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Emotional Healing Solutions for Childhood Trauma Affecting Parent-child Interaction

Ying Cui

School of Electrical and Electronic Engineering, Nanyang Technological University, Singapore 639798 Singapore

Abstract: Trauma in early life significantly affects a person's emotions and behaviour as a result; it often manifests in parenting behaviour and interaction with children. This paper studies the intergenerational transmission of trauma and presents all-encompassing emotional healing strategies to reduce the harm caused to the parent-child relationship. Based on the general ideas of psychoanalysis and present-day neurobiology and attachment theory, this paper investigates how unresolved parental trauma impairs emotional co-regulation and attachment security. Three therapeutic systems were presented to address the problem of historical injury: child-parent psychotherapy, enhancement of parental reflective functioning, and other ways. By means of multi-modal ways that pay attention to body awareness, cognitive integration and safe relational attachment, this paper proposes how parents can break the cycle of abuse and neglect in their families. Based on the above results, it is necessary to add trauma-informed approaches to the prevention plan for young children to build a stable, emotionally supportive home environment.

Keywords: Childhood Trauma; Intergenerational Transmission; Parent-child Interaction; Emotional Healing; Attachment Theory; Reflective Functioning.

1. Introduction

Serious and long-lasting damage to a person's mental health in childhood has been extensively studied by psychologists and doctors. However, the harm caused to the person has also spread, often affecting the relationship between generations. After experiencing serious adverse childhood experiences, some individuals who have been raised in difficult environments face difficulties in relating to their children emotionally and stably as parents. This is widely known as the intergenerational transmission of trauma and is now a major problem in developmental psychology and family care.

Parent-child interactions provide a basic support system for the emotional regulation, cognitive organisation and sense of relatedness in early childhood. When a parent's capacity for emotional availability is reduced due to unresolved psychological problems, the child's all-around development will be affected. The expressions of this unresolved trauma in parenting can range from overt behaviour, such as harsh discipline and emotional fluctuations, to more subtle interactional deficiencies, including emotional withdrawal, dissociation during times of infant distress, and misinterpretation of normal developmental signals.

Another reason why this interactive situation is more difficult is that the symptoms of unresolved trauma are often hidden in one's subconscious. A parent may genuinely and deeply wish to provide a loving and stable home, but is repeatedly overwhelmed by sudden, inexplicable fits of anger or immobilizing episodes of emotional numbness when facing routine caregiving stress. The gap between the parents' desired behaviour and the resulting trauma-driven behaviour leads to a strong sense of guilt and shame among the parents. The above secondary emotional burdens lead to a sense of isolation for the parent and reduce the motivation to seek help. In recent years, social demands for 'ideal' parenting have reduced the willingness of some vulnerable parents to discuss their difficulties. As a result, the subtle, interactional trauma that occurs in the private space of the home often goes unnoticed by the wider community until the child shows severe behavioural disorders in school or clinic. Therefore, it is absolutely necessary for the therapeutic community to develop a highly sensitive and proactive system of early detection and correction for these hidden interactional breaks before they cause lasting harm to the child's development.

Given the above complex disruptions in interaction, we need to explore the psychological reasons for trauma inheritance and find suitable ways to promote relational healing through therapy. Traditional individual psychotherapy may be inadequate when the main symptoms of a person's distress are in their relationships. As a result, many studies and practices have focused on strengthening the parent-child relationship to help heal past wounds in parents' lives and provide a stable life environment for children at the same time.

Systematically examine the impact of childhood trauma on parent-child relationships in this paper and propose evidence-based emotional healing strategies to break the cycle of intergenerational transmission. Based on the above introduction, Section 2 will present the theoretical basis for trauma transmission and elaborate on the concepts of attachment, adverse childhood experiences and psychoanalytic models of unresolved past conflicts. Section 3 will present the specific paths by which parental trauma hinders emotional co-regulation and reflective functions. Section 4 is the therapeutic measures; relationship-based interventions, neurobiological integration and body-oriented therapies are introduced here. Finally, Section 5 presents a summary of the above contents and offers concluding remarks on the demand for trauma-informed preventive care in families.

2. Theoretical Foundations of Trauma Transmission

Before learning about the impact of childhood trauma on parents' behaviour today, one should first be introduced to the basic theories of trauma and attachment. The first Adverse

Childhood Experiences (ACE) study found that early trauma in the family environment, such as physical abuse, emotional neglect and other reasons, can lead to serious problems in later life [4]. Parents with a high ACE score often take on the caregiving role under the stress of a damaged neurobiological stress-response system, and as a result, are more likely to experience emotional dysregulation when facing difficulties in parenting.

The way this historic dysregulation is transmitted to the present day can be clearly shown by the classic psychoanalytic idea of 'ghosts in the nursery' [1]. Therefore, these unhealed childhood wounds have had a negative impact on the parents' parenting. The 'ghosts' are the inherited legacies of the parents' own fears, pains and unresolved emotional problems that are unconsciously transferred to their children. When a child's normative distress activates an unconscious memory of their parent's own childhood helplessness, the parent may react defensively by aggression, dissociation or emotional withdrawal; thus, they replicate the emotional environment of their original trauma.

Defensive replication will therefore fail to establish a secure attachment relationship. According to attachment theory, the primary caregiver acts as a "secure base" from which the child can explore the world safely and a "safe haven" to which the child returns when in distress [2]. However, if the caregiver's unresolved trauma leads to fearful or anxious behaviour, it creates an impossible situation for the infant: the biological origin of safety is also a source of fear. The above changes are likely to cause disorganised attachment in the infant and are related to behavioural and emotional problems in later life.

Research on psychiatry has recently expanded the scope of trauma transmission to include biological susceptibility. According to the above evidence, serious parental trauma, especially when it occurs in early life, may alter the epigenetic expression of genes involved in the neuroendocrine stress response [9]. Therefore, children of traumatised parents may inherit a biological vulnerability to stress that, in conjunction with reduced parent-child interaction, significantly increases the risk of intergenerational psychopathology.

The impact of the above biological and psychological deficiencies will be most severe during the crucial period of infancy and toddlerhood. At this time, the structure of the young child's brain is still developing rapidly, and it is highly susceptible to damage from inconsistent or emotionally cold environments in early life. When a parent is in a state of chronic, trauma-induced hyperarousal, the micro-interactions in daily caregiving, such as feeding, bathing and comforting, are naturally tense. The infant has an extremely sensitive, evolutionarily tuned alarm system for detecting threats to its life; thus, it has registered this subtle muscle tension, irregular eye contact and high heart rate in the caregiver's behaviour as a hazardous environment. Prolonged exposure to parental dysregulation has formed a relatively high-alert state in the child's own autonomic nervous system. With time, the infant may defensively suppress its normal attachment behaviour and develop an avoidant relational pattern; or, it may increase distress signals and thus present as anxious-ambivalent. In both cases, the historical trauma of the parent has formed a foundation for the child's neurobiology indirectly and is not the result of direct, obvious abuse.

3. Disruption of Emotional Co-regulation and Reflective Functioning

The first kind of disruption to parent-child interaction is a reduction in the parent's capacity for emotional co-regulation and reflection. Reflective functioning, or mentalisation, is a parent's capacity to perceive a child as an autonomous psychological system with their own thoughts, emotions and intentions [3]. It is a type of thought that helps parents believe that their child's tantrum is due to the child's own frustration at a certain stage of development, rather than intentional disobedience.

Severe childhood trauma has harmed a child's self-concept. Traumatised people often have rigid, overly alert ways of thinking focused only on danger. When talking to their children, parents with impaired reflective functioning cannot separate their own past anxiety from what the child is feeling now. Therefore, they may mistake normal behaviour by children, such as crying, clinging or wanting independence, for rejection, manipulation or harm. This failure of mentalisation prevents the parent from giving the child the sensitive, responsive support required to regulate their own emotions; thus, the child will remain lonely in their unhappiness.

Trauma will change the brain's structure and function in parents; as a result, they will be unable to care for their children mindfully. Chronic early trauma forces the brain to prioritise basic survival functions regulated by the amygdala and brainstem, often at the expense of the prefrontal cortex; thus, executive functions, emotional regulation and empathy are impaired [6]. When a child's behaviour triggers a parent's unresolved trauma, the parent's prefrontal cortex is effectively shut down, and the parent is involuntarily in a state of fight, flight or freeze.

Due to this disorder, the parent cannot fulfil the basic needs of secure parenting at this time, such as changing their own perspective, feeling empathy, and maintaining emotional balance. The result of the above interaction is chaotic reactivity, not responsive attunement. The infant is completely dependent on the caregiver's nervous system for regulation, thus internalising this disorder in the parent as its own basic emotional model.

A loss of reflective functioning is also evident in how parents talk about and structure the stories of their children. Traumatised caregivers have difficulty creating an all-encompassing, loving story of their child's inner world. Rather than inquiring about the reasons behind a child's behaviour, some parents attribute the behaviour to negative traits of the child, such as being "bad", "manipulative" or "controlling". These negative parental projections can be especially damaging because young children often internalize these words and start to see themselves this way. When a child is repeatedly reflected by a lens of parental hostility or anxiety, they will inevitably internalise this distorted image and organise their developing personality around the basic belief that they are unlovable or fundamentally flawed. Internalised shame has severely damaged the child's ability to relate to others later on, and thus, the cycle of psychopathology has been passed down. The parent's failure to maintain a stable, mindful separation between their own triggered emotional flashbacks and the child's present life thus constitutes a serious deficiency in the protective caregiving shield.

4. Emotional Healing Solutions and Therapeutic Paradigms

To address the intergenerational transmission of trauma, specialised therapy is needed to heal the wounds of previous generations while ensuring the immediate safety of the parent-child attachment bond. Based on research on trauma, one way to prevent the transmission of trauma is to proactively address parental trauma in a manner that supports the infant-parent relationship [8]. A good, evidence-based model for this is Child-Parent Psychotherapy (CPP), a relationship-oriented therapy specifically for young children and their parents who have suffered from serious trauma or domestic violence [5].

CPP thinks that recovery will be better if he knows that person better. The therapist will help the parent link their current strong emotions towards their child with past experiences of harm to themselves. CPP will help the parent observe the interaction between them and the child in the therapy room, distance themselves from the past, and view the child as they are now, free from the influence of old trauma. At the same time, 'angels in the nursery' can be consciously brought to mind—moments of protection and love from parents in one's past—to build a sense of self-worth and offset the damaging effects of traumatic 'ghosts'.

Similarly, the structured attachment-enhancing protocol of the circle of security intervention also employs psychoeducation and video reflection to systematically strengthen parents' reflective capacity. Help caregivers identify the basic attachment needs behind their children's behaviour and enable parents to understand precisely how their own trauma history leads to emotional withdrawal or excessive control of their children, thereby motivating them to correct these relational breaks [10].

Cognitive-behavioural therapy and interpersonal therapy can also be used to address the physical memory of trauma in cases of severe childhood trauma. Due to trauma, the organisation of the nervous system is damaged; therefore, cognition cannot regulate involuntary physiological responses alone. Somatic experiencing, sensorimotor psychotherapy and neurofeedback are all types of therapeutic approaches that use body-oriented methods to help parents release the traumatic energy they have been carrying and regain a sense of physical safety [7]. When a parent addresses the somatic dysregulation in their own body, they can restore their biological capacity to be a calm and regulating figure for their child, thus breaking the cycle of intergenerational trauma.

In addition, to implement the above clinical solutions effectively, one should also consider the social and cultural environment of the traumatized family in which it lives. Address the problem of emotional recovery through individual therapy, and at the same time build a whole-community trauma-informed support system. Early childhood educators, pediatricians, and social workers need to receive regular training on how to recognise the subtle, relational signs of parental trauma, shift the focus of the systemic problem from 'What is wrong with this parent?' to 'What has happened to this parent?', and deliberately reduce the deep-seated stigma society attaches to parental mental health issues to lower the threshold for early intervention. When the community actively validates the extreme difficulty of parenting under the heavy shadow of historical abuse, it enables caregivers to undertake the courageous and highly vulnerable task of self-examination. Group-based therapy modes allow parents to safely share their difficulties in communication with children and learn how to respond to problems in relationships through role-playing together with other parents; this will reduce their sense of loneliness. This communal affirmation helps speed up the individual's recovery and confirms what we have known for a long time: although the deep wounds of trauma occurred within the context of fractured relationships, genuine healing can only be achieved through continuous experiences of safety and repair in human connection.

5. Conclusion

Research on childhood trauma has shown that it can harm the relationship between parents and children in the family. As shown in the above experiment, intergenerational transmission of trauma is not an unavoidable inheritance of genes; rather, it is a multi-faceted bio-psycho-social phenomenon closely associated with disrupted attachment, impaired reflective function and prolonged neurobiological abnormalities. When parents project their unresolved historical pain onto their children, they may have inadvertently created an environment of fear and emotional distance for the children that was typical of their own difficult childhoods.

Relationally focused trauma-informed emotional healing interventions can be used in practice to break this cycle. Therapeutic models such as child-parent psychotherapy and attachment-based intervention have found that when parents are helped to face their traumatic "ghosts", they can successfully detach from their past victimisation and take care of their children in the present. By addressing the somatic retention of trauma and strengthening the parent's capacity for mentalisation at the same time, clinical interventions can help restore their biological and psychological ability to feel emotions.

In order to break the cycle of intergenerational trauma, we need to modify our conception of preventative mental health care. Society should move away from addressing the problems of traumatised children in isolation and comprehensively heal the relational dyad. Equip parents with psychological awareness and neurobiological regulation abilities that can manage their own historical trauma to create safe, resilient family environments and change the development path of future generations.

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