- Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding persons with psychological distress in primary health care. *Scandinavian Journal of Caring Sciences*, 30(4), 687-694. <https://doi.org/10.1111/scs.12289>
- Arthur, N. (Ed.). (2019). *Counselling in cultural contexts: Identities and social justice*. Springer.
- Askin, K. (1997). *War crimes against women: Prosecution in international war crimes tribunals* (1). Martinus Nijhoff Publishers.
- Atkinson, M. (2017). *The poetics of transgenerational trauma*. Bloomsbury Publishing USA.
- Atlas, G. (2015). Confusion of tongues: Trauma and playfulness 1. In A. Harris & S. Kuchuck (Eds). *The Legacy of Sándor Ferenczi* (pp. 187-203). Routledge.
- Apprey, M. (2016). Representing, theorizing, and reconfiguring the concept of transgenerational haunting in order to facilitate healing. *Trans-generational trauma and the other: Dialogues across history and difference*. Routledge.
- Aviv, R. (2022, October 11). *Psychiatry wars: The lawsuit that put psychoanalysis on trial*. The Guardian. Retrieved December 12, 2022 from <https://www.theguardian.com/society/2022/oct/11/psychiatry-wars-psychoanalysis-antidepressants-rachel-aviv>
- Bach, B., & Farrell, J. (2018). Schemas and modes in borderline personality disorder: The mistrustful, shameful, angry, impulsive, and unhappy child. *Psychiatry Research*, 259, 323-329. <https://doi.org/10.1016/j.psychres.2017.10.039>
- Baiden, P., LaBrenz, C., Asiedua-Baiden, G., & Muehlenkamp, J. (2020). Examining the intersection of race/ethnicity and sexual orientation on suicidal ideation and suicide attempt among adolescents: Findings from the 2017 Youth Risk Behavior

- Survey. *Journal of Psychiatric Research*, 125, 13-20.  
<https://doi.org/10.1016/j.jpsychires.2020.02.029>
- Barnwell, A. (2018). Hidden heirlooms: Keeping family secrets across generations. *Journal of Sociology*, 54(3), 446-460. <https://doi.org/10.1177/1440783317727878>
- Barsness, R., & Sorenson, A. (2017). Self-care: Staying connected when things fall apart: The personal and professional life of the analyst. In R. Barsness (Eds). *Core Competencies of Relational Psychoanalysis* (pp. 302-317). Routledge.
- Barrett, C. (2021). Overcoming global food security challenges through science and solidarity. *American Journal of Agricultural Economics*, 103(2), 422-447.  
<https://doi.org/10.1111/ajae.12160>
- Behrs, J. (2020). Societal immaturity: Failed limit-setting and regressive destabilization. *Academic Questions*, 33(1), 62-70. <https://doi.org/10.1007/s12129-019-09841-1>
- Belnap, B. (2018). Turns of a phrase: Traumatic learning through the generations. In *Lost in Transmission* (pp. 115-130). Routledge.
- Benser, S. (2019). Loss, need, and omnipotence. In S. Akhtar, *Loss: Developmental, cultural and clinical realms* (pp. 194-205). Routledge.
- Bernhard, G., Neale, R., Barnes, P., Neale, P., Zepp, R., Wilson, S., Andrady, A., Bais, A., McKenzie, R., Aucamp, P., Young, P., Liley, J., Lucas, R., Yazar, S., Rhodes, L., Byrne, S., Hollestein, L., Olsen, C., Young, A., White, C. (2020). Environmental effects of stratospheric ozone depletion, UV radiation and interactions with climate change: UNEP Environmental Effects Assessment Panel, update 2019. *Photobiological Sciences*, 19(5), 542–584. <https://doi.org/10.1039/d0pp90011g>

- Bettelheim, B. (1983). *Freud and man's soul: An important re-interpretation of Freudian theory*.  
Vintage.
- Blank, T., & Kitta, A. (Eds.). (2015). *Diagnosing folklore: Perspectives on disability, health, and  
trauma*. Univ. Press of Mississippi.
- Boisjoly, G., Deboosere, R., Wasfi, R., Orpana, H., Manaugh, K., Buliung, R., & El-Geneidy, A.  
(2019). *Accessibility to healthcare via public transport across Canada*.  
<https://doi.org/10.1016/j.jth.2020.100916>
- Boltanski, L., & Chiapello, E. (2005). The new spirit of capitalism. *International Journal of  
Politics, Culture, and Society*, 18(3), 161-188. [https://doi.org/10.1007/s10767-006-9006-  
9](https://doi.org/10.1007/s10767-006-9006-9)
- Bono, G., & Sender, J. (2018). How gratitude connects humans to the best in themselves and in  
others. *Research in Human Development*, 15(3-4), 224-237.  
<https://doi.org/10.1080/15427609.2018.1499350>
- Bowles, T., Atallah, S., Campbell, E., Gaudin, A., Wieder, W., & Grandy, A. (2018). Addressing  
agricultural nitrogen losses in a changing climate. *Nature Sustainability*, 1(8), 399-408.  
<https://doi.org/10.1038/s41893-018-0106-0>
- Bowman, S. (2007). Low economic status is associated with suboptimal intakes of nutritious  
foods by adults in the national health and nutrition examination survey 1999-  
2002. *Nutrition Research*, 27(9), 515-523. <https://doi.org/10.1016/j.nutres.2007.06.010>
- Buczynski, R., Siegel, D., van der Kolk, B., Ogden, P., Porges, S., Lanius, R., & O'Hanlon, B.  
(2017). *Transcripts of webinar treating trauma master series*. National Institute for  
Application of Clinical Medicine.

- Brueckner, A., Lass-Hennemann, J., Wilhelm, F., Ferreira de Sá, D., & Michael, T. (2019). Cortisol administration after extinction in a fear-conditioning paradigm with traumatic film clips prevents return of fear. *Translational Psychiatry*, 9(1), 1-10.  
<https://doi.org/10.1038/s41398-019-0455-0>
- Breuer, J., & Freud, S. (1955). On the psychological mechanism of hysterical phenomena: Preliminary communication from studies on hysteria. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume II (1893-1895): Studies on Hysteria* (pp. 1-17). <https://doi.org/10.1037/e417472005-070>
- Burke, J. (Ed.). (2018). *Psychoanalytic Perspectives on the Shadow of the Parent: Mythology, History, Politics and Art*. Routledge.
- Brewin, C. R. (2015). Re-experiencing traumatic events in PTSD: New avenues in research on intrusive memories and flashbacks. *European Journal of Psychotraumatology*, 6(1), 27180. <https://doi.org/10.3402/ejpt.v6.27180>
- Brown, L. (2008). *Cultural competence in trauma therapy: Beyond the flashback*. American Psychological Association.
- Brint, C. (2013). Rape in war: An analysis of rape in war perpetrated by the Germans, Japanese, and Soviets in World War II. *Freedom Center J.*, 4, 64.
- Breunig, M. (2019). Beings who are becoming: Enhancing social justice literacy. *Journal of Experiential Education*, 42(1), 7-21. <https://doi.org/10.1177/1053825918820694>
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400.  
<https://doi.org/10.1037/pst0000241>

- Calhoun, L., & Tedeschi, R. (Eds.). (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.
- Calhoun, L., & Tedeschi, R. (2004). The foundations of posttraumatic growth: New considerations. *Psychological Inquiry*, 15(1), 93-102.  
[https://doi.org/10.1207/s15327965pli1501\\_03](https://doi.org/10.1207/s15327965pli1501_03)
- Calhoun, L., & Tedeschi, R. (1999). *Facilitating posttraumatic growth: A clinician's guide*, Mahwah, NJ: Lawrence Erlbaum Associates.
- Castro-Vale, I., & Carvalho, D. (2020, October). The pathways between cortisol-related regulation genes and PTSD psychotherapy. In *Healthcare*, 8(4), 376.  
<https://doi.org/10.3390/healthcare8040376>
- Certini, G., Scalenghe, R., & Woods, W. (2013). The impact of warfare on the soil environment. *Earth-Science Reviews*, 127, 1-15.  
<https://doi.org/10.1016/j.earscirev.2013.08.009>
- Champagne, D. (2010). *Notes from the center of Turtle Island*. Rowman Altamira.
- Choi, S., Schuck, R., & Imm, K. (2022). Redesigning deficit-laden assessments for neurodivergent students. In *Advances in Educational Marketing, Administration, and Leadership* (pp. 179-206). IGI Global. <https://doi.org/10.4018/978-1-7998-8860-4.ch008>
- Chowdhury, R., Khan, A., Mahiat, T., Dutta, H., Tasmeea, T., Bashira, A., & Sujauddin, M. (2021). Environmental externalities of the COVID-19 lockdown: Insights for sustainability planning in the Anthropocene. *Science of The Total Environment*.  
<https://doi.org/10.1016/j.scitotenv.2021.147015>

- Coates, L., & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence, 22*(7), 511-522. <https://doi.org/10.1007/s10896-007-9082-2>
- Coates, L., & Wade, A. (2004). Telling it like it isn't: Obscuring perpetrator responsibility for violent crime. *Discourse & Society, 15*(5), 499-526. <https://doi.org/10.1177/0957926504045031>
- Cohen, D. (2006). "Family constellations": An innovative systemic phenomenological group process from Germany. *The Family Journal, 14*(3), 226-233. <https://doi.org/10.1177/1066480706287279>
- Coles, P. (2018). *The uninvited guest from the unremembered past: An exploration of the unconscious transmission of trauma across the generations*. Routledge.
- Conger, R., Neppl, T., Kim, K., & Scaramella, L. (2003). Angry and aggressive behavior across three generations: A prospective, longitudinal study of parents and children. *Journal of Abnormal Child Psychology, 31*(2), 143-160. <https://doi.org/10.1023/a:1022570107457>
- Cornell, W. (2021). In the shadows of loss: Manic defenses in the face of absence. In *Loss, Grief and Transformation* (pp. 113-132). Routledge.
- Crews, D. (2008). Epigenetics and its implications for behavioral neuroendocrinology. *Frontiers in Neuroendocrinology, 29*(3), 344-357. <https://doi.org/10.1016/j.yfrne.2008.01.003>
- Cristea, I. A., Gentili, C., Pietrini, P., & Cuijpers, P. (2017). Sponsorship bias in the comparative efficacy of psychotherapy and pharmacotherapy for adult depression: meta-analysis. *The British Journal of Psychiatry, 210*(1), 16-23. <https://doi.org/10.1192/bjp.bp.115.179275>
- Cromby, J. (2022). Meaning in the power threat meaning framework. *Journal of Constructivist Psychology, 35*(1), 41-53. <https://doi.org/10.1080/10720537.2020.1773355>



- Cunsolo, A., & Ellis, N. (2018). Ecological grief as a mental health response to climate change-related loss. *Nature Climate Change*, 8(4), 275-281. <https://doi.org/10.1038/s41558-018-0092-2>
- Dana, D. (2018). *The Polyvagal theory in therapy: engaging the rhythm of regulation (Norton series on interpersonal neurobiology)*. WW Norton & Company.
- Danieli, Y. (2007). It was always there. In *Mapping Trauma and Its Wake* (pp. 47-60). Routledge.
- Danieli, Y. (1994). *Countertransference, trauma, and training*. Guilford Press.
- De Mendelssohn, F. (2008). Transgenerational transmission of trauma: Guilt, shame, and the “heroic dilemma”. *International journal of group psychotherapy*, 58(3), 389-401. <https://doi.org/10.1521/ijgp.2008.58.3.389>
- Dimitrova, L. (2020). Psychotherapy of psychosomatic disorders—a challenge for the psychotherapist. *Knowledge-International Journal*, 41(6), 1229-1232. <https://doi.org/10.32591/coas.e-conf.05.21225d>
- Dombrowski, L., Harmon, E., & Fox, S. (2016). Social Justice-Oriented Interaction Design. Proceedings of the 2016 ACM Conference on Designing Interactive Systems. <https://doi.org/10.1145/2901790.2901861>
- Dupont, J. (1998, December). The concept of trauma according to Ferenczi and its effects on subsequent psychoanalytical research. *International Forum of Psychoanalysis* 7(4), 235-241. <https://doi.org/10.1080/080370698436736>
- Dupuis-Rossi, R., & Reynolds, V. (2018). Indigenizing and decolonizing therapeutic responses to trauma-related dissociation. In *Counselling in Cultural Contexts*, 293–315. [https://doi.org/10.1007/978-3-030-00090-5\\_13](https://doi.org/10.1007/978-3-030-00090-5_13)

- Echterling, L., & Stewart, A. (2008). Creative crisis intervention techniques with children and families. *Creative Interventions with Traumatized Children*, 189-210.
- Evans, G., Reid, G., Preston, P., Palmier-Claus, J., & Sellwood, W. (2015). Trauma and psychosis: The mediating role of self-concept clarity and dissociation. *Psychiatry Research*, 228(3), 626-632. <https://doi.org/10.1016/j.psychres.2015.04.053>
- Fabre Robles, C. (2020). Ericksonian family constellation work with metaphoric objects: Discussion and illustration. *International Journal of Clinical and Experimental Hypnosis*, 68(4), 483-492. <https://doi.org/10.1080/00207144.2020.1802734>
- Faimberg, H. (2005). Après-coup. *The International Journal of Psychoanalysis*, 86(1), 1-13. <https://doi.org/10.1516/mdy4-gmdh-c1bw-mw8e>
- Farley, L., & Josevska, K. (2018). Family homelessness: The trauma of parentification. *Parity*, 31(2), 31.
- Farr, R., Bruun, S., & Simon, K. (2019). Family conflict observations and outcomes among adopted school-age children with lesbian, gay, and heterosexual parents. *Journal of Family Psychology*, 33(8), 965. <https://doi.org/10.1037/fam0000576>
- Farr, R. (2017). Does parental sexual orientation matter? A longitudinal follow-up of adoptive families with school-age children. *Developmental Psychology*, 53(2), 252–264. <https://doi.org/10.1037/dev0000228>
- Feldman, B. (2022) After the catastrophe: working with the intergenerational transmission of collective trauma in Jungian analysis. *J Anal Psychol*, 67: 105– 118. <https://doi.org/10.1111/1468-5922.12752>
- Ferenczi, S. (1933). Confusion of *tongues* between adults and the child. In *Final Contributions*. London: Hogarth, 1955, pp. 156-167.

- Ferentz, L. (2014). *Treating self-destructive behaviors in trauma survivors: A clinician's guide*. Routledge.
- Figley, C. (Ed.). (2007). *Mapping trauma and its wake: Autobiographic essays by pioneer trauma scholars*. Routledge.
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience. *European Psychologist*, 18(1), 12–23. <https://doi.org/10.1027/1016-9040/a000124>
- Franke, U. (2017). *The River Never Looks Back: Historical and Practical Foundations of Bert Hellinger's Family Constellations*. Carl-Auer Verlag.
- Frankel, J. (2002). Exploring Ferenczi's concept of identification with the aggressor: Its role in trauma, everyday life, and the therapeutic relationship. *Psychoanalytic Dialogues*, 12(1), 101-139. <https://doi.org/10.1080/10481881209348657>
- Frankel, J. (1998). Ferenczi's trauma theory. *American Journal of Psychoanalysis*, 58(1), 41-61. <https://doi.org/10.1023/a:1022522031707>
- Franklin, T., Russig, H., Weiss, I., Gräff, J., Linder, N., Michalon, A., Vizi, S., & Mansuy, I. (2010). Epigenetic transmission of the impact of early stress across generations. *Biological Psychiatry*, 68(5), 408–415. <https://doi.org/10.1016/j.biopsych.2010.05.036>
- French, B., Lewis, J., Mosley, D., Adames, H., Chavez-Dueñas, N., Chen, G., & Neville, H. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46. <https://doi.org/10.1177/0011000019843506>
- Freud, S. (1994). Working-Through (“Remembering, repeating, and working-through,” 1914).

- Freud, S. (1953). Fragment of an analysis of a case of hysteria (1905 [1901]). In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905): A Case of Hysteria, Three Essays on Sexuality and Other Works* (pp. 1-122).
- Freud, S. (1920). Beyond the pleasure principle. *Standard Edition, 18*. Hogarth Press.
- Freud, S. (1917). A difficulty in the path of psychoanalysis. *Standard Edition, 15*. Hogarth Press.
- Fromm, M. (Ed.) (2012). *Lost in transmission: Studies of trauma across generations*. Routledge.
- Gabbard, G., & Ogden, T. (2009). On becoming a psychoanalyst. *The International Journal of Psychoanalysis, 90*(2), 311-327. <https://doi.org/10.1111/j.1745-8315.2009.00130.x>
- Galli, S., Tatu, L., Bogousslavsky, J., & Aybek, S. (2018). Conversion, factitious disorder and malingering: a distinct pattern or a continuum? *Neurologic-Psychiatric Syndromes in Focus-Part II, 42*, 72-80. <https://doi.org/10.1159/000475699>
- Ganz, Z. (2019). Conflicts and challenges faced by ultra-orthodox Jewish social work students: Broaching and a social constructivist approach to supervision as a forum for resolution. *The Clinical Supervisor, 39*(1), 24-44. <https://doi.org/10.1080/07325223.2019.1652948>
- Gibson, J. (2019). *Aces Wild: Making Meaning out of Trauma Through Altruism Born of Suffering* (Doctoral dissertation, Antioch University).
- Giovacchini, P. (1979). "Countertransference with primitive mental states." *Countertransference*. New Jersey: Jason Aronson Inc.
- Gojković, V., Dostanić, J., & Đurić, V. (2022). Structure of darkness: The dark triad, the "dark" empathy and the "dark" narcissism. *Primenjena Psihologija, 15*(2), 237-268. <https://doi.org/10.19090/pp.v15i2.2380>

- Gonzales, L., Davidoff, K., Nadal, K., & Yanos, P. (2015). Microaggressions experienced by persons with mental illnesses: An exploratory study. *Psychiatric Rehabilitation Journal*, 38(3), 234. <https://doi.org/10.1037/prj0000096>
- Goodman, A., Morgan, R., Kuehlke, R., Kastor, S., Fleming, K., & Boyd, J. (2018). “We’ve been researched to death”: Exploring the research experiences of urban Indigenous peoples in Vancouver, Canada. *International Indigenous Policy Journal*, 9(2). <https://doi.org/10.18584/iipj.2018.9.2.3>
- Goodman, A., Fleming, K., Markwick, N., Morrison, T., Lagimodiere, L., Kerr, T., & Society, W. (2017). “They treated me like crap and I know it was because I was Native”: The healthcare experiences of Aboriginal peoples living in Vancouver's inner city. *Social Science & Medicine*, 178, 87-94. <https://doi.org/10.1016/j.socscimed.2017.01.053>
- Goodwin, T. (2020). Translating the psychoanalysis of origins: Reflections on nicolas abraham’s “introducing thalassa” and sándor ferenczi’s theoretical legacy. *Angelaki*, 25(6), 122-136. <https://doi.org/10.1080/0969725x.2020.1841925>
- Gourevitch, A. (1980). Three psychoanalytic essays: Tension, resignation, self-punishment. *Contemporary Psychoanalysis*, 16(2), 163-185. <https://doi.org/10.1080/00107530.1980.10745616>
- Gover, A., Harper, S., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American journal of criminal justice*, 45(4), 647-667. <https://doi.org/10.1007/s12103-020-09545-1>
- Graber, J., & Klassen, P. (2020). North America, Turtle Island, and the study of religion. *Numen*, 67(2-3), 313-325. <https://doi.org/10.1163/15685276-12341581>

- Grand, S., & Salberg, J. (2021). Trans-generational transmission of trauma. In A. Hamburger, C. Hancheva, V. Volkan (Eds). *Social trauma—an interdisciplinary textbook* (pp. 209-215). Springer, Cham.
- Grand, S., & Sandberg, J. (2017). Introduction: Confronting the other within. *Trans-Generational Trauma and the Other*, 99–100. <https://doi.org/10.4324/9781315466293>
- Grand, S., & Salberg, J. (2015). The evolution of witnessing: Emergent relational trends in holocaust studies [Special issue]. *Contemporary Psychoanalysis*, 51(2), 185-194. <https://doi.org/10.1080/00107530.2015.1036724>
- Gray, A. (2019). Body as voice: Restorative dance/movement psychotherapy with survivors of relational trauma. In *The Routledge International Handbook of Embodied Perspectives in Psychotherapy* (pp. 147-160). <https://doi.org/10.4324/9781315159416-15>
- Green, A. (1983). Dimension of psychological trauma in abused children. *Journal of the American Academy of Child Psychiatry*, 22(3), 231-237. [https://doi.org/10.1016/s0002-7138\(09\)60370-8](https://doi.org/10.1016/s0002-7138(09)60370-8)
- Greenberg, T., & Greenberg, T. (2020). Nurturing the therapeutic alliance: Mentalizing and maintaining emotional safety. *Treating Complex Trauma: Combined Theories and Methods*, 51-65. [https://doi.org/10.1007/978-3-030-45285-8\\_3](https://doi.org/10.1007/978-3-030-45285-8_3)
- Grinberg, L. (2018). Countertransference and the concept of projective counteridentification. In *Countertransference* (pp. 47-65). Routledge.
- Grubrich-Simitis, I. (1988). Trauma or drive—drive and trauma: a reading of Sigmund Freud's phylogenetic fantasy of 1915. *The Psychoanalytic Study of the Child*, 43(1), 3-32. <https://doi.org/10.1080/00797308.1988.11822733>

- Grubrich-Simitis, I. (1984). From concretism to metaphor: Thoughts on some theoretical and technical aspects of the psychoanalytic work with children of Holocaust survivors. *The Psychoanalytic Study of the Child*, 39(1), 301-319.  
<https://doi.org/10.1080/00797308.1988.11822733>
- Guina, J., & Merrill, B. (2018). Benzodiazepines I: upping the care on downers: the evidence of risks, benefits and alternatives. *Journal of Clinical Medicine*, 7(2), 17.  
<https://doi.org/10.3390/jcm7020017>
- Gurevich, H. (2016). Orpha, orphic functions, and the orphic analyst: Winnicott's "regression to dependence" in the language of Ferenczi. *The American Journal of Psychoanalysis*, 76(4), 322-340. <https://doi.org/10.1057/s11231-016-9049-2>
- Haldane, V., Chuah, F., Srivastava, A., Singh, S., Koh, G., Seng, C., & Legido-Quigley, H. (2019). Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PloS One*, 14(5). <https://doi.org/10.1371/journal.pone.0216112>
- Hallenbeck, J. (2015). Returning to the water to enact a treaty relationship: The two row wampum renewal campaign. *Settler Colonial Studies*, 5(4), 350-362.  
<https://doi.org/10.1080/2201473x.2014.1000909>
- Hanganu-Bresch, C. (2020). Orthorexia: eating right in the context of healthism. *Medical Humanities*, 46(3), 311-322. <https://doi.org/10.1136/medhum-2019-011681>
- Harkness, L. (1993). Transgenerational transmission of war-related trauma. In *International Handbook of Traumatic Stress Syndromes*, 635-643. [https://doi.org/10.1007/978-1-4615-2820-3\\_53](https://doi.org/10.1007/978-1-4615-2820-3_53)

- Harmon, D., & Perry, A. (2011). Fathers' unaccounted contributions: Paternal involvement and maternal stress. *Families in Society, 92*(2), 176-182. <https://doi.org/10.1606/1044-3894.4101>
- Harper, L. (2005). Epigenetic inheritance and the intergenerational transfer of experience. *Psychological Bulletin, 131*(3), 340. <https://doi.org/10.1037/0033-2909.131.3.340>
- Harte, M. (2019). *Processing emotional pain using emotion focused therapy: A guide to safely working with and resolving emotional injuries and trauma*. Australian Academic Press.
- Hepburn, S. (2017). Quantitative benefits of trauma-informed care. *Fifth in a series of ten briefs addressing: What is the inpatient bed need if you have a best practice continuum of care*.
- Heym, N., Firth, J., Kibowski, F., Sumich, A., Egan, V., & Bloxsom, C. (2019). Empathy at the heart of darkness: Empathy deficits that bind the dark triad and those that mediate indirect relational aggression. *Frontiers in Psychiatry, 10*, 95. <https://doi.org/10.3389/fpsy.2019.00095>
- Hirthler, J. (2018). The enduring lie: Colonising the Western mind. *Guardian (1836)*, 6-7.
- House, J. (2017). Social structure and personality. In *Social Psychology* (pp. 525-561). Routledge.
- Hopkins Walsh, J., & Dillard-Wright, J. (2020). The case for “structural missingness:” A critical discourse of missed care. *Nursing Philosophy, 21*(1). <https://doi.org/10.1111/nup.12279>
- Hydén, M., Gadd, D., & Wade, A. (2016). Introduction to response-based approaches to the study of interpersonal violence. *Response Based Approaches to the Study of Interpersonal Violence*, 1–16. [https://doi.org/10.1057/9781137409546\\_1](https://doi.org/10.1057/9781137409546_1)



- Ibabe, I. (2019). Adolescent-to-parent violence and family environment: The perceptions of same reality? *International Journal of Environmental Research and Public Health*, 16(12).  
<https://doi.org/10.3390/ijerph16122215>
- Irvine, M. (2020). The biocultural trauma feedback loop. *Ideafest: Interdisciplinary Journal of Creative Works and Research from Humboldt State University*, 4(1), 1.
- Izner, S. (2018). Countertransference and counterdefense. In *The Technique and Practice of Psychoanalysis* (pp. 305-322). Routledge.
- Jelinek, E. (2015). *Epigenetics: The transgenerational transmission of ancestral trauma, experiences, and behaviors—as seen in systemic family constellations*. California Institute of Integral Studies.
- Johnson, K. (2007). *Counsellors' experience of the ethical dimensions of social justice advocacy* (Doctoral dissertation, University of British Columbia).
- Johnstone, L., Boyle, M., Cromby, J., Dillon, J., Harper, D., Kinderman, P., & Read, J. (2018). The power threat meaning framework: Overview. *British Psychological Society*.
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, 0022167818793289. <https://doi.org/10.1177/0022167818793289>
- Jones, T. (2019). *Mending* (Doctoral dissertation, Virginia Tech).
- Joseph, A. (2019). Constituting “lived experience” discourses in mental health: The ethics of racialized identification/representation and the erasure of intergeneration colonial violence. *Journal of Ethics in Mental Health*, 10(1), 1-23.

- Joshi, K. (2018). South Asian religions in contemporary America. *The Oxford Handbook of Religion and Race in American History*, 457.  
<https://doi.org/10.1093/oxfordhb/9780190221171.013.11>
- Kalsched, D. *The inner world of trauma: Archetypal defences of the personal spirit*. Routledge, 2014.
- Knox, J. (2003). *Archetype, attachment, analysis: Jungian psychology and the emergent mind*. Psychology Press.
- Koehler, B. (2013). The process of therapeutic change: trauma, dissociation, and therapeutic symbiosis. In *Beyond Medication* (pp. 93-106). Routledge.
- Kogan, I. (2018). The second generation in the shadow of terror. In *Lost in Transmission* (pp. 5-19). Routledge.
- Kolacz, J., Kovacic, K., & Porges, S. (2019). Traumatic stress and the autonomic brain-gut connection in development: Polyvagal theory as an integrative framework for psychosocial and gastrointestinal pathology. *Developmental psychobiology*, 61(5), 796-809. <https://doi.org/10.1002/dev.21852>
- Kolmannskog, V. (2018). *The empty chair: Tales from gestalt therapy*. Routledge.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Koritar, E. (2019). Working out phantoms in trans-generational transmission of trauma. *The American Journal of Psychoanalysis*, 79(4), 494-506. <https://doi.org/10.1057/s11231-019-09226-x>
- Krebs, P., Norcross, J., Nicholson, J., & Prochaska, J. (2018). Stages of change and psychotherapy outcomes: A review and meta-analysis. *Journal of Clinical Psychology*, 74(11), 1964-1979. <https://doi.org/10.1002/jclp.22683>

- Kruahiran, P., Boonyasiriwat, W., & Maneesri, K. (2022). Thai police officers' attitudes toward intimate partner violence and victim blaming: The influence of sexism and female gender roles. *Journal of Interpersonal Violence, 37*(9-10), NP7426–NP7446.  
<https://doi.org/10.1177/0886260520969405>
- Krystal, H. (2006). Psychoanalytic approaches to trauma: A forty-year retrospective. In C. Figley, (Ed), *Mapping trauma and its wake: Autobiographical essays by pioneer trauma scholars*, 111-120.
- Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing—effectiveness and key factors of a body-oriented trauma therapy: a scoping literature review. *European Journal of Psychotraumatology, 12*(1).  
<https://doi.org/10.1080/20008198.2021.1929023>
- Kumar, P., Mirza, K., Choudhury, K., Cucchiarini, M., Madry, H., & Shukla, P. (2021). Tissue regeneration through cyber-physical systems and microrobots. *Advanced Functional Materials, 31*(31), 2009663. Portico. <https://doi.org/10.1002/adfm.202009663>
- LaCapra, D. (2016). *Soundings in critical theory*. Cornell University Press.
- Lansdown, G. (2009). The realisation of children's participation rights: Critical reflections. In *A handbook of children and young people's participation* (pp. 33-45). Routledge.
- Laub, D. (2018). Traumatic shutdown of narrative and symbolization: a death instinct derivative? In *Lost in Transmission* (pp. 31-53). Routledge.
- Layton, L. (2006). Racial identities, racial enactments, and normative unconscious processes. *Psychoanalytic Quarterly, 75*(1), 237–269. <https://doi.org/10.1002/j.2167-4086.2006.tb00039>.

- Leaviss, J., & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological Medicine, 45*(5), 927-945.  
<https://doi.org/10.1017/s0033291714002141>
- Leeds, A. (2009). Resources in EMDR and other trauma-focused psychotherapy: A review. *Journal of EMDR Practice and Research, 3*(3), 152-160.  
<https://doi.org/10.1891/1933-3196.3.3.152>
- Legault, M., Bourdon, J., & Poirier, P. (2021). From neurodiversity to neurodivergence: the role of epistemic and cognitive marginalization. *Synthese, 199*(5), 12843-12868.  
<https://doi.org/10.1007/s11229-021-03356-5>
- Lehrner, A., & Yehuda, R. (2018). Cultural trauma and epigenetic inheritance. *Development and Psychopathology, 30*(5), 1763-1777. <https://doi.org/10.1017/s0954579418001153>
- Leonidaki, V., Lemma, A., & Hobbis, I. (2018). The active ingredients of dynamic interpersonal therapy (DIT): An exploration of client's experiences. *Psychoanalytic Psychotherapy, 32*(2), 140-156. <https://doi.org/10.1080/02668734.2017.1418761>
- Lev-Ari, L., Zohar, A., & Bachner-Melman, R. (2021). Eating for numbing: a community-based study of trauma exposure, emotion dysregulation, dissociation, body dissatisfaction and eating disorder symptoms. *PeerJ, 9*, e11899. Portico. <https://doi.org/10.7717/peerj.11899>
- Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. North Atlantic Books.
- Li, X., Junqueira, A., & Reyes-García, V. (2021). At the crossroad of emergency: Ethnobiology, climate change, and Indigenous peoples and local communities. *Journal of Ethnobiology, 41*(3), 307-312. <https://doi.org/10.2993/0278-0771-41.3.307>

Lieberman, A., Van Horn, P., & Ippen, C. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, *44*(12), 1241-1248.

<https://doi.org/10.1097/01.chi.0000181047.59702.58>

Lightfoot, S. (2016). *Global Indigenous politics: A subtle revolution*. Routledge.

Liu, Y., Song, Y., Koopmann, J., Wang, M., Chang, C., & Shi, J. (2017). Eating your feelings? Testing a model of employee's work-related stressors, sleep quality, and unhealthy eating. *Journal of Applied Psychology*, *102*(8), 1237-1258.

<https://doi.org/10.1037/apl0000209>

Lombardozzi, D., Bonan, G., Levis, S., & Lawrence, D. (2018). Changes in wood biomass and crop yields in response to projected CO<sub>2</sub>, O<sub>3</sub>, nitrogen deposition, and climate. *Journal of Geophysical Research: Biogeosciences*, *123*(10), 3262-3282.

<https://doi.org/10.1029/2018jg004680>

Ludwig, A. (1983). The psychobiological functions of dissociation. *The American Journal of Clinical Hypnosis*, *26*(2), 93. <https://doi.org/10.1080/00029157.1983.10404149>

Luiza, V., Chaves, L., Silva, R., Emmerick, I., Chaves, G., de Araújo, S., Moraes, E., & Oxman, A. (2015). Pharmaceutical policies: effects of cap and co-payment on rational use of medicines. *Cochrane Database of Systematic Reviews*, (5).

<https://doi.org/10.1002/14651858.cd007017.pub2>

Loewenstein, R. (2022). Dissociation debates: Everything you know is wrong. *Dialogues in Clinical Neuroscience*, *20*(3), 229–242.

<https://doi.org/10.31887/dcns.2018.20.3/rloewenstein>

- Lusk, R. (2021, September). *Trauma Treatment Certification Course: Comprehensive Strategies and Customizable Interventions for Enhanced Recovery*. PESI Psychotherapy Network. Online.
- Macaulay, C., & Angus, L. (2019). The narrative-emotion process model: An integrative approach to working with complex posttraumatic stress. *Journal of Psychotherapy Integration, 29*(1), 42-53. <https://doi.org/10.1037/int0000118>
- Madden, B. (2019). A de/colonizing theory of truth and reconciliation education. *Curriculum Inquiry, 49*(3), 284-312. <https://doi.org/10.1080/03626784.2019.1624478>
- Manstead, A. (2018). The psychology of social class: How socioeconomic status impacts thought, feelings, and behaviour. *British Journal of Social Psychology, 57*(2), 267-291. <https://doi.org/10.1111/bjso.12251>
- Martín Cabré, J. (2008). The psychoanalytic conception of trauma in Ferenczi and the question of temporality. *The American Journal of Psychoanalysis, 68*(1), 43-49. <https://doi.org/10.1057/palgrave.ajp.3350051>
- Maté, G. (2019). *Scattered minds: The origins and healing of attention deficit disorder*. Ebury Digital.
- Maté, G. (2018). *In the realm of hungry ghosts: Close encounters with addiction*. Vintage Canada.
- McKenna, N., & Holtfreter, K. (2021). Trauma-informed courts: A review and integration of justice perspectives and gender responsiveness. *Journal of Aggression, Maltreatment & Trauma, 30*(4), 450-470. <https://doi.org/10.1080/10926771.2020.1747128>
- Meagher, D., & Balk, D. (2017). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement*. London: Routledge.

- Middleton, T. (2016). The importance of play past childhood: Engaging in civic spaces. *Undergraduate Journal of Service Learning & Community-Based Research*, 5, 1-5. <https://doi.org/10.56421/ujslcbr.v5i0.249>
- Mikolajczak, M., Brianda, M., Avalosse, H., & Roskam, I. (2018). Consequences of parental burnout: Its specific effect on child neglect and violence. *Child Abuse & Neglect*, 80, 134-145. <https://doi.org/10.1016/j.chiabu.2018.03.025>
- Mihalits, D., & Valsiner, J. (2020). Dialectics of influence: How agency works. *Human Arenas*, 5(1) 90-104. <https://doi.org/10.1007/s42087-020-00126-6>
- Miller-Bottomo, M., & Safran, J. (2018). Ferenczi's contributions to relational psychoanalysis: The pursuit of mutuality. In *Ferenczi's Influence on Contemporary Psychoanalytic Traditions* (pp. 227-231). Routledge.
- Mills, J., & Chapman, M. (2016). Compassion and self-compassion in medicine: Self-care for the caregiver. *The Australasian Medical Journal*, 9(5), 87-91. <https://doi.org/10.21767/amj.2016.2583>
- Minzlaff, K. (2019). Organisational coaching: Integrating motivational interviewing and mindfulness with cognitive behavioural coaching. *Coaching: An International Journal of Theory, Research and Practice*, 12(1), 15-28. <https://doi.org/10.1080/17521882.2018.1478437>
- Mitchell, E., Klein, S., Argyropoulos, K., Sharma, A., Chan, R., Toth, J., Barboza, L., Bavley, C., Bortolozzi, A., Chen, Q., Lui, B., Ingenito, J., Mark, W., Dudakov, J., Gross, S., Artigas, F., van den Brink, M., & Toth, M. (2016). Behavioural traits propagate across generations via segregated iterative-somatic and gametic epigenetic mechanisms. *Nature communications*, 7(1), 1-16. <https://doi.org/10.1038/ncomms11492>

- Monchalin, L. (2016). *The colonial problem: An Indigenous perspective on crime and injustice in Canada*. University of Toronto Press.
- Narsaiya, M. (2021). *Ethical Decision Making*. Unpublished.
- Nepal, K. (2020). *Life, Death and Trauma in the novels of Virginia Woolf and Parijat: A Comparative Study* (Doctoral dissertation).
- NWAC (Native Women's Association of Canada). (2010). *What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative*. Six Nations of the Grand River: Native Women's Association of Canada.
- Ocheretyany, K. (2017). The human body—the zone of alienation: To the possibility of somatic epistemology. *Studia Culturae*, (32), 127-136. <https://doi.org/10.4324/9781315097411-11>
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy (Norton series on interpersonal neurobiology)*. WW Norton & Company.
- Opara, I., Assan, M., Pierre, K., Gunn III, J., Metzger, I., Hamilton, J., & Arugu, E. (2020). Suicide among Black children: An integrated model of the interpersonal-psychological theory of suicide and intersectionality theory for researchers and clinicians. *Journal of Black Studies*, 51(6), 611-631. <https://doi.org/10.1177/0021934720935641>
- Paladino, D., DeLorenzi, L. (2022). Attachment, trauma, and repair from infant to adolescent development: Counseling implications from neurobiology. In M. Vicario & C. Hudgins-Mitchell (Eds), *Counseling Children and Adolescents: Connecting Theory, Development, and Diversity*, 343-371. <https://doi.org/10.4135/9781071801307.n4>
- Paré, D. (2012). *The practice of collaborative counseling and psychotherapy: Developing skills in culturally mindful helping*. Sage.



- Patti, A. (2021, September). *Shame Informed Treatment Certification*. PESI Psychotherapy Network. Online.
- Peña, J. (2019). The embodied intersubjective space: The role of clinical intuition in somatic psychotherapy. *Body, Movement and Dance in Psychotherapy*, 14(2), 95-111.  
<https://doi.org/10.1080/17432979.2019.1606032>
- Penone, G., & Spaccatini, F. (2019). Attribution of blame to gender violence victims: A literature review of antecedents, consequences and measures of victim blame. *Psicologia sociale*, 14(2), 133-164.
- Piedfort-Marin, O. (2019). When the therapist's traumas emerge in a psychotherapy session: The use of trauma-related countertransference. *European Journal of Trauma & Dissociation*, 3(3), 181-189. <https://doi.org/10.1016/j.ejtd.2019.05.003>
- Pirkis, J., John, A., Shin, S., DelPozo-Banos, M., Arya, V., Analuisa-Aguilar, P., & Spittal, M. (2021). Suicide trends in the early months of the COVID-19 pandemic: An interrupted time-series analysis of preliminary data from 21 countries. *The Lancet Psychiatry*, 8(7), 579-588. <https://doi.org/10.1093/eurpub/ckac129.527>
- Plaut, A. (2018). The transference in analytical psychology. In *Technique in Jungian Analysis* (pp. 152-160). Routledge.
- Porges, S., & Dana, D. (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies (Norton series on interpersonal neurobiology)*. WW Norton & Company.
- Prenn, N., & Fosha, D. (2017). *Supervision essentials for accelerated experiential dynamic psychotherapy*. American Psychological Association.

- Prochaska, J., & Norcross, J. (2018). *Systems of psychotherapy: A transtheoretical analysis*. Oxford University Press.
- Proyer, R. (2013). The well-being of playful adults: Adult playfulness, subjective well-being, physical well-being, and the pursuit of enjoyable activities. *The European Journal of Humour Research*, 1(1), 84–98. <https://doi.org/10.7592/EJHR2013.1.1.proyer>
- Proyer, R. (2012). Examining playfulness in adults: Testing its correlates with personality, positive psychological functioning, goal aspirations, and multi-methodically assessed ingenuity. *Psychological Test and Assessment Modeling*, 54(2), 103–127.
- Rashidian, A., Omidvari, A., Vali, Y., Sturm, H., & Oxman, A. (2015). Pharmaceutical policies: effects of financial incentives for prescribers. *Cochrane Database of Systematic Reviews*, (8). <https://doi.org/10.1037/pas0000129.supp>
- Rawson, N. (2021). Availability and accessibility of essential drugs for rare disorders in Canada. *Canadian Health Policy*, 2021(10). <https://doi.org/10.54194/hfeb4050>
- Renaud, J., Lesage, A., Gagné, M., MacNeil, S., Légaré, G., Geoffroy, M., & McFaull, S. (2018). Regional variations in suicide and undetermined death rates among adolescents across Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 27(2), 112.
- Rintamaki, L., Weaver, F., Elbaum, P., Klama, E., & Miskevics, S. (2009). Persistence of traumatic memories in World War II prisoners of war: (See editorial comments by Dr. Jules Rosen, on pp 2346–2347). *Journal of the American Geriatrics Society*, 57(12), 2257-2262. <https://doi.org/10.1111/j.1532-5415.2009.02608.x>
- Rogers, C. (1967). Some thoughts regarding the current presuppositions of the behavioral sciences. *Pastoral Psychology*, 18(8), 39-50. <https://doi.org/10.1007/bf01791819>

- Ronner, A. (2020). *Dostoevsky as Suicidologist: Self-destruction and the Creative Process*.  
Lexington Books.
- Rosenblum, L., Muzik, M., Jester, M., Huth-Bocks, A., Erickson, N., Ludtke, M., Weatherston, D., Brophy-Herb, H., Tableman, B., Alfafara, E. and Waddell, R., (2020). Community-delivered infant–parent psychotherapy improves maternal sensitive caregiving: Evaluation of the Michigan model of infant mental health home visiting. *Infant Mental Health Journal*, 41(2), pp.178-190. <https://doi.org/10.1002/imhj.21840>
- Roussillon, R. (2020). Listening to the archaic in the adult. *Romanian Journal of Psychoanalysis*, 13(2), 159-172. <https://doi.org/10.2478/rjp-2020-0021>
- Rudnytsky, P. (2021). *Mutual Analysis: Ferenczi, Severn, and the Origins of Trauma Theory*.  
Routledge.
- Salberg, J. (2015). The texture of traumatic attachment: Presence and ghostly absence in transgenerational transmission. *The Psychoanalytic Quarterly*, 84(1), 21-46.  
<https://doi.org/10.1002/j.2167-4086.2015.00002.x>
- Santuzzi, A., & Keating, R. (2022). Neurodiversity versus disability: The impact of perspective on disclosure. *Neurodiversity in the Workplace: Interests, Issues, and Opportunities*, 124–148. <https://doi.org/10.4324/9781003023616-5>
- Sarin, M. (2019). Trauma and psychoanalysis. *Surviving on the Edge: Psychosocial Perspectives on Violence and Prejudice in India*.
- Schore, J., & Schore, A. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36(1), 9-20.  
<https://doi.org/10.1007/s10615-007-0111-7>

- Schmidt, A. (2019). Comparison of Kernberg's and Kohut's theory of narcissistic personality disorder. *Turkish Journal of Psychiatry, 30*(2). <https://doi.org/10.5080/u23484>
- Schwab, G. (2010). *Haunting legacies: Violent histories and transgenerational trauma*. Columbia University Press.
- Shaw, Z., & Starr, L. (2019). Intergenerational transmission of emotion dysregulation: The role of authoritarian parenting style and family chronic stress. *Journal of Child and Family Studies, 28*(12), 3508-3518. <https://doi.org/10.1007/s10826-019-01534-1>
- Self, W. (2013, August 3). *Psychiatrists: The drug pushers*. The Guardian. <https://www.theguardian.com/society/2013/aug/03/will-self-psychiatrist-drug-medication>
- Selverian, K. (2021). *Legacy of the Armenian genocide: The power of attachment and ethnic orientation on intergenerational trauma* (Doctoral dissertation, Fordham University). Fordham Research Commons. <https://research.library.fordham.edu/dissertations/AAI28714174/>
- Sen, S., & Prabhu, M. (2012). Reporting bias in industry-supported medication trials presented at the American Psychiatric Association meeting. *Journal of Clinical Psychopharmacology, 32*(3), 435. <https://doi.org/10.1097/jcp.0b013e318253d737>
- Shapiro, R. (2016). *Easy ego state interventions: Strategies for working with parts*. WW Norton & Company.
- Shetty, S., Chandini, S., Fernandes, S., & Safeekh, A. (2020). Hysteria: A historical perspective. *Archives of Medicine and Health Sciences, 8*(2), 312. [https://doi.org/10.4103/amhs.amhs\\_220\\_20](https://doi.org/10.4103/amhs.amhs_220_20)

- Shedler, J. (2022). That was then, this is now: Psychoanalytic psychotherapy for the rest of us. *Contemporary Psychoanalysis*, 58(2-3), 405-437.  
<https://doi.org/10.1080/00107530.2022.2149038>
- Silverman, S. (2015). The colonized mind: Gender, trauma, and mentalization. *Psychoanalytic Dialogues*, 25(1), 51–66. <https://doi.org/10.1080/10481885.2015.991246>
- Škerlavaj, M., Connelly, C., Cerne, M., & Dysvik, A. (2018). Tell me if you can: time pressure, prosocial motivation, perspective taking, and knowledge hiding. *Journal of Knowledge Management*, 22(7), 1489–1509. <https://doi.org/10.1108/jkm-05-2017-0179>
- Skewes, M., & Blume, A. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist*, 74(1), 88-100.  
<https://doi.org/10.1037/amp0000331>
- Slater, R. (2007). Attachment: Theoretical development and critique. *Educational Psychology in Practice*, 23(3), 205-219. <https://doi.org/10.1080/02667360701507285>
- Smets, A., & Hartup, W. (1988). Systems and symptoms: Family cohesion/adaptability and childhood behavior problems. *Journal of Abnormal Child Psychology*, 16(2), 233-246.  
<https://doi.org/10.1007/bf00913598>
- Sommerfeld, E., & Shechory Bitton, M. (2020). Rejection sensitivity, self-compassion, and aggressive behavior: The role of borderline features as a mediator. *Frontiers in Psychology*, 11, 44. <https://doi.org/10.3389/fpsyg.2020.00044>
- St Just, A. (2012). *Trauma: Time, space and fractals*. CreateSpace Independent Publishing Platform.
- Stearns, P. (2021). Historicizing "Fat". *Journal of Women's History*, 33(2), 177-181.  
<https://doi.org/10.1353/jowh.2021.0021>

- Stebbins, R. (2018). Leisure and the positive psychological states. *The Journal of Positive Psychology, 13*(1), 8-17. <https://doi.org/10.1080/17439760.2017.1374444>
- Stob, V., Slade, A., Adnopoz, J., & Woolston, J. (2020). The family cycle: Breaking the intergenerational transmission of trauma through mentalizing. *Journal of Infant, Child, and Adolescent Psychotherapy, 19*(3), 255-270. <https://doi.org/10.1080/15289168.2020.1786762>
- Stubley, J., & Young, L. (Eds.). (2021). *Complex trauma: The Tavistock Model*. Routledge.
- Sukul, A. (2018). *From citizens to enemy aliens a comprehensive study on the Japanese Canadian internment experience*. <http://hdl.handle.net/123456789/5917>
- Swank, A., Anthony, C., Swank, J., & Anthony, C. (2022). Counseling With Older Children (9–11). In S. Smith-Adcock & C. Tucker (Eds.). *Counseling children and adolescents: Connecting theory, development, and diversity* (pp. 295-319). Sage Publications.
- Szasz, M. (1995). The impact of World War II on the land: Gruinard Island, Scotland, and Trinity site, New Mexico as Case studies. *Environmental History Review, 19*(4), 15-30. <https://doi.org/10.2307/3984690>
- Szyf, M. (2022). The epigenetics of early life adversity and trauma inheritance: an interview with Moshe Szyf. *Epigenomics, 14*(6), 309-314. <https://doi.org/10.2217/epi-2021-0483>
- Taku, K., Tedeschi, R. G., Shakespeare-Finch, J., Krosch, D., David, G., Kehl, D., Grunwald, S., Romeo, A., Di Tella, M., Kamibeppu, K., Soejima, T., Hiraki, K., Volgin, R., Dhakal, S., Zięba, M., Ramos, C., Nunes, R., Leal, I., Gouveia, P., . . . Calhoun, L. (2021). Posttraumatic growth (PTG) and posttraumatic depreciation (PTD) across ten countries: Global validation of the PTG-PTD theoretical model. *Personality and Individual Differences, 169*, 110222. <https://doi.org/10.1016/j.paid.2020.110222>

- Taylor, J. (2019). *In the Secret theatre of home: Wilkie Collins, sensation narrative, and nineteenth-century psychology*. Victorian Secrets.
- Tedeschi, R., Moore, B., Falke, K., & Goldberg, J. (2020). *Transformed by trauma: Stories of posttraumatic growth*. Boulder Crest.
- Tedeschi, R., & Calhoun, L. (2004). " Posttraumatic growth: Conceptual foundations and empirical evidence." *Psychological Inquiry*, 15(1), 1-18.  
[https://doi.org/10.1207/s15327965pli1501\\_01](https://doi.org/10.1207/s15327965pli1501_01)
- Ten Have, H., & Neves, M. (2021) Stigmatization. *Dictionary of Global Bioethics*, 975–975.  
[https://doi.org/10.1007/978-3-030-54161-3\\_481](https://doi.org/10.1007/978-3-030-54161-3_481)
- Tucker, A., Smith-adcock, S., & Smith-adcock, C. (2022). Humanistic Approaches. In M. Vicario & C. Hudgins-Mitchell (Eds), *Counseling Children and Adolescents: Connecting Theory, Development, and Diversity*, 141-164.  
<https://doi.org/10.4135/9781071801307.n4>
- Tucker, A., Wittman, E., Tucker, C., & Wittman, E. (2022). Psychodynamic Theories. In M. Vicario & C. Hudgins-Mitchell (Eds), *Counseling Children and Adolescents: Connecting Theory, Development, and Diversity*, 123-139.  
<https://doi.org/10.4135/9781071801307.n4>
- Tummala-Narra, P. (2009). The relevance of a psychoanalytic perspective in exploring religious and spiritual identity in psychotherapy. *Psychoanalytic Psychology*, 26(1), 83-95.  
<https://doi.org/10.1037/a0014673>
- Unthank, K. (2019). How self-blame empowers and disempowers survivors of interpersonal trauma: An intuitive inquiry. *Qualitative Psychology*, 6(3), 359-378.  
<https://doi.org/10.1037/qup0000136>

- US Department of Veteran Affairs. (2020, April 20). Moral injury. *PTSD: National Center for PTSD*. <https://doi.org/10.1186/isrctn65119065>
- Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 17–37). Routledge.
- Van Den Tillaart, S., Kurtz, D., & Cash, P. (2009). Powerlessness, marginalized identity, and silencing of health concerns: Voiced realities of women living with a mental health diagnosis. *International Journal of Mental Health Nursing, 18*(3), 153-163. <https://doi.org/10.1111/j.1447-0349.2009.00599.x>
- van Zyl, L., Stander, M., Odendaal, A., (2016). *Coaching psychology: Meta-theoretical perspectives and applications in multicultural contexts*. Springer.
- Vicario, M., & Hudgins-Mitchell, C. (2017). Attachment, trauma, and repair from infant to adolescent development: Counseling implications from neurobiology. *Counseling Children and Adolescents: Connecting Theory, Development, and Diversity*, 59-97. <https://doi.org/10.4135/9781071801307.n4>
- Volkan, V. (2018). The intertwining of the internal and external wars. In *Lost in Transmission* (pp. 75-97). Routledge.
- Weisæth, L. (2004). Preventing after-effects of disaster trauma: The information and support centre. *Prehospital and Disaster Medicine, 19*(1), 86-89. <https://doi.org/10.1017/s1049023x00001527>
- Whitebread, D., Basilio, M., Kovalja, M., & Verma, M. (2012). The importance of play. *University of Cambridge, Toy Industries of Europe*.



- Wickramasinghe, K., Mathers, J., Wopereis, S., Marsman, D., & Griffiths, J. (2020). From lifespan to healthspan: the role of nutrition in healthy ageing. *Journal of Nutritional Science*, 9, e33. <https://doi.org/10.1017/jns.2020.26>
- Wikström, P. (2019) "Situational Action Theory: A general, dynamic and mechanism-based theory of crime and its causes." *Handbook on crime and deviance*, 259-281. [https://doi.org/10.1007/978-3-030-20779-3\\_14](https://doi.org/10.1007/978-3-030-20779-3_14)
- Wirth, K., Scheibenbogen, C., & Paul, F. (2021). An attempt to explain the neurological symptoms of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. *Journal of Translational Medicine*, 19(1), 1-8. <https://doi.org/10.1186/s12967-021-03143-3>
- Wister, A. (2018). *Aging as a social process: Canada and beyond* (7th ed.). Oxford University.
- Witte, T., Schroeder, D., & Lohr, J. (2006). Blame for intimate partner violence: An attributional analysis. *Journal of Social and Clinical Psychology*, 25(6), 647-667.
- Winnicott, D. (2018). Mirror-role of mother and family in child development 1. In J. Raphael-Leff (Eds). *Parent-infant psychodynamics: Wild things, mirrors & ghosts*. (pp. 18-24). Routledge.
- Wolynn, M. (2017). *It didn't start with you: How inherited family trauma shapes who we are and how to end the cycle*. Penguin Books.
- Wong, A. (2019). A sorry state of affairs: Chinese arrivants, Indigenous hosts, and settler colonial apologies. *Canadian Journal of Practical Philosophy Practical Ethics: Issues and Perspectives*, 3(2019), 90–110. <https://scholar.uwindsor.ca/csspe/vol3/1/5>
- Wright, K., & Laurent, N. (2021). Safety, collaboration, and empowerment: trauma-informed archival practice. *Archivaria: The Journal of the Association of Canadian Archivists*, (91), 38-73. <https://doi.org/10.7202/1078465ar>

- Wu, N. (2022). Misattributed blame? Attitudes toward globalization in the age of automation. *Political Science Research and Methods*, 10(3), 470-487.  
<https://doi.org/10.1017/psrm.2021.43>
- Yehuda, R., Halligan, S., & Bierer, L. (2002). Cortisol levels in adult offspring of Holocaust survivors: relation to PTSD symptom severity in the parent and child. *Psychoneuroendocrinology*, 27(1-2), 171-180. [https://doi.org/10.1016/s0306-4530\(01\)00043-9](https://doi.org/10.1016/s0306-4530(01)00043-9)
- Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World Psychiatry*, 17(3), 243-257.  
<https://doi.org/10.1002/wps.20568>
- Yehuda, R., Lehrner, A., & Bierer, L. (2018). The public reception of putative epigenetic mechanisms in the transgenerational effects of trauma. *Environmental Epigenetics*, 4(2).  
<https://doi.org/10.1093/eep/dvy018>
- Yehuda, R., Teicher, M., Seckl, J., Grossman, R., Morris, A., & Bierer, L. (2007). Parental posttraumatic stress disorder as a vulnerability factor for low cortisol trait in offspring of holocaust survivors. *Archives of General Psychiatry*, 64(9), 1040-1048.  
<https://doi.org/10.1001/archpsyc.64.9.1040>
- Yonatan-Leus, R., Abargil, M., & Cooper-Kazaz, R. (2022). The combined effect of psychodynamic psychotherapy and pharmacotherapy on healthcare cost. *Psychotherapy Research*, 32(7), 874–885. <https://doi.org/10.1080/10503307.2022.2032861>
- Zeichner, A., & Reidy, D. (2009). Are homophobic men attracted to or repulsed by homosexual men? Effects of gay male erotica on anger, fear, happiness, and disgust. *Psychology of Men & Masculinity*, 10(3), 231-236. <https://doi.org/10.1037/a0014955>

Zhang, J., Chen, S., & Tomova Shakur, T. (2020). From me to you: Self-compassion predicts acceptance of own and others' imperfections. *Personality and Social Psychology Bulletin*, 46(2), 228-242. <https://doi.org/10.1177/0146167219853846>

Zietlow, A., Nonnenmacher, N., Reck, C., Ditzen, B., & Müller, M. (2019). Emotional stress during pregnancy—associations with maternal anxiety disorders, infant cortisol reactivity, and mother–child interaction at pre-school age. *Frontiers in Psychology*, 10, 2179. <https://doi.org/10.3389/fpsyg.2019.02179>

Zyromski, B., Dollarhide, C., Aras, Y., Geiger, S., Oehrtman, J., & Clarke, H. (2018). Beyond complex trauma: An existential view of adverse childhood experiences. *The Journal of Humanistic Counseling*, 57(3), 156-172.