

CHAPTER ONE

A Foundation for Human Connection and the Impact of Trauma

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A natural response when accidentally touching a hot surface is to pull away quickly in order to prevent getting burned. The same can be said for humans when they face adversity in the context of connection and relationships. Whether in the form of lashing out in anger, running away in fear, or collapsing in overwhelm, true to its duty of protection, the nervous system quickly shifts into a shield mode when it detects danger within one's body, environment, and/or relationships (Dana, 2018). This chapter will focus on three key areas related to the innate need for human connection: exploration of history and theoretical foundations, analyzing psychological and sociological frameworks, and their role in gaining an understanding of the impact trauma has individually and collectively.

The autonomic nervous system (ANS) consists of three states: ventral vagal, sympathetic, and dorsal vagal. The ventral vagal state provides acknowledgment of engagement and felt safety, while the sympathetic state is one of high alert, and the dorsal vagal state indicates collapse and hibernation. All of these are necessary and fluid states of being (Dana, 2018). Whatever state the nervous system is in at any given moment is necessary for self-preservation within that experience. Subsequently, each state is not meant to last indefinitely, and humans are not meant to function in complete independence of one another; rather, one's best existence happens within healthy interdependent

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relationships. The way in which one navigates life does not rely on the notion that adversity will never happen; rather, it acknowledges the need for available opportunities in which to experience a sense of safety through connectedness and relationships. Fluidity through each state with some level of felt safety allows for increased integration and resilience. Adversely, being stuck in any of the three states can alter one's worldview and perception of reality; thus, impacting how humanity relates to their environment and each other (Perrotta, 2020).

While the experience of the global COVID-19 pandemic was far from pleasant and indeed traumatic in its local, national, and global impact, clinicians and researchers have gained insights and made observations that may not have occurred otherwise. One notable insight has been the broader and deeper understanding of the benefits of using technology to improve personal emotional quality, engagement, actualization, and connectedness (Riva et al., 2020). Society has been "forced" to widen its lens with which both the building and maintaining of human relationships are considered. With the exponential growth of accessibility to technology and its use in connecting people all over the world in ways that were previously only imagined, opportunities for ongoing research will be beneficial for years to come. Even though the modalities that one experiences connection internally and interpersonally may change, the basis for the need for a relationship is not new. From the beginning of time, our "brains were wired for connection" (Lieberman, 2013, p. 9).

Through exploring history and theories of human connection, the groundwork can be laid for a purposeful and intentional discussion of relational connection. Having this foundation is essential when building research, practice, and conversations related to healthy relationships, as well as those disrupted by adverse experiences in childhood and adulthood. Understanding the psychological and sociological frameworks of human connection provides the necessary structure in which we can more easily conceptualize both human needs and human behavior. The risk lies in analyzing the power of connection through each of these lenses in isolation; however, when developed through an integrated perspective, the impact of adverse experiences on "felt-safety" for individuals and society can be more deeply understood—in hopes of deeper healing for all.

CONNECTION DEFINED

The word "connection" can seem to be an arbitrary term with shallow existence. Merriam-Webster (n.d.) defines *connection* as "a relation of personal intimacy (as of family ties)." However, forming and maintaining connections is anything but a straightforward process and reaches far beyond the familial connection. To fully integrate what it means to connect with yourself and

others, it is important to consider the etymology of the word. *Connect* came into English in the 15th century, derived from the Latin “conectere” meaning “join together,” which in its time was formed from “com,” meaning “together,” and “nectere,” meaning “to tie or bind” (MacMillan Dictionary Blog, 2017). With the understanding that the term *connection* is an umbrella term for the process of understanding one’s world through building relationships, other terms that may be used synonymously are intimacy, attachment, bond, and attunement.

NEUROSCIENCE AND CONNECTION

Within the research of neuroscience, it is difficult to pinpoint one primary contributor. The work of Drs. Bessel van der Kolk, Daniel Siegel (Interpersonal Neurobiology), Stephen Porges (Polyvagal Theory), and others has been paramount in understanding the brain science of relationships and how adverse events can disrupt the inner workings of the nervous system; therefore, disrupting one’s ability to form and maintain healthy connections. Interpersonal Neurobiology primarily focuses on neural integration of the nervous system in order to produce regulation and felt safety (Siegel, 2020), while the Polyvagal Theory focuses on “restructuring the ways the autonomic nervous systems operate when the drive to survive competes with the longing to connect with others” (Dana, 2018, p. 3).

Forming attachment and connection is universal across lifespan and cultural contexts, regardless of the quality of care in infancy (Bowlby, 1988; Naeem et al., 2022). Whether positive or negative, imprints are stored in the human mind and body through neural networks—shaping both interpersonal and intrapersonal interactions. These impressions become the lens through which relationships are not only viewed but also approached and interacted with (van der Kolk, 2014).

In understanding connection and the human drive to be in relationship with others, an important question is “Why?” *Why do past experiences directly impact relational engagement with the present world?* If we examine the human need for connection and attachment through a biological perspective and, more specifically, a neurobiological lens, it easily makes sense. How human connections are disrupted through traumatic experiences changes the focus of one’s nervous system. This change can often result in physical, mental, and emotional symptomology (van der Kolk, 2014).

THEORETICAL AND HISTORICAL FOUNDATIONS

In considering the evolution of the field of psychology over the past several decades, it makes sense that thoughts, understanding, perspectives, and practical applications of foundational theories have shifted; however, the

foundational human need for connection and the impact of disruption without repair remain. This insight highlights, rather than minimizes, the importance of viewing individual and collective trauma experiences through both theoretical and historical lenses. Strong historical and theoretical foundation provides a launching pad for current and future clinical work. Furthermore, a sound theoretical orientation provides the clinician with a framework from which to base therapeutic interventions. While there is a plethora of theoretical frameworks that can be discussed, for the sake of brevity, only a few will be addressed in this chapter.

THEORY OF HUMAN MOTIVATION

Maslow's Theory of Human Motivation, or Maslow's Hierarchy of Needs (1943), provides an introductory scope into human connection needs. Early in his career, Maslow (1943) proposed that everyone has five basic needs: physiological (food, water, sex), safety (from danger), social (love, affection, and belonging), esteem (high esteem of themselves and others), and self-actualization (doing things one is meant to do).

The main tenet of Maslow's work is that each need builds upon the other, and to achieve self-actualization, all five needs must be met. He writes,

Human needs arrange themselves in hierarchies of pre-potency. That is to say, the appearance of one need usually rests on the prior satisfaction of another, more pre-potent need. . . Also no need or drive can be treated as if it were isolated or discrete; every drive is related to the state of satisfaction or dissatisfaction of other drives. (Maslow, 1943, p. 372)

While Maslow (1943) describes these needs as a hierarchical system and identifies physiological needs as the most important contributor to one's homeostasis, he also acknowledges that the meeting of these needs can be fluid. Maslow (1943) acknowledges in his paper *A Theory of Human Motivation* that other intrinsic needs are not accounted for, which also provide physiological homeostasis, such as "sensory pleasures (taste, smells, tickling, stroking) which are probably physiological, and which may become the goals of motivated behavior" (p. 372). Maslow's inquisition led him to later expound on the concept of self-actualization. Rather than it being the "end all, be all" and the idea that one has "arrived" once self-actualization has been achieved, there is transcendence or the peak experience in which an individual has greater ability to identify greater independence within themselves and their surrounding environment. This peak experience includes what Maslow termed the cognition of being or B-cognition (Maslow, 1962). One's ability to experience B-cognition allows for greater space to "hear and listen" (Maslow, 1970); thus,

B-cognition is an important element in fostering compassion and empathy for others during individual and collective trauma experiences.

Maslow's work presents interesting dichotomies that most certainly warrant a more in-depth examination of his original writings, particularly the cognition of being and peak experience. Through laying the groundwork for more contemporary theories, he provided a launching pad for current and ongoing research on the innate human need for connection and relationship, both within and outside of the individual experience.

GENERAL SYSTEMS THEORY

The concept of systems is not new and can be traced back to philosophers from as early as the 1920s: Leibniz (natural philosophy), Nicholas of Cusa (coincidence of opposites), Paracelus (mystic medicine), and Vico and ibn-Kaldun (vision of history as a sequence of cultural entities), among others; however, it is Ludwig von Bertalanffy's work, in the 1940s, that is credited for bringing these and other concepts together into what is known as General Systems Theory, or GST (von Bertalanffy, 1968). The theory was born out of his desire for there to be "unity" among the sciences—a general framework organizing foundational concepts that can be generalized across science disciplines (von Bertalanffy, 1968). Montuori (2011) summarized the systems theory approach in this manner:

The term systems approach is widely used as an umbrella for concepts and ideas drawn from general system theory, cybernetics, chaos theory, and complexity theory. The term covers an approach to inquiry that is not limited to one discipline and proposes a new way of thinking about the world focusing on interconnected, interdependent, dynamical systems, rather than parts that can be isolated from the whole. (p. 414)

Consider the operation of a vehicle. While it is feasible that some parts are not vital to its direct operation, there are some that can pose danger if left unattended. For instance, properly working brake lights are necessary, particularly when driving at night or in adverse weather conditions to alert other drivers of a pending stop. The vehicle is operational without working brake lights; however, malfunctioning brake lights could potentially disrupt the system's overall safety. When there is a shift in one area, the entire system experiences the effects. Within this one example, there are multiple mechanical and human systems at work simultaneously. Like the vehicle analogy, social systems operate both interdependently and intradependently. If there is to be recognizable growth in systemic healing from the impacts of trauma, understanding human interaction and connectedness through a culturally relevant systemic lens is important.

While von Bertalanffy (1968) addresses the application of GST regarding social sciences, in part, by its very design, further research and exploration was necessary to apply his foundational work more specifically to the field of social science. As a result, there is a multiplicity of theoretical branches stemming from Bertalanffy's work, adding another layer to understanding human connection (von Bertalanffy, 1968).

FAMILY SYSTEMS THEORY

Family Systems Theory (FST) is among many stemming from GST (Fleming, 2018) and is an important contribution to understanding human connection as it relates to the individual and collective impact of adverse events, primarily developed by Murray Bowen (Kerr & Bowen, 1988). "The core objectives are decreasing the anxiety or tension within a system by observing family patterns, facilitating awareness of how the emotional system functions, and increasing levels of autonomy and differentiation among the members of the system, while remaining emotionally connected to the intensity of a significant relationship system" (Kerr & Bowen, 1988). While simplified into three primary objectives, looking through an FST lens is anything but simple. There are eight interlocking key components that make up patterns of relationship: nuclear family emotional system, differentiation of self, triangles, cutoff, family projection process, multigenerational process, sibling position, and emotional process in society (Gilbert, 2013). For detailed explanation of these components, see *The Eight Concepts of Bowen Theory* (Gilbert, 2013).

While foundational in the pursuit of understanding relationship dynamics, connectedness, and human behavior, FST is not without flaws. A valid critique is the limits regarding the original theory's ability to include diverse family, gender, socioeconomic, and cultural perspectives. There has been an overt shift in recent years to expand the lens of foundational theories such as FST to be more inclusive of cultural differences that make up contemporary family systems. Erdem and Safi (2018) propose an integration of the Cultural Lens Approach (CLA), Family Change Theory (FCT), and Multicultural Perspective to expand the theory's applicability with modern families while also maintaining the authentic purpose of FST—decreasing chronic anxiety within a family system and increasing differentiation within the system.

The CLA, based on the work of Hardin et al. (2014), includes five steps in evaluating the cultural validity of psychological theory. When followed, these steps lead to relevant evaluation questions that can highlight necessary shifts toward inclusivity (Erdem & Safi, 2018; Hardin et al., 2014) for a comprehensive explanation.

Çiğdem Kağıtçıbaşı's primary contribution through FCT was a study conducted evaluating the value of children (VoC) and intersectionality within the family system. Her research found that motives for having children differed, depending on cultural context and socioeconomic status; therefore, promoting different family models and self-identities (Erdem & Safi, 2018).

The contribution of Carter and McGoldrick (1988) to the integration of a more culturally inclusive application of FST pulls in the multigenerational and cross-cultural experiences of chronic anxiety and the implications for the family system (Erdem & Safi, 2018).

At its core, an integrated systems approach provides another vital launching pad to a deeper understanding of trauma's impact on human connection cross-culturally.

ATTACHMENT THEORY

Given that attachment relationships are systemic in nature, it is not surprising that key concepts related to both systems and attachment theories are similar. Both consider the relationship processes (Ng & Smith, 2006), and the goal is system regulation. John Bowlby began his research in 1950 and developed his theory of attachment based on the parent-child dyad system (Bowlby, 1988). His work based on this research, *Maternal Care and Mental Health*, was published in 1951 (Bowlby, 1988, p. 35), and he is known as the "father of attachment theory" (Mooney, 2010). His work, along with others such as Mary Ainsworth, is based on the thought that the detached nature in children he worked with was a result of early separation from family members (Bowlby, 1988). As noted by Carol Mooney, the early research from Bowlby indicates that attachment was primarily centered around the relationship between a mother and her infant, while more contemporary research includes both parents and other significant adults (Mooney, 2010). Given the amount of trauma experiences in which children lose one or both parents, this shift toward including other caregivers is both a necessary and powerful one.

Historically, in its healthiest form, attachment has been thought to serve as a protective link between the mother and her infant (Bowlby, 1988; Mooney, 2010). A few key principles of Bowlby's attachment theory (1988) include thoughts on intimacy, attachment dynamics, attachment categories, and attachment across the lifespan (1988).

One's potential to thrive developmentally and emotionally largely depends on the opportunity to experience and build connection around a healthy sense of intimacy through identifying and seeking those who provide felt safety, also known as a secure base (Bowlby, 1988). Bowlby and Ainsworth developed four child attachment categories, which help understand the

parent–child relationship and how adults connect and interact with each other more fully. These categories include secure, avoidant, anxious, and disorganized attachment styles (Holmes, 2015). When a child grows into an adult, the way they interact with the world does not automatically change. In fact, the opposite is true. A child’s past experiences directly influence how the same adult experiences the present world (Siegel, 2020).

The way connection-seeking is navigated during adverse experiences is determined by the individual and collective attachment patterns developed. In her book *Attachment Centered Play Therapy*, Clair Mellenthin describes this navigation process as being on a continuum that fluctuates between chaotic and secure attachment, rather than fitting into a specified attachment “box” (2019). She states,

It is important to note that no one is 100% securely attached or . . . 100% chaotically attached or unattached. We all land somewhere in the middle or tend to fluctuate within the same scope of the spectrum in most of our relationships. (p. 5)

A language of continuum offers the necessary flexibility for not only acknowledging but also understanding the innate connection needs of others at any given moment; therefore, increasing the ability to offer more compassionate, empathic, and attuned connections during adverse experiences.

Relationships are like a dance. The ability to be fully immersed in an activity without being fully aware of one’s surroundings, all the while experiencing a sense of intrinsic enjoyment from the activity is known as being in a state of “flow” or “in the zone.” Flow, or the optimal experience, was first developed by psychologist Mihaly Csikszentmihalyi to make sense of his traumatic experiences during WWII and in pursuit of the meaning of happiness. In alignment with systems and attachment theories previously mentioned, flow theory (Csikszentmihalyi, 1990) views the human experience from both individual and collective perspectives—addressing the pursuit of happiness internally (within oneself) and externally (relationship with others). For optimal experiences to occur within relationships, experiencing feelings of safety is key. Adverse experiences affect one’s feeling of safety, and as a result, impact the internal and external flow of relationships (Dana, 2018).

TRAUMA’S IMPACT

A variety of scenarios are easily identifiable as trauma, such as sexual violence, domestic violence, and war, to name a few; however, there are situations that occur that may not be as easily identifiable. An adverse event, or trauma, can happen to anyone at any time, and the way in which it is experienced is subjective (Csikszentmihalyi, 1990; Dana, 2018); therefore, the human

perspective and perception of safety and flow are subjective. Furthermore, one individual's experience of a traumatic event may not be a shared experience with others. There are three key factors that determine recovery from adverse experiences: having a sense of felt safety that produces connection, calmness, and hope; access to physical and emotional support; and the ability to experience self-empowerment (Csikszentmihalyi, 1990; Gusak, 2017).

Prolonged exposure to severe early childhood trauma, especially in the parent-child relationship, impacts the child's brain development and disrupts the ability to adapt to life stressors in a healthy manner. One of the first indicators of a disruption in a caregiver-infant relationship is the presence of anxiety (Naeem et al., 2022). Ruptured attachment during times of extreme stress often results in a caregiver's inability to help reduce the infant's level of stress hormones through co-regulation in times of threat. (Naeem et al., 2022).

While some impacts of traumatic caregiver-infant relationships are readily apparent in childhood, others appear later into adolescence and extend further than post-traumatic stress disorder (Ford, 2018). Adolescence is an important transitional period in which the neural pathways supporting executive functioning are still developing (Ford, 2018). Consequently, it stands to reason that navigating a traumatic experience would have a significant impact on regulation, impulsivity, and social relationships (Ford, 2018). Further, those who experience early childhood trauma, and in adolescence, are at a greater risk of re-victimization (Ford, 2018).

Indicators of childhood trauma presenting later in adulthood can be even more obscure, such as low self-esteem, depression, substance abuse, and self-isolation (Downey & Crummy, 2022). In 1998, Felitti et al. published the *Adverse Childhood Experiences* (ACE) study. It was a two-wave study originally conducted from 1995 to 1997 by the CDC in partnership with Kaiser (Felitti et al., 1998). In this study, the researchers were "assessing, retrospectively and prospectively, the long-term impact of abuse and household dysfunction during childhood on the following outcomes in adults: disease risk factors and incidence, quality of life, health care utilization, and mortality" (Felitti et al., 1998, p. 246). The results concluded that there is, indeed, a strong correlation between the amount of one's ACE and multiple risk factors: smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, parenteral drug abuse, a high lifetime number of sexual partners, and a history of having a sexually transmitted disease for death in adults (Felitti et al., 1998). All of which directly and indirectly impact experiences of connectedness, attunement, and attachment throughout the lifespan.

Trauma can also impact an entire group or society. Collective trauma is "a group-level cataclysmic, tragic experience that is reproduced through co-constructed discourse" (Hirschberger, 2018). Within this collective

experience, there are many individual experiences—each one subjectively based on current knowledge and past experiences. Collective trauma is often thought to be an experience within a larger context, such as natural disasters, mass shootings, and social injustices. These are certainly tragic collective experiences that affect feelings of connectedness. However, collective trauma can be experienced on a much smaller scale—within family systems, friendship groups, and religious congregations, to name a few. Realistically, any group experience of the same traumatic event is collective.

CONCLUSION

One function of the brain is to continuously analyze and assess for safety within the body, environment, and relationships through the ANS (Dana, 2018; Porges, 2017). This analysis and assessment process is an attempt to provide understanding and direction. Traumatic experiences intensify this function. When words are insufficient or unreachable, emotions are the avenue of understanding. In fact, they are foundational to attachment throughout the lifespan; furthermore, collaboratively sharing these experiences forms attachment that supports and strengthens connectedness. On the contrary, when there is a lack of opportunity to share experiences in a supportive environment, disenfranchisement is the result (Stanley et al., 2021).

Given that all humans are wired for connection, the feelings of loneliness, detachment, and isolation have the potential to impact all areas of an individual and society. While it is important to know the negative implications of disrupted connections, it is equally important to acknowledge the hope of healing that lies within what we are learning about the innate human need for connection and how to therapeutically connect with those who are entrusting their care to the helpers. “A more inclusive, cohesive, and connected modern approach is listening, understanding (to the best of our abilities), and affirming lived experiences that diverge from our own. Instead. . . we must meet others where they are to enhance our collective perspective” (Altvater, 2023, p. 40). As an individual member of a collective community navigating life’s experiences, listening with curiosity and hearing with compassion is vital.

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