

# Relational Templates, Trauma Bonding, and Intergenerational Transmission:

## When the Wound Goes Looking for What It Knows

A lived-experience-informed academic reflection

Ruku l'Anson (March 2026)

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### ABSTRACT

This article is the third in the Whakapapa of a Wound series, which traces the intergenerational transmission of the relational wound of emotional neglect, parentification, and felt inadequacy. Building on the epigenetic and developmental frameworks established in Part Two, this article examines the psychological and neurobiological mechanisms by which early attachment injuries produce adult relational templates that recreate familiar patterns of harm. Drawing on trauma bonding theory, attachment science, and the concept of debt-based love, the article explores how a woman shaped by emotional neglect and parentification comes to select and remain in relationships that replicate the original wound — not through weakness or poor judgment, but through the operation of deeply encoded neurobiological learning. The role of geographic relocation as an insufficient intervention is addressed. The article further examines how children absorb relational templates before relationships visibly break down, establishing the pathway into the series' fourth piece on the children of the wound. Kaupapa Māori concepts of whakapapa and wairua identity, together with Te Poutama o te Ora (TPO), are offered as the healing framework. Written in accessible language for both professional and non-specialist readers.

**Keywords:** *trauma bonding, attachment theory, relational template, intergenerational transmission, debt-based love, parentification, Māori wellness, Te Poutama o te Ora, partner selection, childhood emotional neglect*

### Introduction

The previous articles in this series established two foundational claims. First, that early experiences of emotional neglect, maternal favouritism, and parentification produce measurable epigenetic and neurobiological changes that persist into

adulthood. Second, that these changes encode a relational template — a set of implicit expectations about how love works, what it costs, and what it feels like — that the individual carries forward without conscious awareness.

This article examines what happens to that template in adulthood. Specifically, it addresses the phenomenon, commonly encountered in clinical practice, of adults who repeatedly enter relationships characterised by the same emotional dynamics as their family of origin — often with different partners, in different cities, across different decades — without understanding why the pattern persists.

The composite case of Mere, introduced in earlier articles, continues here. She is a woman in her forties whose childhood was marked by maternal emotional unavailability, sibling favouritism, and the gradual assumption of a parentified role within her family of origin. This article traces her adult relational history, the mechanisms that produced it, and the conditions under which genuine change becomes possible.

The argument advanced is that Mere's relational repetition was not a failure of judgment, self-awareness, or will. It was the predictable expression of a neurobiological system that had been calibrated in childhood to navigate a specific relational environment — and that continued to operate from that calibration decades after the original environment had gone.

## **Attachment Theory and the Internal Working Model**

Attachment theory, first systematised by Bowlby (1969) and extended by Ainsworth, Main, and others, establishes that the infant's early relationship with a primary caregiver produces an internal working model — a set of implicit representations of self, other, and the nature of relationship that guides future relational behaviour.

These internal working models are not conscious beliefs that can be examined and revised through reflection alone. They are encoded procedurally — in the same way that a person learns to ride a bicycle — as a set of implicit expectations and automatic responses that operate below the level of deliberate thought (Siegel, 2012).

Main and Goldwyn's (1984) work on the Adult Attachment Interview demonstrated that internal working models formed in childhood are remarkably stable across time

and context and are highly predictive of adult relational style. Individuals who experienced inconsistent or emotionally unavailable caregiving in childhood — producing what Ainsworth termed ‘anxious-ambivalent’ attachment — show characteristic adult relational patterns: hypervigilance to signs of abandonment or rejection, oscillation between closeness-seeking and resentment, and difficulty finding equanimity in consistently available relationships.

For Mere, whose experience of maternal care was characterised by emotional neutrality punctuated by occasional warmth — never reliably available, never fully withdrawn — the resulting internal working model would have encoded: love is uncertain; closeness requires vigilance; warmth must be earned and can be lost; the self is not unconditionally worthy of care.

*The internal working model is not a memory. It is an operating system. It runs in the background of every relationship, processing incoming data through the lens of what was first learned.*

## **Trauma Bonding: The Neurochemistry of Familiar Pain**

### **Defining the Mechanism**

The term ‘trauma bond,’ coined by Patrick Carnes (1997) and elaborated by subsequent researchers, describes a form of attachment that develops within relationships characterised by cyclical patterns of tension, harm, and reconciliation. Unlike conventional attachment, which is reinforced by consistent warmth and safety, trauma bonding is reinforced by intermittent reinforcement — the same schedule of reward that makes gambling neurologically compelling.

The neurochemical basis of trauma bonding involves the dopaminergic reward system. When warmth returns after a period of tension or withdrawal, the associated dopamine release is greater than what occurs in consistently loving relationships — precisely because the contrast is greater (Fisher et al., 2005). The nervous system learns to anticipate the reward, and the anticipation itself becomes part of the bond. The experience of longing for a partner who is unpredictably available is, neurobiologically, experienced as love — because the pattern is indistinguishable from the original experience of loving an emotionally unavailable caregiver.

## **The Developmental Preparation**

What is less frequently emphasised in clinical literature is the degree to which trauma bonding, in adult relationships, represents the activation of a template that was developed in childhood rather than the formation of an entirely new pattern.

Van der Kolk (2014) identifies trauma repetition as one of the most consistently observed phenomena in traumatology. Individuals who experienced certain patterns of relational harm in childhood show a documented tendency to recreate analogous patterns in adulthood — not through masochism, not through poor decision-making, but through the operation of a nervous system that has been calibrated to navigate a specific relational terrain and continues to seek that terrain as its point of orientation.

For Mere, whose nervous system had spent childhood navigating an emotionally unpredictable mother — reading subtle cues of mood, working to restore warmth, experiencing the flood of relief when connection returned — the emotional dynamics of a trauma bond were not unfamiliar. They were, at a neurobiological level, home.

## **Debt-Based Love as a Relational Template**

The concept of debt-based love, introduced in the previous article, describes the relational template formed when a child learns that affection is transactional — that it must be earned through service, compliance, or emotional labour, and that it can be withdrawn when that service is judged insufficient.

Boszormenyi-Nagy and Spark (1973) described this dynamic in terms of the invisible loyalties and relational ledgers that families maintain across generations. Within this framework, the parentified child enters adulthood carrying a ledger in which they are perpetually in debt — owing the parent (and, subsequently, the partner) a quality of care and availability that was never agreed to and can never be fully discharged.

In adult intimate relationships, debt-based love manifests in several recognisable patterns. The individual assumes responsibility for the relationship's emotional climate, working to maintain warmth in the face of a partner's emotional unavailability. The partner's withdrawal is experienced not as information about the partner but as evidence of the individual's failure. Leaving the relationship activates the same shame response as failing to adequately care for the original parent: I was not enough. I did not do enough. I owe more than I gave.

Crucially, a relationship that does not require this level of service — a genuinely mutual relationship where care flows in both directions without a transactional framework — can initially feel disorienting or even unsafe to the person whose template is debt-based. The absence of a debt to service removes a familiar structure. What fills that absence can feel uncomfortably like inadequacy: if I don't have to earn this, perhaps it isn't real.

*For the woman who learned that love has a price, a relationship without a bill feels like a mistake waiting to be discovered.*

### **Why Relocation Does Not Resolve the Pattern**

A common observation in clinical practice is that individuals with complex relational histories often attempt geographic relocation as an intervention — moving cities, countries, or social environments in the belief that a new context will produce a new pattern.

This approach is understandable. It reflects genuine insight that environment matters, and a genuine desire for change. What it does not account for is the nature of where the pattern is stored.

Internal working models, as noted above, are encoded procedurally — below the level of conscious thought, in neural structures that are not directly accessible to deliberate intention. They are not stored in a city or a social network. They travel with the individual, and they continue to operate in the new environment just as they did in the old one.

Johnson (2008), writing on emotionally focused therapy, notes that the change required for genuine relational healing is not geographic or cognitive but experiential: the individual must experience a different quality of relational interaction — one that provides enough safety, consistency, and repair to begin forming new neural pathways alongside the existing ones. This process requires time, skilled support, and repeated corrective relational experience. It cannot be accomplished through a change of address.

Mere's moves between cities were not failures of effort or intelligence. They were attempts at a level of intervention that the problem did not require. The foundation needed changing, not the furniture.

## **The Children as Observers and Learners**

Developmental research consistently demonstrates that children begin forming internal working models of relationship through observation and experience long before they have the language to describe what they are learning (Sroufe et al., 2005). The relational environment of the home — its emotional tone, its patterns of connection and withdrawal, the ways conflict is handled, the way repair is or is not made — constitutes an ongoing curriculum that children are always attending.

In a household shaped by a trauma bond — where the emotional climate is characterised by tension, unpredictability, and intermittent warmth — children are not passive bystanders. They are active learners, absorbing information about the nature of intimate relationships, the role of each gender within them, the appropriate responses to conflict, and the meaning of love.

This learning does not begin at the point when the relationship visibly breaks down. It begins in the first years of life, encoded in the child's developing nervous system through thousands of small, unremarkable moments: the quality of attention available at dinner, the emotional register in which disagreements are conducted, the degree to which each parent's distress is met with care or managed with withdrawal.

Schore (2003), writing on the neurobiological development of the right hemisphere — the hemisphere primarily responsible for emotional regulation and relational processing — identifies the first three years of life as a critical window during which the child's capacity for affect regulation is fundamentally shaped by the relational environment. A child raised in a household characterised by chronic emotional dysregulation does not simply witness this dynamic: the child's own regulatory systems are being shaped by it.

The children in Mere's household were not harmed only by the breakdown of their parents' relationship. They were shaped by the years that preceded it. Both are true. Only the latter is still within reach of intervention.

## **Kaupapa Māori and the Whakapapa of Relational Pattern**

Te Ao Māori offers a framework for understanding relational repetition that is both ancient and precisely relevant. Whakapapa is not only genealogy in the biological sense: it is an epistemological tool for tracing the origins and transmission of any

pattern across time. When applied to relational wounds, it asks not only ‘what happened to this person?’ but ‘how far back does this pattern go, and how has it travelled?’

The concept of hau — the life force that circulates through relationship and exchange — provides a relational ethics for understanding what happens in households like Mere’s. When the exchange between partners is inequitable — when one person’s hau flows perpetually outward in service without adequate return — the vitality of the whole system is diminished. The children who grow up in that system absorb its quality. They inherit not only the explicit lessons they are taught but the implicit energetic quality of the relational field they inhabit.

Royal (2009) articulates a kaupapa Māori understanding of knowledge transmission that recognises the ways in which patterns, orientations, and ways of being in relationship are passed forward through whānau systems — not only through conscious teaching but through the quality of relational presence that children experience. This framing removes pathology from the individual and locates it in the system, while also identifying the system as the site of potential healing.

## **Te Poutama o te Ora as Intervention**

Within Te Poutama o te Ora, the relational dimensions of Mere’s wound are approached not as character pathology but as the entirely predictable outcome of formative relational experience — and as a pattern that, having a whakapapa, also has the possibility of a different trajectory.

The TPO dimensions most centrally engaged in this healing work are:

- **Taha Whānau (Relational Wellness):** The primary site of both the wound and the healing. Work in this dimension involves identifying the debt-based relational template, distinguishing familiar from healthy relational dynamics, and building capacity for mutuality — relationships in which receiving is as natural as giving.
- **Taha Hinengaro (Mental & Emotional Wellness):** Mapping the internal working model explicitly — naming the implicit beliefs about self and other that have been operating below conscious awareness — and providing psychoeducation about the neurobiological basis of relational pattern

formation. Understanding why the pattern exists is not the same as resolving it, but it is a necessary precondition.

- **Taha Tinana (Physical Wellness):** Addressing the somatic dimension of trauma bonding. The nervous system that has been calibrated to anticipate unpredictable warmth requires regulation work that is body-based rather than purely cognitive. Breathwork, grounding practices, and somatic awareness are all relevant.
- **Taha Tuakiri (Identity Wellness):** Reclaiming an identity that is not constituted by relational role. Mere is not her mother's caretaker, her partner's emotional manager, or the person who earns love through service. The work of Taha Tuakiri involves returning to a sense of self that is grounded in whakapapa — in who she is rather than what she does.
- **Taha Wairua (Spiritual Wellness):** For many wāhine, the healing of relational wound requires a spiritual reorientation — a reconnection with a sense of worth that is unconditional, that precedes and transcends relational performance. Within a Māori framework, this may involve karakia, connection with tupuna, and the restoration of the individual's sense of belonging to a lineage that is larger than any single relational wound.

## Discussion and Implications for Practice

Several key implications emerge from the analysis presented in this article.

First, practitioners working with adults who present with repeated relational difficulties should resist the framing of these patterns as failures of judgment or character. The more clinically accurate and therapeutically useful framing is neurobiological: the person is operating from an internal working model that was formed in childhood and has been reinforced by relational experience since. Intervention at the level of advice, insight, or environmental change will be insufficient. What is required is corrective relational experience — within the therapeutic relationship and, progressively, within the client's relational world.

Second, the children in households characterised by trauma bonding require early intervention that does not wait for the adult relationship to break down. By the time separation occurs, the children have already been forming their relational templates

for years. Post-separation family support should include, as a matter of course, work with children on the quality of their own relational experience — not only adjusting to the changed household structure but developing language and experience for a different quality of relational engagement.

Third, any healing framework that does not address the somatic dimension of relational pattern formation will remain incomplete. The internal working model is not stored in the prefrontal cortex. It is stored in the body, in the nervous system, in the procedural memory that operates below deliberate thought. Healing must engage the body as well as the mind.

Finally, for Māori clients, a culturally grounded framework that locates relational wounding within a broader context of whakapapa, colonial disruption, and the systemic forces that have strained whānau systems is not optional — it is clinically essential. To treat the individual's relational wound without acknowledging the broader context in which Māori whānau have been required to operate is to provide incomplete care.

## **Conclusion**

Mere's relational history is not a story of poor choices. It is a story of a nervous system doing precisely what it was shaped to do, in environments that reliably activated the template it had learned. The wound that was planted in her childhood — the wound of feeling comparatively unlovable, of learning that affection is transactional, of earning rather than receiving care — did not stay in childhood. It travelled. It went looking for what it knew. And what it found, repeatedly, was a version of the original terrain.

Understanding this does not excuse harm. It does not resolve the pain experienced by Mere, by her partners, or by her children. What it does is provide an accurate map — and an accurate map is the beginning of finding a different way through.

The next article in this series turns toward the children. The wound has not finished travelling. But as this series has consistently argued: what has a whakapapa can have a different ending. The interruption of intergenerational relational trauma is possible. It requires the right framework, the right support, and the right understanding of where the pattern lives.

*The wound is not the destination. It is the starting point for tracing back to where something different could have been planted — and planting it now.*

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*Next in the series: Why Am I Not With My Mum and Dad — the children of the wound*