

Why Do We Repeat the Past in Our Relationships?

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How maladaptive behavioral patterns become ingrained over time

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“We repeat what we do not repair.” —Christine Langley Obaugh

"Why would a person marry someone just like their father or mother if their parents were {insert any abusive trait} alcoholic/narcissistic/emotionally unavailable? Doesn't it make more sense to look for a partner with the opposite traits?" is commonly asked from up-and-coming therapists during clinical supervision.

This is an insightful question about a most confusing psychological phenomenon called "repetition compulsion," or why we repeat the past. In repetition compulsion a person repeats a traumatic event or its circumstances over and over again. This includes reenacting the event or putting oneself in situations where the event is likely to happen again.

While no hard-and-fast answers exists, many theories offer explanations as to why "just leave" is not an option for some individuals exposed to unstable or traumatic relationships.

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According to psychiatrist and researcher, Bessel van der Kolk, "Many traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma. These behavioral reenactments are rarely consciously understood to be related to earlier life experiences."

And Sigmund Freud found a correlation between individuals who are poor historians when recounting earlier traumatic events, and being more likely to repeat the repressed material as a contemporary experience, instead of remembering it as something that occurred in the past.



Why Change is Hard

Humans seek comfort in what is familiar and predictable—even if this means repeatedly dating people who are emotionally or physically abusive. Here are some reasons why we stay in unhealthy relationships.

—Seeking out those relationships now means recreating history and changing the outcome, thereby gaining mastery over what we couldn't control as a child ("the desire to return to an earlier state of things," according to Sigmund Freud).

—Re-enacting scenarios from our past holds the hope that this time we will get it right. If we act nicer, perform better, dress differently, find the right words, or make some other miraculous behavioral change then our partner (symbolic stand-in of the rejecting parent, or parents) will no longer rebuff and abuse us. Consciously or unconsciously, we believe we are omnipotent in this person's life and we have the power to satisfy them, thereby unlocking their love and acceptance.

—We've internalized that we deserve to be mistreated.

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—Conditioning causes us to seek out psychological or emotional abuse from others (consciously or unconsciously).

—Compulsive repetition of the trauma may provide a temporary sense of mastery or even pleasure (but ultimately leads to chronic feelings of helplessness and a sense of being bad and out of control).

—Change, even when healthy, feels foreign and scary. When we consider that all patterns of behavior contain ulterior gains, we can better understand the cycle of repetition. It's important to note that the motivation to not change is not necessarily an action that brings happiness, relief or other positive emotions. Sometimes we revert back to familiarity because the outcome is predictable. To venture into uncharted waters is to invite intolerable anxiety.

Addiction to Trauma

Tragically, some people remain so preoccupied with the trauma that they and are not able to develop meaningful life experiences. This fixation often results in difficulties with assimilating subsequent experiences, almost as if their emotional development and maturity has stopped at a certain point (usually at the age when the trauma occurred).

“War veterans may enlist as mercenaries, victims of incest may become prostitutes, and victims of childhood physical abuse seemingly provoke subsequent abuse in foster families or become self-mutilators. Still others identify with the aggressor and do to others what was done to them. Clinically, these people are observed to have a vague sense of apprehension, emptiness, boredom, and anxiety when not involved in activities reminiscent of the trauma.”
—Bessel van der Kolk

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Making matters worse is that reliving the trauma time and again in psychotherapy may actually sustain the preoccupation and fixation. Empirical evidence does not exist to support Freud's idea that repetition eventually leads to mastery and resolution.

Treatment

“Every time you are tempted to react in the same old way, ask if you want to be a prisoner of the past or a pioneer of the future.” —Deepak Chopra

The level of trauma and dysfunction a person has experienced influences the course and pace of therapy; however, gaining control over one's current life, rather than repeating trauma in action, mood, or physical states, is the primary goal of treatment.

Developing a safe therapeutic relationship in which clients can explore the realities of their childhood experiences and its effects on their current lives, is key. This connection provides a secure attachment which can buffer against further social isolation and repetitive patterns of unhealthy behavior.

Before exploring their traumatic roots, however, clients need to abstain from the coping mechanisms or defenses that were traditionally employed to protect against feelings of traumatic overwhelm, such as substance abuse, self-injury or violence against others.

Cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and rational emotive behavior therapy (REBT) are effective modalities for reshaping thought patterns that lead to unhealthy behaviors. Focusing on awareness of cognitive distortions, negative self-talk, and core beliefs, and replacing these thoughts with healthier, more realistic thoughts is crucial.

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Trauma-sensitive people have a difficulty with accurately observing time and often think a bad situation or feeling will last forever. Their challenge is learning how to notice what is happening in the here-and-now, and recognizing how things can and will shift, rather than avoiding reality or self-medicating with alcohol or drugs.

Once the traumatic experiences have been located in time and place, a client can start making distinctions between current life stresses and past trauma and reduce the impact of the trauma on present experience.

Additionally, self-regulation tools that reinforce a state of calm and a connection to the mind and body can greatly benefit healing. Most trauma-sensitive people need some form of somatic work to regain a sense of safety in their bodies. Mastering physiology via deep-breathing, positive visualization, mindfulness-based practices and yoga, helps change the central nervous system's arousal response and quiets the brain.

Though the journey toward healing is a long and arduous process, help is available and emotional well-being is attainable.

"No pain is so devastating as the pain a person refuses to face and no suffering is so lasting as suffering left unacknowledged." —Cermak & Brown

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