THE IMPACT OF CHILDHOOD TRAUMA ON EMOTIONAL INTIMACY AND ATTACHMENT IN MARRIAGE AMONG HETEROSEXUAL WOMEN WHO ARE REGULAR CHURCH ATTENDEES

by:

Elizabeth Morten Oates

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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ABSTRACT

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Two research questions drove this current study: (a) How would women who have experienced childhood trauma describe their attachment style in marriage?, and (b) What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? Participants completed the Adverse Childhood Experience (ACE) Questionnaire (n.d.), the Adult Attachment Scale, and participated in semi-structured interviews. The data were categorized and analyzed using inductive and deductive analysis.

Regarding attachment, the results showed that women who presented avoidant and anxious-ambivalent attachment styles had difficulty cultivating emotional intimacy with their husbands for two reasons: (a) they developed a "Lone Ranger mentality" (i.e., they had difficulty trusting, they were self-protective, they were fiercely independent, and they had an elevated fear of abandonment); and (b) they had difficulty regarding love and affection (i.e., they had difficulty receiving love from their husbands, and they had difficulty offering love and affection to their husbands). Regarding emotional intimacy, this study showed that women who experienced childhood trauma experienced lower levels of marital satisfaction due to two factors: (a) they consciously and subconsciously worked to maintain an emotional distance between themselves and their spouse; and (b) they avoided conflict at all costs. However, the study also showed that emotional intimacy could improve the longer a woman was married.

Keywords: childhood trauma, emotional intimacy, attachment, attachment theory, marriage, women in marriage, church attendees

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Adult Attachment Interview (AAI)

Adult Attachment Survey (AAS)

Attachment-Based Family Therapy (ABFT)

Adverse Childhood Experience Questionnaire (ACE Questionnaire)

Attention Deficit Hyperactivity Disorder (ADHD)

Borderline Personality Disorder (BPD)

Cumulative Childhood Trauma (CCT)

Centers for Disease Control (CDC)

Child Sexual Abuse (CSA)

Emotional Competences (EC)

Emotional Well-Being (EWB)

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CHAPTER ONE: INTRODUCTION

This current study explored the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. I described emotional intimacy—a broad, often vague term in which researchers had difficulty defining and even agreeing upon a definition. For the purposes of this current study, I defined emotional intimacy and applied it throughout the study. I then identified the historical, social, and theoretical contexts of childhood trauma related to emotional intimacy and attachment style in marriage. Finally, I explained the benefits of this current study.

Next, I described the problem statement, which covered recent research regarding childhood trauma and its impact on individuals in adulthood. Then, I covered gaps in the knowledge and how this current study addressed and contributed to those gaps. Moving forward, I described the purpose statement which defined childhood trauma to create a standard expectation for the duration of the study. The purpose statement also identified two theories that drove the study: attachment theory (Bowlby, 1969, 1982), and Maslow's Hierarchy of Needs (Maslow, 1943, 1968, 1987).

The significance of the study explained the importance of the study and whom it benefitted. The Research Questions section offered two main research questions (with one sub-question per research question) which drove the study. The first research question focused on attachment style, and the second focused on emotional intimacy. I then offered definitions that explained conceptual and operational definitions used throughout the study. Finally, I offered the Situation to Self to explain my personal bias regarding the study.

Background

Emotional Intimacy

In general, researchers have struggled to define intimacy. Miriam-Webster (n.d.) defined intimacy as (a) the state of being intimate (familiarity), or (b) something of a personal or private nature. Oxford Learners Dictionaries (n.d.) offered the following definition: (a) the state of having a close personal relationship with somebody; (b) a private and comfortable atmosphere; (c) a thing that a person says or does to somebody that they know very well; and (d) sexual activity, especially an act of sexual intercourse. Scheinkman (2019) defined intimacy as a range of experiences that include a sense of connection, feelings known, sharing, togetherness, or belonging.

Scheinkman (2019) defined intimacy as a fundamental human need and an aspect of a romantic relationship that couples desire and expect. Research showed that individuals can experience intimacy through various activities (e.g., sex, conversation, shared experiences, and shared routines). Intimacy can also be achieved through diverse relational processes (e.g., collaboration, caretaking, self-disclosure via exposing one's feelings and vulnerabilities, and listening to one another). Intimacy also occurs in various realms of life (e.g., parental, physical, aesthetic, religious, and intellectual). Levels of intimacy and where and how intimacy occurs ebb and flow with changing seasons of life, making it difficult to define with precision. Defining intimacy was also complicated by early attachment style issues, previous romantic relationships, early childhood trauma, and gender and cultural biases.

Many types of intimacy exist, including emotional intimacy, relational intimacy, intellectual intimacy, and sexual intimacy. This current study focused on emotional intimacy, which was as difficult to define as intimacy itself because emotional intimacy was a broad,

subjective, “complex, and multidimensional” term (Duba et al., 2012). Despite its ambiguity, authors agreed that emotional intimacy was the foundation of a healthy marriage (Bagarozzi, 2014), as it impacted the strength of one’s marriage both in the short and long term.

Historically, researchers have not agreed on a single definition for emotional intimacy, but they agreed that many components worked together to create a portrait of emotional intimacy for married couples. Two of these components included paying attention to one’s spouse, as well as responding to one’s own needs and the needs of one’s spouse (Mirzanezhad, 2020). According to research, the definition of emotional intimacy also included the following: (a) proximity to one’s partner; (b) resemblance (i.e., being like-minded); and (c) personal, romantic, or emotional relationships with another person that require deep understanding, acceptance, and expression of thoughts and feelings. Emotional intimacy also required sharing one’s thoughts and feelings without the fear of losing one’s unique identity. In other words, each partner must be free to be themselves without fear of judgment, chastisement, or ostracism.

Researchers believed that emotional intimacy was a dynamic (i.e., ever-evolving) and interactive (i.e., requiring input and exchange between partners) process built on trust and mutual respect. Emotional intimacy was created over time as part of a growth process; as two people mature and evolve as individuals, their relationship would also evolve. This would enable their intimacy to blossom. This process began before marriage and would hopefully continue long after marriage.

Emotional intimacy required sacrifice from both partners (i.e., sacrifice of one’s needs, wants, time, resources, dreams, and goals) (Toscano, 2010). It also required self-awareness and self-disclosure (Duba et al., 2012). One might even argue that self-disclosure was a form of

sacrifice because divulging one's personal, private information required an individual to assume a posture of humility and the ability and willingness to sacrifice one's pride.

On the opposite end of the spectrum from self-disclosure was isolation. Individuals who did not embrace self-disclosure chose to isolate themselves. Toscano (2010) quoted the work of Erikson (1963) and asserted that when individuals moved toward isolation, they did so out of a fear of losing one's "self." However, as a believer in Christ, one might argue that if a person's identity was in Jesus, they could not lose oneself by engaging in self-disclosure with one's romantic partner. Rather, the opposite would occur: a person would be strengthened through experiencing intimacy because God created man and woman to live in community (*New International Version Bible*, 6-7/2018, Genesis 2:18-25). Scripture shows what happened when Eve isolated herself from Adam (Genesis 3): Sin entered the world, man and woman experienced shame and guilt, and they lost their "selves" (or their very identities). If, however, individuals engaged in self-disclosure and connected with their romantic partner, Scripture ensures that couples would grow closer (not move farther apart) because that was God's original design. For the purposes of this current study, emotional intimacy would be defined as follows: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners.

Historical Context

John Bowlby (1907-1990) (Bowlby, 1969, 1982) discovered that all humans were hardwired with an intrinsic need to attach to another individual (i.e., their caregiver). The attachment process began in infancy as babies looked to their caregiver to provide stability, care, and protection. When individuals experienced childhood trauma (i.e., abuse, neglect,

abandonment, and more), they had difficulty forming healthy attachments in both childhood and adulthood; this led to insecure attachments in adult romantic relationships and marriage (Busby et al., 2011; McNells & Segrin, 2019; Williams et al., 2018). One study showed that when children endured physical, emotional, and sexual abuse, they grew up to experience insecure attachment styles—specifically dismissing, preoccupied, and fearful attachment styles (Erozkan, 2016).

Aside from attachment style issues, individuals who experienced childhood trauma grew up to experience a host of mental health issues in adulthood, including post-traumatic stress disorder (PTSD) (Barnes & Andrews, 2019), anxiety, and depression (Sperry & Widom, 2013). Another study looked at emerging adults who had experienced childhood trauma and found that these individuals experienced increased psychological distress, decreased self-esteem, and romantic attachment anxiety experiences (Dion et al., 2019). Regarding mental health, another study showed that individuals who had experienced childhood physical and sexual abuse experienced a higher risk of suicidal ideation in adulthood (Sachs-Ericsson et al., 2013).

Individuals who experienced childhood trauma also had difficulty forming healthy romantic relationships and healthy marriages for three reasons. First, they formed insecure attachments in childhood, which led to insecure attachments in adulthood. Second, they developed mental health issues, which impacted their adult romantic relationships. Third, the trauma they endured shaped how they interacted with their romantic partners. One study showed that individuals with negative family-of-origin experiences (i.e., conflict, divorce, violence, and hostility) were less likely to express positive relationship self-regulation skills and secure attachment in marriage (Knapp et al., 2015). These individuals were also less likely to implement relationship-improvement strategies or take steps to strengthen their marriage.

The impact of childhood trauma on emotional intimacy and attachment in marriage was important to consider because research showed that trauma affected millions of people every day. According to the National Center for Mental Health Promotion and Youth Violence Prevention, 26 percent of children in the United States will witnessed or experienced a traumatic event before they turned four years old (National Center for Mental Health Promotion and Youth Violence Prevention, 2012). Furthermore, 60 percent of adults reported experiencing abuse or another difficult family circumstance during their childhood. Miskiewicz et al. (2016) reported that women suffered from childhood sexual abuse (CSA) more than men, and both men and women who experienced childhood abuse experienced lower rates of relationship satisfaction in adulthood. This study aimed to help mental health workers preserve marriages and equip people to cultivate and maintain healthy adult relationships after experiencing childhood trauma by not only addressing and understanding the trauma these individuals experienced, but also understanding the relational challenges they faced regarding emotional intimacy and attachment styles in marriage.

Social Context

Childhood adversity was linked to lower social status, less education, lower rate of partnership, lower income, and higher unemployment rates (Beutel et al., 2017). This put women who experienced childhood trauma at a disadvantage compared to their peers from intact families. Furthermore, women who experienced childhood trauma formed insecure attachments, which made forming healthy adult relationships more difficult (Khalifian & Barry, 2016). Research showed that when a woman could not form a secure attachment in marriage due to childhood trauma, she also had difficulty experiencing emotional intimacy with her husband. Therefore, not only was the woman who endured childhood trauma impacted, but her spouse also

experienced detrimental effects. Because emotional intimacy was a reciprocal experience (Mirzanezhad, 2020), her husband failed to experience an emotional connection. Also, if a woman was not able to identify or respond to her husband's needs, his needs went unmet, and neither he nor she experienced emotional intimacy. When a romantic relationship lacked intimacy, love was downgraded into a state of dissatisfaction and discontentment, which resulted in arguments, criticism, silence, a lack of emotional companionship, and unresolved problems.

Most researchers agreed that intimacy was the cornerstone of a healthy marriage. It included paying attention to and responding to oneself and one's partner, which required deep understanding and acceptance. It also warranted the expression of thoughts and feelings without fear of losing one's identity. This interactive process was built on mutual trust and respect (Mirzanezhad, 2020). Anhange et al. (2017) found that happiness and hope were correlated with greater marital satisfaction, while another study showed that in France, intimacy meant that a romantic partner accepted his or her partner "as is" (Scheinkman, 2019). This contrasted the North American ideal of knowing and being known by one's partner via a more subjective nature. This Western mentality of independence made emotional intimacy a riskier, more difficult endeavor because couples assumed a risk of judgment and rejection.

Not only was a woman's spouse impacted by her childhood trauma, but her children were also affected. When couples experienced distress because of a woman's childhood trauma, it led to marital distress. This marital distress often resulted in higher levels of depression and anxiety which negatively affect the couple's children and led to negative outcomes later in life (Anhange et al., 2017). Another study looked at infants of mothers who had endured child abuse and neglect. The study found that 83 percent of the infants showed insecure attachment and 44 percent of those insecure infants exhibited disorganized attachment (Berthelot et al., 2015). This

confirmed the need for women who endured childhood trauma to process their trauma and move toward a place of healing because it affected not only them but future generations.

Theoretical Context

Two theories drove this current study. The first was attachment theory, as pioneered by John Bowlby (1969, 1982). Bowlby asserted that individuals had an innate drive to attach to a figure who met their needs. Generally, this attachment figure was the individual's caregiver. As the child attached to their caregiver, the child knew that their needs (i.e., physical and emotional) were being met and would continue to be met. When the child attached, they formed a secure attachment and learned (a) to trust others, (b) to form healthy attachments with other individuals, and (c) to self-regulate their emotions. When the child was unable to attach, they formed an insecure attachment, resulting in (a) an inability to trust oneself and others, (b) an inability to form a healthy attachment with others, and (c) an inability to self-regulate their emotions. Individuals with insecure attachments also experienced emotion dysregulation, which led to depression and difficulty forming healthy relationships. Women who experienced childhood emotional maltreatment (i.e., emotional abuse or emotional neglect) often formed insecure attachments, making it difficult for them to form romantic relationships (Cao et al., 2020).

Mary Ainsworth (Ainsworth et al., 1978) proposed two types of insecure attachments: avoidant (or anxious-avoidant) and anxious-ambivalent. Individuals who grew up to experience avoidant attachment were characterized as being overly independent, withholding affection, and trying to keep a safe emotional distance from their partner. Individuals who experienced anxious-ambivalent attachment grew up to be adults who feared rejection and abandonment (Mikulincer & Shaver, 2012). This fear caused them to operate in hyper-vigilant mode, acting overly needy and clingy. Overall, individuals who experienced childhood emotional

maltreatment reported higher rates of adult attachment anxiety and avoidance, leading to greater couple maladjustment later in life (Cao et al., 2020).

The second theoretical concept that drove this current study was Maslow's Hierarchy of Needs which stated that individuals must first satisfy their physical needs (i.e., air, water, and food) before meeting their psychological needs (i.e., safety and love) (Maslow, 1943, 1968, 1987). When individuals experienced childhood trauma, their physical needs were not met; therefore, they were unable to meet their psychological needs. Abraham Maslow (1908–1970) was one of the first psychologists to hypothesize that emotional and behavioral problems resulted from unmet physical needs (Brendtro, 2019). Research expanded this view and asserted that individuals experienced emotional pain when their biosocial needs (i.e., needs for attachment, achievement, autonomy, and altruism) were impeded or unmet.

Benefits of Current Study

This current study showed the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Through open-ended interviews and listening to women's in-depth accounts, I highlighted not only their struggles with emotional intimacy and attachment style, but I also drew attention to the difficulties the women's husbands experienced in marriage.

Because researchers had difficulty defining emotional intimacy, this current study relied on numerous definitions to create one specific definition of emotional intimacy. This new definition brought clarity to this current study, and also drove the two research questions and multiple interview questions for the duration of the study. For the purposes of this current study, emotional intimacy was defined as follows: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings,

which leads to an emotional connection shared by both partners. This definition added to the existing body of knowledge regarding emotional intimacy and clarified a complex yet vague concept.

Many people benefitted from this current study. First and foremost, adult women who endured childhood trauma benefitted from this current study, as it affirmed that they are not alone in what they experienced as children and in the aftermath of what they experienced in marriage. This current study also helped husbands know that what their wives experienced was common for women who experienced childhood trauma. It also helped husbands understand their wives' history and traumatic symptoms.

Finally, this current study helped professionals (i.e., mental health workers, medical professionals, and church workers) in several ways. First, it helped mental health workers (i.e., therapists, counselors, social workers) recognize, understand, and address the challenges regarding emotional intimacy and attachment that were common among women who experienced childhood trauma. Next, it helped mental health workers understand the mental and behavioral symptoms and the dynamics of marriage, family, and relationships influencing their therapeutic response. Finally, it helped these professionals provide the most effective form of treatment to married women who experienced childhood trauma.

For medical professionals (i.e., medical doctors and psychiatrists), this study provided the background information they needed to help them understand the depth of women's traumatic history and how it impacted their current physiological symptoms. It then enabled medical professionals to provide the most effective form of treatment. Regarding church workers (e.g., pastors, church staff, lay leaders), it provided them with the information they needed to

understand the women in their churches who come to them for lay counseling. It also helped church workers know when to refer these women to mental health workers.

Problem Statement

Relevant Research

The problem was that research has not explored the impact of childhood trauma on emotional intimacy in marriage or how emotional intimacy relates to attachment styles in marriage among heterosexual women who are regular church attendees. Research showed that childhood trauma resulted in adverse physical health conditions in adulthood (Nelson et al., 2020), as well as mental health challenges such as PTSD (Banker et al., 2019); anxiety (including phobic anxiety); depression; hopelessness (Estévez et al., 2017); intimate partner violence (IPV) (Berthelot et al., 2014b; Cascio et al., 2017); and mood disorders (Gershon et al., 2013). Childhood trauma also predicted an increased risk of drug abuse or dependence, alcohol usage, and suicide attempts (Gershon et al., 2013; Merrick et al., 2017).

Regarding relationships, childhood trauma resulted in increases in psychological distress in adulthood and decreases in self-esteem, making the formation of healthy romantic relationships difficult (Dion et al., 2019). Fitzgerald (2021) found that adults who endured childhood abuse often delt with mental health problems and anger in adolescence, which led to difficulties forming healthy romantic relationships in adulthood. Individuals who experienced childhood trauma also developed an insecure attachment style, which often led to marital dissatisfaction (Godbout et al., 2017).

Research Gap

Research showed that women who endured childhood trauma experienced adverse physical health conditions (Banker et al., 2019); mental health challenges (Gershon et al., 2013);

risky behavior choices (i.e., excessive drug and alcohol usage); suicidal ideation (Sachs-Ericsson et al., 2013); and marital dissatisfaction (Godbout et al., 2017). However, the problem was that there was a gap in the research regarding how childhood trauma impacted emotional intimacy in marriage among heterosexual women who are regular church attendees. One reason this gap existed was that emotional intimacy was a broad concept and difficult to define. Also, researchers could not agree on a single definition of emotional intimacy. I overcame these obstacles by drawing from several researchers' definitions and creating a new narrow definition of emotional intimacy: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners.

One study looked at married couples' emotional dependency (i.e., their need for unity, closeness, and each other) related to their marital satisfaction and quality (Kemer et al., 2016). The study focused on Turkish couples and recommended further research among Western couples in rural and urban areas with various educational backgrounds. This current study addressed this need by drawing from women in the United States. Another study suggested that further research was needed to explore the relationship between childhood trauma within the context of one's family of origin, relationship self-regulation, and attachment behaviors within marriage (Knapp et al., 2015). This current study filled this research gap by addressing the link between childhood trauma and attachment style in marriage among heterosexual women.

Further research was also needed to address the link between childhood emotional abuse and current marital satisfaction (Maneta et al., 2015). Based on this study, factors that led to marital satisfaction included the following: (a) other forms of childhood abuse, (b) low marital trust, (c) personality traits, and (d) attachment style. This current study addressed these issues by

exploring various types of childhood trauma each participant experienced and how these traumas related to emotional intimacy (which was also related to marital satisfaction) and attachment style in marriage.

Misheva (2016) compared twins' emotional well-being (EWB) by looking at one twin who had experienced trauma and one who had not. The researcher administered a single question to measure the well-being of each participant and then recommended that future studies offer a more in-depth questionnaire and analysis to look at trauma victims' well-being. I filled this gap by conducting a qualitative study that utilized semi-structured interview questions and analyzed emotional intimacy in marriage comprehensively.

There was also a gap in research regarding how emotional intimacy related to attachment style in marriage among heterosexual women, especially among heterosexual women who are regular church attendees. Research showed that women who endured childhood trauma exhibited insecure attachment (both avoidant and anxious-ambivalent), but studies failed to show a connection between emotional intimacy and attachment style. In other words, if a woman who endured childhood trauma experienced healthy emotional intimacy with her husband, will she also exhibit secure attachment? In contrast, if a woman had difficulty experiencing healthy emotional intimacy with her husband, would she demonstrate insecure attachment? This current study explored this lack of connection in literature through semi-structured interview questions.

Purpose Statement

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. At this stage in the research, childhood trauma was defined as anyone receiving a 4 to 10 on the Adverse Childhood Experience (ACE)

Questionnaire (ACE), n.d.). The ACE Questionnaire considered childhood trauma to include five types of personal trauma (i.e., verbal abuse, emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect); and five types of familial trauma (i.e., alcohol or drug addiction by a family member in the household, parental abandonment or divorce, domestic violence, incarceration of a family member in the household, mental health issues of a family member in the household, and incarceration of a family member in the household). Limitations of the ACE Questionnaire included the fact that it offered a narrow definition of childhood adversity and focused on an unrepresentative sample (McEwen & Gregerson, 2019). Also, some researchers suggested that additional childhood adversities (e.g., peer victimization, isolation, peer rejection, exposure to community violence, and low socio-economic status (SES)) should have been included on the original ACE Questionnaire, as they were important predictors of physical, mental, and behavioral problems in adulthood (Finkelhor et al., 2015; Xiang & Wang, 2020). Research also showed that low SES predicted individuals' health status, but not psychological distress. Peer victimization and other maltreatment variables (i.e., emotional abuse, physical abuse, and sexual assault) significantly predicted distress but not health status. These findings suggested different pathways from childhood adversities to physical and mental health challenges in adulthood.

The main theory that drove this current study was attachment theory (Bowlby, 1969, 1982). Bowlby believed that all humans were born with an innate need to attach to another individual who provided stability, care, and protection. This attachment figure was usually a caregiver or parent. When the attachment process was interrupted, the individual's ability to form healthy attachments was disrupted. He defined two types of attachment styles: (a) secure and (b) insecure. Mary Ainsworth (Ainsworth et al., 1978, 2015) continued Bowlby's work in

attachment theory and created two types of insecure attachment styles: (a) avoidant (also known as anxious-avoidant), and (b) anxious-ambivalent. Avoidant attachment stemmed from caregivers who ignored their child's needs, so the child learned to depend on himself. When the caregiver finally made herself available, the child avoided the caregiver because the child had learned not to trust the caregiver. Anxious-ambivalent attachment was a type of insecure attachment in which the caregiver proved to be inconsistent and unpredictable, so the child never knew when he could depend on the caregiver. Therefore, the child responded overemotionally and even erratically to gain attention from his caregiver (Benoit, 2004; Shilkret & Shilkret, 2011).

Hazan and Shaver (1987) took the work of Bowlby and Ainsworth and applied it to adult romantic relationships. Main and Solomon (1986, 1990) then expanded on the work of Ainsworth and defined a third type of insecure attachment: disorganized attachment. Disorganized attachment occurred when the child viewed his or her caregiver as frightening or traumatic (Shilkret & Shilkret, 2011). Children who developed disorganized attachment froze or appeared confused when interacting with their caregiver (Benoit, 2004). This type of attachment style usually (but not always) occurred as a result of emotional, physical, and/or sexual abuse (Erozkan, 2016).

Finally, Bartholomew and Horowitz (1991) expanded the work of Hazan and Shaver (1987) by presenting four types of attachment styles that adults displayed in romantic relationships: (a) secure, (b) dismissing, (c) preoccupied, and (d) fearful. Adults who exhibited secure attachment were (a) comfortable with commitment, (b) at ease with expressing their needs and asking for what they wanted, and (c) able to give their partner the freedom to do the same

(Levine & Heller, 2011). They were also comfortable with conflict and did not view it as negative but as an opportunity for growth.

Adults who exhibited a dismissing attachment style (which corresponded with the avoidant attachment style in children) were overly independent, refused to depend on others, and often repressed their emotions (Levine & Heller, 2011). They were often prideful and viewed people who depended on their partners as weak. Those who had a preoccupied attachment style (which corresponded with the anxious-ambivalent attachment in children) got attached (sometimes overly attached) to their partner very quickly and feared the relationship was in danger of dissolving at any moment; therefore, they made excessive attempts to keep the relationship together. Finally, fearful attachment style (which corresponded with disorganized attachment in children) was characterized by adults who dealt with continuous inner conflict. They feared being too close, yet also being too distant from their partner; they feared being abandoned by their partner, yet they did not want to commit to a long-term relationship; they craved intimacy, yet they resisted it; they experienced emotional highs and lows in relationships (The Attachment Project, 2020).

A second theory guiding this current study was Maslow's Hierarchy of Needs, which stated that individuals could not satisfy their psychological needs (i.e., safety and love) until they met their physical needs (i.e., air, water, and food) (Maslow, 1943, 1968, 1987). This theory related to this current study because when individuals experienced childhood trauma (e.g., abuse, neglect, or abandonment), neither their physical nor psychological needs were met. When they became adults, they could provide for their physical needs, but many of their psychological needs (i.e., love, safety, trust, emotional intimacy, and attachment) were still unmet, undeveloped, or underdeveloped. This current study revealed what happens when basic physical

needs go unmet in childhood and how this impacted emotional intimacy and attachment style in marriage.

Significance of the Study

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Even though emotional intimacy had not been widely studied, it was an aspect of marriage that couples experienced daily, and it impacted their relationship in the short and long term. In this current study, I defined emotional intimacy as a romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners.

Women

First, this current study helped women who experienced childhood trauma. This study helped them identify the current emotional intimacy and attachment challenges they experienced in marriage. Some participants in this current study might have processed these challenges in therapy or privately with their spouses; however, others might never have done so. The in-depth, semi-structured interviews gave the participants the time and opportunity to explore the struggles they faced in their marriages. It also gave them a safe space to process these struggles mentally and emotionally. Women who read this current study win the future will benefit from the participants' candor and experiences.

Second, this current study helped participants who experienced childhood trauma and are now struggling with emotional intimacy and attachment in marriage know they are not alone in their struggles; other women endured childhood trauma and now face the same challenges in

marriage. For instance, one study showed that the more instances of childhood adversity in a person's life (i.e., physical abuse, getting in trouble with the police, or parental drug or alcohol abuse), the higher the risk for major depression later in life (Xiang & Wang, 2020). The study also showed that those who experienced physical abuse as opposed to other forms of childhood adversity were at a higher risk for adult depression, which might be attributed to the fact that the person formed an insecure attachment with his or her caregiver in childhood. These findings applied to this current study by showing women that if they struggled with depression, there were other women who also struggled with depression. This revelation helped participants in this current study feel less isolated by showing them this is a common result for women who have endured childhood trauma. Depression was just one of many examples of traumatic symptoms woman who survived childhood trauma might experience in adulthood, and this current study helped these women know they were not experiencing these symptoms in isolation. It also helped them realize there was power in suffering in community, as Scripture reads:

> Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we receive from God (*New International Version Bible* 1764/2018, 2 Corinthians 1:3-4).

Finally, this current study helped women know whether they needed professional counseling to process their childhood trauma or current marital struggles. One study showed that when stressed, women were more likely than men to engage in the following negative behaviors: rumination, overeating, comfort eating, overusing prescription medication, or taking prescription medication for purposes other than prescribed (Liddon et al., 2018). If participants in this current study or women reading this study recognized any of these behaviors previously listed, they

might have realized they needed professional counseling. This same research showed that women were more inclined than men to rely on self-awareness and knew when they needed to seek professional counseling. This showed that women were their own best advocates for pursuing therapy. Another study showed that cognitive-behavioral therapy was beneficial for individuals and couples because it offered both short-term and problem-focused strategies for a wide array of problems, and it increased marital quality among married women (Shayan et al., 2018). This might be a viable option for married women who experienced childhood trauma.

Husbands

Women who experienced childhood trauma need their husbands' support, as research showed this can positively impact women's mental and emotional health as well as the intimate relationship itself (Nguyen et al., 2017). This current study enabled husbands to offer their support by helping them understand and empathize with what their wives have experienced. The more husbands understand what their wives have experienced and how it has impacted them, the more empathy husbands will feel for their wives and the more support husbands can offer.

Next, this current study helped these husbands address various challenges concerning building healthy emotional intimacy and a secure attachment with their wives. One such challenge was affection, as one study showed that when relationships lacked affection, both husbands and wives experienced lower marital quality and emotional intimacy (Hesse & Tian, 2019). This same study showed that when couples lacked affectionate communication, husbands experienced depression, and wives experienced loneliness.

Finally, it helped these husbands support their wives as they pursued the most beneficial form of treatment. Research showed that individuals who thrived emotionally and socially and made the most of their opportunities had at least one caregiver (i.e., parent or spouse) who

encouraged their autonomy yet responded to their needs (Feeney & Collins, 2018). In this context, husbands needed to encourage and support their wives as they participated in therapy. By doing so, their wives experienced positive outcomes, including the ability to cope with their traumatic symptoms, increased feelings of security, and increased relationship satisfaction.

Professionals

This current study benefitted various professionals, including mental health workers (i.e., therapists, counselors, and social workers), medical professionals (i.e., medical doctors and psychiatrists), and church workers (i.e., pastors, church staff, and lay counselors) as they served women and couples who experienced challenges in emotional intimacy and attachment due to childhood trauma. First, it helped this group of mental health workers, medical professionals, and church workers recognize, understand, and address the challenges regarding emotional intimacy and attachment common among women who experienced childhood trauma. One such challenge was emotion suppression. One study found that when couples consistently suppressed their emotions (i.e., refrained from self-disclosure and mutually sharing ideas, thoughts, and feelings), they experienced lower levels of marital quality (Velotti et al., 2015). At the same time, couples also maintained a healthy differentiation of self if they wanted to experience emotional intimacy (Ferreira et al., 2014). In the context of this current study, if a woman grew up with an unavailable caregiver, she grew up to develop an avoidant attachment style which caused her to suppress her emotions and stay emotionally distant from her spouse (Hazan & Shaver, 1987). This current study equipped mental health workers so they could help the woman and her spouse work through this pattern and develop a more secure attachment style and healthier emotional intimacy.

Previous research also helped mental health workers and church workers as they taught couples that not all conflicts could be resolved according to each partner's complete satisfaction (Abbasi, 2017). Some conflicts were known as "perpetual conflicts," (i.e., conflicts that will never be resolved), which was why Gottman (2014) stated that the most important indicator of a successful marriage was *how* couples fight not *why* they fight. This current study taught mental health workers that knowing a woman's past trauma history helped couples learn how to "fight fair" so they worked productively through the conflict and reached an amicable resolution.

Finally, this current study helped mental health workers and medical professionals provide the most effective form of treatment. For instance, Interpersonal Psychotherapy-Trauma (IPT-T) proved more beneficial than clinic psychotherapy for treating women who suffered from PTSD and loneliness resulting from CSA (Duberstein et al., 2018). Women who engaged in IPT-T also reported improvements in social functioning, perceived social support, social disability, and partner relationships. However, both forms of therapy were equally effective in treating depression.

Research Questions

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Two research questions (each with one sub-question) drove this current study:

RQ1: How would women who have experienced childhood trauma describe their attachment style in marriage?

RQ2: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse?

Each research question aligned with the qualitative research design and answered "how" or "why" (Azungah, 2018). RQ1 (and its corresponding sub-question) focused on attachment style. RQ2 (and its corresponding sub-question) focused on emotional intimacy. Attachment style was an important factor because it impacted a wife's experience with healthy emotional intimacy.

RQ1

The first research question that drove this current study was: How would women who have experienced childhood trauma describe their attachment style in marriage? Its sub-question was: How does their attachment style impact their emotional intimacy with their spouse? Researchers narrowed down attachment to four different styles: (a) secure (Bowlby, 1969, 1982), (b) avoidant (or anxious-avoidant), (c) anxious-ambivalent (Ainsworth et al., 1978), and (d) disorganized (Main & Solomon, 1986, 1990). Early attachment relationships provided children with "internal working models" of emotional communication, which shaped how they related to others (Friend, 2012). Early attachment style was reflected later in adulthood in a person's capacity to form healthy relationships, their ability to regulate their emotions, and their ability to self-reflect. It also impacted them later in life as it influenced the type of partner they chose, how they acted in relationships, and how they attached to their children. Overall, a person's ability to form a secure attachment style was vital to their mental health and social adaptation (Ng & Smith, 2006).

RQ2

The second research question that drove this current study was: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? The second sub-question was: How do these emotional intimacy challenges

impact their marital satisfaction? This research question operated from this current study's definition of emotional intimacy: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners. Individuals who suffered childhood emotional abuse grew up to have difficulty identifying their feelings (Brown et al., 2018). This impacted the level of emotional intimacy they experienced with their spouse because they could not identify their feelings, which meant they could also not share their feelings; this led to an emotional disconnect between spouses. Childhood maltreatment also led to lower levels of partner responsiveness, which resulted in lower levels of sexual intimacy, emotional intimacy, and overall marital satisfaction (Vaillancourt-Morel et al., 2019).

The interview questions I used with all participants were derived from these two research questions and their corresponding sub-questions. The interview questions were general and open-ended, allowing each participant to provide her subjective narrative (Denzin & Lincoln, 2011). The interview questions guided each interview and provided the opportunity for a discussion between each participant and me. Although the interview questions were pre-written, the interviews allowed me to veer off the list of questions as needed for the participants to explore their personal histories, expand on topics, and provide personal accounts.

Definitions

1. Trauma – (a) Any extraordinary event (experienced or witnessed) that threatens an individual's physical or psychological well-being and challenges their coping skills (American Psychiatric Association (APA), 2013); (b) Child abuse (i.e., verbal, emotional, physical, or sexual), child neglect (i.e., emotional or physical), and/or familial trauma (i.e., alcohol or drug addiction by a family member in the household, parental

abandonment or divorce, domestic violence, incarceration of a family member in the household, mental health issues of a family member in the household, and/or incarceration of family member in the household) (Adverse Childhood Experience (ACE) Questionnaire, n.d.).

2. Childhood Trauma – This occurs when a child experiences an intense event that threatens or causes harm to their emotional and physical well-being. Trauma can result from exposure to a natural disaster (e.g., hurricane or flood) or man-made events (e.g., war or terrorism). Witnessing or being the victim of violence, serious injury, or abuse (e.g., physical or sexual) can be traumatic. Accidents or medical procedures can also result in trauma (The National Child Traumatic Stress Network, n.d.)
3. Childhood Maltreatment – Any abuse (i.e., verbal, emotional, physical, or sexual) or neglect (i.e., emotional or physical) inflicted upon a child (Humphreys et al., 2020).
4. PTSD – Exposure to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013).
5. Attachment – (a) The bond between a child and their primary caregiver (Bowlby, 1969, 1976, 1982, 1983); (b) A strong emotional bond an individual feels for a special person in that individuals' life. This bond allows that individual to take pleasure in this special person's company and find peace by being close to them in troubled times (Ainsworth et al., 1978).
6. Attachment Figure – The primary person to whom a child attaches or forms a bond (Bowlby, 1969, 1976, 1982, 1983).
7. Attachment Style – How a child bonds with their caregiver. Children form secure attachments (operating from a feeling of safety) or insecure attachments (operating from

a feeling of insecurity or fear). Bowlby defined attachment styles as secure or insecure (Bowlby, 1969, 1982). Ainsworth defined two types of insecure attachment styles (a) avoidant (or anxious-avoidant), and (b) anxious-ambivalent *(*Ainsworth et al., 1978). Main and Solomon (1986, 1990) described the third type of insecure attachment: disorganized.

8. Secure Attachment – The bond between the child and their caregiver in which the child feels safe enough to explore their environment, knowing they can return to their caregiver at any time (Bowlby, 1969, 1982; Bretherton, 1992).
9. Insecure Attachment – A lack of stability between the child and their caregiver; the child does not feel safe concerning their caregiver and responds from a place of insecurity or fear. The child does not feel safe to explore their environment and fears the caregiver will leave; or if the caregiver does leave, the child fears the caregiver will not return (Bowlby, 1969, 1982; Bretherton, 1992). There are three types of insecure attachments (a) avoidant (or anxious-avoidant), (b) anxious-ambivalent, and (c) disorganized (Ainsworth et al., 1978; Main, 1990).
10. Avoidant (or Anxious-Avoidant) Attachment – A type of insecure attachment that stems from caregivers who ignore their child's needs. The result is that the child learns to depend on themselves (Benoit, 2004; Shilkret & Shilkret, 2011). When the caregiver makes themselves available, the child avoids the caregiver because the child has learned not to trust the caregiver. Adults with an avoidant attachment style fear getting too close to their partner, so they stay emotionally distant from their partner (Hazan & Shaver, 1987).

11. Anxious-Ambivalent Attachment – A type of insecure attachment in which the caregiver has proven inconsistent and unpredictable (Benoit, 2004; Shilkret & Shilkret, 2011). The child does not know when to rely on the caregiver, so the child resorts to dramatic or emotional behavior to get the caregiver's attention (Grady et al., 2018). Adults with an anxious-ambivalent attachment style generally act overly needy and clingy, desperate to make their relationship succeed (Hazan & Shaver, 1987).
12. Disorganized Attachment – This attachment style forms when the child views their caregiver as frightening or traumatic (Shilkret & Shilkret, 2011). These children freeze or appear confused when interacting with their caregiver (Benoit, 2004). Adults with a disorganized attachment style fear getting too close to their partner and believe rejection is inevitable (Main & Solomon, 1986, 1990). They approach relationships with contradictory and confusing behaviors, vacillating between clingy and aloof.
13. Emotional Intimacy – A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection between partners.
14. Mental Health – Includes our emotional, psychological, and social well-being and it affects how people think, feel, and act. Mental health also helps determine how people handle stress, relate to others, and make choices (U.S. Department of Health and Human Services, n.d.).
15. Emotion Regulation – Includes all the conscious and non-conscious strategies people use to increase, maintain, or decrease an emotional response (Gross, 1998).
16. Emotion Dysregulation – The inability to regulate one's emotions which leads to psychological disorders such as borderline personality disorder (BPD), emotional trauma,

attention deficit hyperactivity disorder (ADHD), bipolar disorder, and eating disorders (i.e., anorexia and bulimia nervosa) (Guendelman et al., 2017).

Situation to Self

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. My interest in this topic stemmed from two areas. First, I experienced childhood trauma (i.e., abuse, abandonment, neglect, and divorce) and was aware of its impact on my marriage. Second, I spent 14 years ministering to engaged and young married couples in a lay ministry capacity. This experience revealed to me the impact of childhood trauma on women and marriage. I offered lay counseling to engaged couples through Legacy Family Ministries (Legacy Family Ministries, n.d.), and I taught a young married class at Harris Creek Baptist Church (Harris Creek Baptist Church, n.d.). I also mentored countless women, engaged couples, and married couples through the local church. Through these ministry opportunities, I saw how childhood trauma led to poor communication and conflict resolution skills (Whisman, 2014), unhealthy sexual and emotional intimacy (Rellini et al., 2011), and overall lower marital satisfaction (Maneta et al., 2015). Childhood trauma also led to trust (Gobin & Freyd, 2014), abandonment (Zerubavel et al., 2016), and attachment issues (Williams et al., 2018) among married couples. At the same time, I saw the power of sharing one's story. Scripture reads, "But you are a chosen people, a royal priesthood, a holy nation, God's special possession, that you may declare the praises of him who called you out of darkness into his wonderful light" (*New International Version Bible*, 1894/2018, 1 Peter 2:9). God wants His believers to tell others how He called them "out of darkness into his wonderful light," and this includes people talking about their trauma and how God helped them heal from that trauma.

People can help others overcome shame and find healing by recounting their own traumatic history and how God saved them. This includes telling one's story through a qualitative phenomenological study.

Several philosophical assumptions shaped this current study. First, I approached this current study with an ontological assumption, which focused on existence and reality and created a formal order or structure by putting things into categories (Ontology, n.d.). Knowing that each participant brought her own reality to the study and offered her own unique and subjective perspective qualified this current study as an ontological study (Denzin & Lincoln, 2011). I also extracted and then categorized common themes among all the participants, which qualified this current study as an ontological study. Next, this current study utilized an epistemological assumption. Epistemology was the branch of philosophy concerned with truth and knowledge (Epistemology, n.d.). I utilized semi-structured interview questions, which allowed the participants the opportunity to tell their stories and offer their own truth and knowledge as it related to their experience regarding their childhood trauma.

Another philosophical assumption that drove this current study was the axiological assumption, which dealt with values, morals, and ethics (Axiology, n.d.). This was important because this current study yielded several moral and ethical implications. First, the interview questions had the potential to trigger a traumatic response in the participants. I was aware of this and was prepared to respond in two ways. First, I reminded each participant in every interview that she had the right to remove herself from the study at any time during the process with no ramifications. Second, I provided the participants with professional counseling resources. As Misheva (2016) stated, trauma victims need assistance to recover from their trauma.

Unfortunately, not all the participants in this current study may have received professional help to address their past trauma, so I provided that for them.

Another aspect playing into the axiological assumption was church attendance. Participants were deemed regular church attendees (i.e., they attended church a minimum of two times per month). I relied on participants' honesty and personal ethics to gauge whether they were truly regular church attendees because churches do not take attendance. Finally, while I tried to remain impartial as I interviewed participants, I was aware that I had my own set of internal values, bias, and experience with childhood trauma, all of which influenced and guided me as I listened to, gathered, and processed the data.

The paradigm shaping this study was social constructivism, which contended that understanding, significance, and meaning were developed in coordination with other people. People understood their reality by interacting with their surroundings and others (Amineh & Asl, 2015). To pursue a social constructivist paradigm, I looked for a broad, complex view from a few participants (i.e., qualitative study) rather than a narrow view from many participants (i.e., quantitative study) (Denzin & Lincoln, 2011). I relied on the participants' memories, social and historical stories, and interactions. Through these stories, I extracted themes, deciphered patterns, and developed a theory of meaning.

I conducted semi-structured interviews that provided a framework of questions to guide the interview and added or eliminated questions as needed. The questions were broad and open-ended to allow participants the opportunity to create meaning from a situation. This also allowed room for dialogue. I understood that my background of experiencing childhood trauma shaped my understanding and interpretation of their stories.

Summary

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Childhood trauma was defined as (a) an intense childhood experience that threatens or causes harm to a child's emotional and physical well-being; (b) the result of witnessing or being the victim of violence, serious injury, or abuse (e.g., verbal, emotional, physical, or sexual); and (c) accidents or medical procedures (The National Child Traumatic Stress Network, n.d.). It also included the following: (a) neglect, (b) a someone in the household struggling with substance addiction, (c) a parent abandoning a child or getting a divorce, (d) domestic violence, (e) a parent being incarcerated, or (f) a parent struggling with mental illness (ACE Questionnaire, n.d.). Each participant was required to score a 4 to 10 on the ACE Questionnaire to qualify for the study.

Emotional intimacy was defined as a romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners. Attachment was defined by the work of Bowlby (Bowlby, 1969, 1982, 2005) and Ainsworth (Ainsworth et al., 1978, 2015) and was identified by how a child attached himself to his caregiver. If a child formed a secure attachment in childhood, they most likely formed healthy attachments in marriage which enabled them to pursue emotional intimacy with their spouse. If a child formed an insecure attachment in childhood, they most likely formed insecure attachments in adulthood and experienced emotional intimacy challenges in marriage.

Two theories directed this current study including attachment theory (Bowlby, 1969, 1982) and Maslow's Hierarchy of Needs *(*Maslow, 1943, 1968, 1987). Two research questions

(each with one sub-question) drove this current study. RQ1 and its sub-question focused on attachment style. RQ1: How would women who have experienced childhood trauma describe their attachment style in marriage? Sub-question 1: How does their attachment style impact their emotional intimacy with their spouse? RQ2 and its sub-question focused on emotional intimacy. RQ2: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? Sub-question 2**:** How do these emotional intimacy challenges impact their marital satisfaction?

By interviewing nine participants, I gained insight into the challenges women who endured childhood trauma face in their marriage regarding emotional intimacy and attachment style. Research stated that married individuals with insecure attachment styles and dysfunctional communication (i.e., criticism, contempt, defensiveness, and stonewalling) experienced an increased risk for divorce (McNells & Segrin, 2019). They also experienced more difficulty entering and maintaining a close relationship post-divorce. More specifically, individuals with avoidant attachment compared to those with anxious-ambivalent attachment were more likely to divorce. I gained insight into the participants' challenges through open-ended interview questions.

Scores on the ACE Questionnaire did not exist in isolation but were interrelated, which meant participants were more likely to have experienced multiple childhood traumas (Thomson & Jaque, 2017). Also, people with higher ACE scores experienced a greater lack of resolution for past traumas and past losses, and they experienced more difficulty disclosing their past trauma. Regarding mental health challenges, the higher the ACE score, the more mental health challenges an individual faced (i.e., heavy drinking, drug use, depression, and suicide attempts in

adulthood) (Merrick et al., 2017). Higher ACE scores also led to a reported higher frequency of mental distress and physical ailments (i.e., heart disease, stroke, and asthma (Gilbert et al., 2015).

The problem was that research had not explored the impact of childhood trauma on emotional intimacy in marriage or how emotional intimacy related to attachment styles in marriage among heterosexual women who were regular church attendees. Concerning emotional intimacy, individuals based their standards and expectations for relationships on past experiences, which shaped their reactions to significant relationship events (Schoebi & Randall, 2015). Furthermore, when individuals openly shared their needs with their partner (i.e., pursued and engaged in emotional intimacy) and their partner responded positively, individuals developed positive relationship resources (i.e., intimacy, attachment security, self-esteem, emotional capital, trust, perceived social support, and relationship satisfaction). These resources helped safeguard against negative emotional responses to individual and interpersonal stressors. If, however, individuals refused to openly share their needs, they shared negative vulnerabilities (i.e., insecure attachment and relationship distress). These negative vulnerabilities thwarted their attempts to achieve emotional intimacy and make positive exchanges with their partner while exacerbating negative emotional responses.

Chapter two will provide a comprehensive analysis of the related literature on childhood trauma and how it impacted women in marriage regarding adverse physical conditions, mental health challenges, sexual intimacy challenges, IPV, attachment issues, and stress. Chapter two will also highlight the gaps in the literature regarding how childhood trauma impacted emotional intimacy in marriage and the relationship between emotional intimacy and attachment style in marriage.

CHAPTER TWO: LITERATURE REVIEW

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Research showed that more than two-thirds of children reported at least one traumatic event by the age of 16 (Substance Abuse and Mental Health Services Administration, 2017). Early childhood trauma was a catalyst for future mental and physical health issues. Often, when children experienced trauma in the first seven to eight years of life, the impact of this trauma lay dormant for years before being triggered later in life, activating emotional and physical diseases and maladaptive traits (Harris, 2005). Those who experienced childhood trauma were at high risk for the following: (a) experiencing challenges, (b) having difficulty communicating effectively, and (c) coping with life stressors without engaging in dysfunctional behavior (Banker et al., 2019). More specifically, individuals who experienced childhood trauma were at risk for perpetuating abusive behaviors and/or attitudes later in life (Labella et al., 2018). Those who experienced CSA were at a greater risk of developing heart disease, while those who experienced childhood neglect were at a greater risk of developing autoimmune disorders and diabetes (Midei et al., 2013).

Regarding attachment, researched showed that children who experienced childhood trauma could grow up to be adults who had difficulty regulating their emotions (Christ et al., 2019), forming healthy relationships *(*Busby et al., 2011), and forming secure attachments in marriage (McNells & Segrin, 2019). Early attachment relationships provided children with "internal working models" of emotional communication, which shaped how they related to others. In adults, early attachment style was reflected in one's capacity to form relationships, regulate emotions, and self-reflect. It also affected them later in life by influencing the type of

partners they chose, how they acted in relationships, and how they attached to their children (Friend, 2012).

The issue of childhood trauma and its impact on emotional intimacy and attachment style in marriage was relevant for mental health workers (e.g., counselors, therapists, and caseworkers); medical doctors (e.g., psychiatrists and medical doctors); and church workers (e.g., pastors, church staff members, lay leaders, and parachurch marriage educators) who wanted to help people who have endured traumatic childhoods and want to form healthy relationships and secure attachments in marriage for several reasons. First, it helped clinicians understand mental and behavioral symptoms present in their clients. Next, it helped clinicians better understand marriage, family, and relationship dynamics presented by women who experienced childhood trauma. This understanding influenced their therapeutic response. Finally, this current study helped clinicians understand attachment theory so they could focus on why their patients who reported childhood trauma lacked emotional accessibility and responsiveness in their marriage (Toof et al., 2020).

Theoretical Framework

Epistemology

The first philosophical assumption underlying this research topic was epistemology, which was the branch of philosophy that dealt with knowledge (Epistemology, n.d.). Paul and Moores (2010) contended that epistemology built on past research to develop a neutral foundation of knowledge. For this epistemological study, I spent time with the participants to gain knowledge and insight into the childhood trauma they endured and how it impacted their current emotional intimacy and attachment style in marriage (Creswell & Poth, 2018). I relied on their direct quotes and personal stories for evidence, and I became an insider as each

interview progressed. The evidence collected from each participant was subjective, and as the participant became more comfortable with me, I attempted to decrease the distance between us.

Social Constructivism

A second philosophical assumption that drove this study was social constructivism, also known as interpretivism; it was a social learning theory developed by Russian psychologist Lev Vygotsky (Schreiber & Valle, 2013). Social constructivism suggested that individuals were active participants in creating their knowledge. A social constructivism framework shaped this current study with the primary concern of understanding how childhood trauma impacted attachment style and emotional intimacy in marriage (Creswell & Poth, 2018). Social constructivism was appropriate because this current study sought to understand the participants' experiences by interpreting their views of their situation—mainly their childhood trauma—and how their childhood trauma impacted their attachment style and emotional intimacy in marriage. Social constructivism also relied on small groups and dyads (e.g., students learning from teachers where the teacher facilitated the discussion) (Johnson & Bradbury, 2015). This applied to this current study because I interviewed the participants and facilitated the discussion (i.e., the participant and I served as a dyad). Finally, participants' views were not one-dimensional; rather, they were shaped by their interactions with others (i.e., interactions with caregivers during childhood and with spouses in adulthood).

Attachment Theory

A theoretical framework that supported this current study was attachment theory, first conceptualized by John Bowlby (1969, 1982). Bowlby was a British developmental psychologist and psychiatrist who introduced attachment theory in 1957 (Ainsworth et al., 2015). This theory asserted that children could develop a close bond with their caregiver. Bowlby

stated that children who had an available and emotionally responsive relationship with their caregiver developed a secure base, which gave them the confidence and resilience they needed to deal with life's stressors (Bowlby, 2005). On the other hand, children with inconsistent or absent parents did not form a secure base and were at a higher risk for negative life experiences (Grant-Marsney et al., 2015). Bowlby (1969, 1976, 1982, 1983) discovered that when children were separated from their mothers, they experienced three phases: (a) protest (i.e., cried, actively searched for mother, and refused to be calmed by other people); (b) despair (i.e., sadness and passivity); and (c) detachment (i.e., disregard for mother if/when she returned). Children with a secure base formed a secure attachment. Children with an insecure base formed an insecure attachment.

Mary Ainsworth (Ainsworth et al., 1978, 2015) was one of Bowlby's fellow researchers. She started studying attachment in Uganda and teamed up with Bowlby in 1950 (Bretherton, 1992). Stemming from Bowlby's research, Ainsworth et al. (1978) created two types of insecure attachment styles: (a) avoidant (also known as anxious-avoidant), and (b) anxious-ambivalent. Ainsworth later created the Strange Situation (Ainsworth & Bell, 1970), an experimental setting in which a mother and her child (age one to two years old) were placed in a room. When the mother left the room, researchers observed the child's reaction to the mother's departure. Then, a few minutes later, the mother returned, and researchers observed the child's reaction. This experiment allowed Ainsworth to study the child's attachment style (Ainsworth et al., 1978; Dewar, 2018). If the child showed signs of distress when the mother left the room but was easily soothed and generally happy when the mother returned, the child viewed their mother as a secure base (Bowlby, 2005) and exhibited secure attachment. If the child avoided their mother upon return, the child exhibited avoidant (or anxious-avoidant) attachment. This child most likely had

a mother who ignored or rejected her child's needs, so the child learned to care for their own needs. The child also learned that their mother was not available (i.e., emotionally or physically) to help with tasks or in times of emotional distress; therefore, the child learned to function independently. Finally, if the child demonstrated clingy and distressed behaviors when their mother returned but then rejected their mother when she tried to engage with the child, the child displayed anxious-ambivalent attachment. This attachment style revealed that the mother provided inconsistent, unpredictable, unreliable care for the child.

Main (1990) continued Ainsworth's work on insecure attachment. Main described children's avoidance and resistance behaviors toward their mothers as "conditional strategies" and stated that children used these strategies as a means of trying to remain accessible to their mothers, even though their mothers were unresponsive and insensitive. Main asserted that when children demonstrated avoidant behaviors, they tried to remain physically close to their mothers while the mothers tried to remain physically distant from their children. When children demonstrated resistance behaviors, they tried to attract and keep their mothers' attention by using negative behaviors (i.e., alternating between anger and distress).

Main and Solomon (1986, 1990) added disorganized attachment to Ainsworth's insecure attachment classifications, born out of the Strange Situation (Ainsworth & Bell, 1970). Disorganized attachment (also known as fearful-avoidant) was defined by behavior in children toward their caregiver that appeared fearful, strongly conflicted, or disoriented. It was generally seen among children who were maltreated (i.e., abused) by their caregiver, although it did not necessarily indicate maltreatment (Granqvist et al., 2017). Other factors that led to disorganized attachment included (a) the caregiver's unresolved trauma or loss (which led to the caregiver exhibiting frightening, frightened, or dissociative behaviors toward their infant); (b) the infant's

genetic and temperamental predisposition; and (c) major or repeated separations from the caregiver.

Hazan and Shaver (1987) took the Ainsworth et al. (1978) study further and applied her findings to adults and romantic love. These researchers found that 56 percent of adults were securely attached, while 24 percent showed avoidant attachment, and 20 percent showed anxious-ambivalent attachment. Securely attached adults (a) believed in enduring love, (b) trusted others, and (c) believed they were likable. They also experienced love characterized by trust, friendship, and positive emotions. Adults with avoidant attachment (a) doubted the strength and permanency of romantic love, (b) did not believe they needed a romantic partner to be happy, (c) feared getting too close to their romantic partner, and (d) approached relationships without trust. Adults with an anxious-ambivalent attachment (a) fell in love easily, quickly, and frequently, yet had difficulty finding true, lasting love; (b) possessed more self-doubt and did not hide their feelings of insecurity; and (c) experienced love with a preoccupying, almost painfully exciting struggle to connect with another person.

Bartholomew and Horowitz (1991) applied the work of Hazan and Shaver (1987) to show that adults developed one of four attachment styles: (a) secure, (b) dismissing, (c), preoccupied, and (d) fearful. Adults with secure attachment felt worthy of love and were comfortable with intimacy. As Hazan and Shaver (1987) described, this attachment style corresponded with secure attachment. Those with a dismissing attachment style did not feel worthy of love and expected to be rejected by others. This type of attachment style corresponded with avoidant attachment, as Hazan and Shaver (1987) described. Therefore, they responded much like the child in the Strange Situation (Ainsworth & Bell, 1970). They operated from an overly independent mindset, expected to be rejected by their partner, and refused to get too close

emotionally. Adults with a preoccupied attachment style were overly preoccupied with their romantic relationships. They felt unworthy of love and constantly strived to gain acceptance from others. This type of attachment corresponded with anxious-ambivalent attachment, as Hazan and Shaver (1987) described. Therefore, they responded to relationships much like the child in the Strange Situation (Ainsworth & Bell, 1970) responded to the mother—the adult feared rejection and abandonment but at the same time desperately wanted to be loved. Therefore, the adult acted clingy and needy. Finally, adults with fearful attachment felt worthy of love, yet they protected themselves against disappointment and tried to maintain their independence. They acted with behaviors that felt conflicting and confusing to themselves and their partner. This type of attachment was sometimes labeled as dismissive-avoidant, and it corresponded with disorganized attachment, as described by Main and Solomon (1986, 1990).

This current study built on these previous attachment theories as I utilized deductive analysis to evaluate participants' ACE Questionnaire and Adult Attachment Scale (AAS) results and inductive analysis (Bernstein et al., 1994*)* as I evaluated participants' interview questions and determine how they viewed their attachment style. Participants also revealed challenges they experienced in marriage regarding emotional intimacy. I took both pieces of information (i.e., attachment style and emotional intimacy challenges) and evaluated how the two influenced one another.

Maslow's Hierarchy of Needs

Another theory that drove this current study was developed by Abraham Maslow (1908–1970), an innovative psychologist interested in discovering what motivated human behavior. He discovered that people were motivated by physical needs (i.e., air, water, and food) and psychological needs (i.e., safety and love). Also, Maslow discovered that one could not realize

their psychological needs until their physical needs were met. After years of research, Maslow's motivational theory became known as Maslow's Hierarchy of Needs (Maslow, 1943, 1968, 1987). Maslow described eight topics related to motivations and behavior (Desmet & Fokkinga, 2020), including:

1. Something always motivated human behavior; it was not just a reaction to external events and conditions.
2. A need always drove human motivation; individuals acted out of a desire to fulfill their needs.
3. A small number of basic needs described human behavior.
4. Basic needs were innate, universal, and applied to all ages and cultures.
5. All needs had to be met if individuals wanted to survive and thrive.
6. Unmet needs served as motivating factors; once a need was fulfilled, it was no longer a motivator.
7. Needs were organized in a hierarchy and were addressed from the most basic (i.e., physical) to the most complex (i.e., physiological).
8. The next level need was activated after the lower need was met.

Maslow's Hierarchy of Needs related to trauma because when children experienced trauma (e.g., neglect, abuse, abandonment), their physical needs were often not met, which led to their psychological and emotional needs going unmet. As they progressed into adulthood, their physical needs were met, yet they were still trying to understand how to meet certain psychological and emotional needs (i.e., love, safety, trust, emotional intimacy, attachment).

Related Literature

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. The problem was that research had not explored the impact of childhood trauma on emotional intimacy in marriage or how emotional intimacy related to attachment style in marriage among heterosexual women, let alone among heterosexual women who were regular church attendees. The following literature supported the two research questions driving this current study, including: **RQ1:** How would women who have experienced childhood trauma describe their attachment style in marriage?, and **RQ2:** What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? Given these research questions, the following literature fell into two categories: (a) attachment style, and (b) emotional intimacy.

Attachment

History of Childhood Trauma Leading to Attachment Style in Adulthood

The Adult Attachment Interview (AAI) was a structured interview that helped assess an individual's early attachment experience and its impact on an adult (George et al., 1987). Kobak and Sceery (1988) used the AAI to determine that individuals with secure attachment viewed themselves as comforted and others as supportive. Individuals with avoidant attachment viewed themselves as comforted and others as unsupportive. Finally, individuals with anxious-ambivalent attachment viewed themselves as distressed and others as supportive. An important instrument that I utilized in this current study was the AAS (Collins & Read, 1990). It was officially developed in 1990 and built on the earlier work of Hazan and Shaver (1987), which applied attachment style to adult relationships, as well as the work of Levy and Davis (1988),

which looked at the relationship between "love styles" (i.e., Eros, Agape, and Ludus) and attachment style. The AAS was developed by breaking down the original three attachment styles (i.e., secure, avoidant, and anxious-ambivalent) into a series of 18 self-report items scored on a 5-point Likert-type scale.

Hazan and Shaver (1987) applied childhood attachment styles to adult romantic relationships and determined that 56 percent of adults presented secure attachment, 24 percent displayed avoidant attachment, and 20 percent exhibited anxious-ambivalent attachment. Bartholomew and Horowitz (1991) built off Hazan and Shaver's (1987) work by determining four different types of adult attachment styles: (a) secure (which corresponded with secure attachment in children), (b) dismissive (which corresponded with avoidant attachment in children), (c) preoccupied (which corresponded with anxious-ambivalent attachment in children), and (d) fearful (which corresponded with disorganized attachment in children). Researchers continued to look at the impact of childhood trauma on attachment styles in adulthood to determine ways in which attachment theory and family systems theory contributed to each other's development. This was important to this current study because individuals who endured childhood trauma might have difficulty forming secure attachments in marriage.

One study found that adult attachment styles were not derived from the actual childhood trauma; rather, adult attachment styles resulted from how a person described and interpreted their childhood trauma (Akister, 2002). This meant that an adult who experienced childhood trauma had the ability to find resolution. Another study explored the importance of attachment-informed therapy and found that it could help adults change their attachment status from insecure to secure (Taylor et al., 2015). This current study also showed that individuals could reduce their insecure attachment symptoms and improve relational functioning, both of which might occur in addition

to or post-change in attachment status (Berry & Danquah, 2016). Attachment-informed therapy stressed the importance of individuals finding a secure base. Many of the participants in this current study never found a secure base in childhood and now tried to do so in therapy. Research showed that therapists helped clients understand the extent of loss they experienced with their caregiver and how this loss impacted their current behavior and relationships. These findings should encourage the participants in this current study and those who have endured childhood trauma, as their future was not automatically determined by what happened to them but by how they interpreted what happened to them and how they responded.

Another study looked at the link between childhood emotional maltreatment and attachment style in adult romantic relationships (Lassri et al., 2016). Researchers found that childhood emotional maltreatment included a high level of caregivers who criticized their children. The children tried unsuccessfully to distract their caregiver from constant criticism by pleasing their caregiver. This strategy backfired and resulted in more criticism. The children became self-critical, which gave them a sense of control amid a situation where they felt hopeless and helpless. These children grew up believing they could not trust others (including their partner). They valued self-esteem and achievement over close, interpersonal relationships. They developed a tendency to be hypercritical of themselves and overly focused on achievement and autonomy to cope with their negative emotions. This pattern of thought and behavior caused them to develop an avoidant attachment style in adulthood in order to avoid intimacy and relatedness in relationships. Ironically, this same study found that avoidant attachment was negatively associated with a lack of satisfaction in romantic relationships.

Chung (2014) looked at the connection between attachment styles and marital satisfaction and found that individuals with secure attachment experienced higher marital satisfaction levels

than those with insecure attachment. Furthermore, the mediating role of forgiveness predicted marital satisfaction and secure attachment, while marital satisfaction improved through forgiveness even when an insecure attachment was present in the relationship. Chung (2014) also found that empathy influenced marital satisfaction through forgiveness, but individuals with avoidant attachment found it difficult to forgive their partner due to a lack of empathy. On the other hand, individuals with secure attachment had high levels of empathy, self-regulation skills, and the ability to forgive. The study also found that empathy resulted from early attachment experiences and was an important factor in improving intimacy with one's spouse and increasing marital satisfaction (Chung, 2014). Overall, this current study found that empathy and forgiveness were important components for achieving marital satisfaction and intimacy for secure and insecure attachments. This information was important to apply to this current study, as the participants will most likely have dealt with insecure attachments in marriage, and I will need to recognize what role forgiveness and empathy played in their marriage.

Insecure Attachment Styles in Adulthood

Cirhinlioğlu et al. (2018) looked at individuals with avoidant attachment and found that they disliked and feared close relationships, and overall, they entered relationships with pessimism. They feared getting hurt by their partner and considered separation inevitable. Therefore, they had difficulty getting emotionally attached to their partner and made an excessive effort to be self-sufficient. They also had difficulty asking their partner for help or emotional support. According to Gottman (2014), these individuals often resorted to withdrawal and stonewalling during conflict, and they often experienced low marital quality and marital satisfaction.

Cirhinlioğlu et al. (2018) described those with anxious-ambivalent attachment as needing to feel accepted by society. They doubted their value and had reservations about whether others viewed them as worthy of being loved. They lacked confidence regarding their partner's love for them and required excessive emotional care. In general, they found people unreliable. They also placed excessive demands on their partner, which placed an unnecessary, unrealistic amount of pressure on their relationship. They wrestled with (a) excessive jealousy, (b) the fear of being abandoned, (c) not being cared for, (d) anxiety, (e) loneliness (even within a committed relationship), (f) low self-esteem, and (g) expecting to not be able to rely on their partner fully. The study also showed that individuals with these insecure attachments were less effective at coping with conflicts and communicating with their partners.

Childhood Trauma and Attachment Styles in Adulthood

Grady et al. (2018) looked at how childhood trauma impacted attachment style and emotion regulation in adolescence. Researchers first looked at which childhood traumatic experiences were associated with avoidant-attachment and anxious-ambivalent attachment. They found a direct correlation between childhood physical abuse and avoidant-attachment and anxious-ambivalent attachment in adolescence. This was important information for this current study, as participants might have experienced physical abuse which would provide important information regarding their attachment style.

Concerning dysregulation, Grady et al. (2018) looked at whether avoidant and anxious-ambivalent attachment styles were linked to dysregulation. They found a significant relationship between avoidant attachment, anxious-ambivalent attachment, and all forms of dysregulation (i.e., emotional control, behavioral and cognitive shift, and inhibitions). They also found a direct correlation between CSA survivors and dysregulation in inhibitions in adolescence. Participants

who experienced domestic trauma in childhood also showed greater dysregulation with emotional control in adolescence. Researchers found a correlation between physical abuse and inhibition dysregulation and emotional control dysregulation for avoidant and anxious-ambivalent attachment. Researchers also found a correlation between physical abuse and inhibition dysregulation and emotional control dysregulation for avoidant and anxious-ambivalent attachment. These findings were significant because dysregulation and emotional control contributed to emotional intimacy in marriage.

Similarly, another study found a negative correlation between individuals who experienced childhood physical abuse and adult avoidant attachment (Van Assche et al., 2018). On the other hand, the same study found a significant positive correlation between emotional neglect and anxious-ambivalent attachment. Avoidant and anxious-ambivalent attachment showed a significant positive correlation with anxiety and depression. These findings suggested that early life adversity had a negative impact on later life well-being. Indications for this current study included the fact that childhood trauma had a negative impact on participants' marriage.

Finally, researchers looked at the link between CSA and sexual crimes in adolescence. They found that for individuals who had avoidant or anxious-ambivalent attachment, CSA was associated with a greater likelihood of committing a sexual crime in adolescence (Grady et al., 2018). Some participants in this current study might have experienced CSA, which, according to Grady et al. (2018), put them at greater risk of committing a sexual crime when they were a teenager. This was helpful information as I moved through the semi-structured open-ended interview questions with each participant.

Adult Romantic Relationships and Attachment Style

Childhood trauma impacted adult romantic relationships, including marriage, in various ways. First, childhood emotional abuse disrupted a child's ability to attach to their caregiver, which led to (a) an inability to regulate one's emotions, and (b) depression in adulthood (Aao et al., 2020). These outcomes led to avoidant and anxious-ambivalent attachment styles in individuals. Those who exhibited an avoidant attachment style challenged the notion of love in their relationships and did little to maintain those relationships. Those with anxious-ambivalent attachment had difficulty regulating their emotions, which led to depression and ultimately to ambivalence in their couple relationships. Given this information, it will be interesting to see the attachment styles exhibited by the participants in this current study.

Van Assche et al. (2018) reported that all couples experienced stress within marriage, and each attachment style responded to stress differently. Individuals with secure attachment possessed a strong sense of self-efficacy and believed other people to be trustworthy, accessible, and well-intentioned; therefore, adults with secure attachment relied on others in times of need and stress. Individuals with avoidant attachment, on the other hand, believed they needed to handle their problems independently, so they emotionally withdrew and suppressed their emotions in times of stress. Children whose caregivers were unavailable, nonresponsive, or abused often grew up to develop an anxious-ambivalent attachment style in marriage. They saw themselves as incompetent and unable to manage life's stressors. They feared being rejected and abandoned by their partner, so they developed an excessive need for others. Ironically, they were not easily comforted in times of stress because they did not believe their partner was truly there for them.

Marital Quality and Attachment Styles

One study showed that couples who exhibited a secure attachment style experienced higher marital quality and more relational success (Cirhinlioğlu et al., 2018). These couples were also skilled in communication, problem-solving, and conflict management. They were confident; perceived others as reliable; and had positive, rather than negative, feelings toward their spouse.

Avoidant attachment style, on the other hand, negatively predicted marital quality (Cirhinlioğlu et al., 2018). Marital quality was also higher in the early years of marriage, while avoidant attachment was lower. Researchers believed this might be because, over time, married couples had children, which put more stress on the marriage and negatively affected marital quality and satisfaction. This study by Cirhinlioğlu et al. (2018) showed that children negatively affected the level of conversation between couples, which led to an avoidant attachment style over time.

Intimate Partner Violence and Attachment Style

Much research existed around childhood trauma, which showed that childhood trauma increased the risk of IPV in adulthood (Dugal et al., 2020; Li et al., 2019). The Centers for Disease Control and Prevention (CDC) described IPV as physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse (Centers for Disease Control & Prevention (CDC)) (n.d.). Also, harsh physical punishment (i.e., pushing, grabbing, shoving, hitting, or slapping) in childhood was related to experiencing IPV in adulthood (Afifi et al., 2017). Another study found that sexual and psychological abuse significantly predicted IPV in adulthood. When considering environmental factors, those individuals with poor social support were also at an increased risk for IPV in adulthood (Cascio et al., 2017).

When discussing IPV, one must also consider how it impacted attachment style. One study showed that IPV disrupted a woman's ability to attach to her romantic partner and prevented her from regulating her emotions (Yuspendi et al., 2018). Researchers found a significant shift in attachment style from secure to avoidant in women who experienced IPV; these findings confirmed that this group of women had trouble maintaining healthy relationship dynamics. Another study found that emotional childhood maltreatment had indirect effects on depressive symptoms while IPV directly affected depressive symptoms (Smagur et al., 2018). Also, multiple types of abuse were associated with attachment insecurity, resulting in depression. In other words, women with insecure attachments interpreted IPV in a way that resulted in depressive symptoms. Not only do women who experienced childhood trauma go on to experience IPV, but they also experienced comorbid mental health issues such as depression, PTSD, and binge drinking (Machisa et al., 2017). Another study found that when women experienced violence in their family of origin, they grew up to develop anxious-ambivalent attachment and distressing mental health symptoms (Brown et al., 2015). These two factors served as mediators through which women experienced IPV. Such issues negatively impacted a woman's emotional intimacy in marriage and her ability to form a secure attachment to her spouse.

Emotional Intimacy

The Impact of Family of Origin on Emotional Intimacy

Emotional intimacy began long before a couple married, started dating, or even met one another; emotional intimacy began in one's family of origin, as people interacted with one another and learned how to form healthy relationships. Babarskiene and Galduk (2018) conducted a qualitative study by interviewing 16 college students to explore how various people,

relationships, and cultural ideologies influenced participants' romantic relationships and views on marriage. Researchers found that participants' parents were the biggest influence on views regarding marriage, gender roles, education, conflict resolution, and cultivating and maintaining happiness. Many participants hesitated to speak negatively about their parents because they viewed them as role models. This study by Babarskiene and Galduk (2018) related to this current study because it showed how much young adults valued their parents' opinions and input regarding romantic relationships, and much of creating healthy emotional intimacy began with the family of origin. Interestingly, the study also showed that its five participants from dysfunctional families valued relational support more than material items and financial security. This highlighted the importance of healthy relationships and emotional intimacy.

Adverse Health Conditions Leading to Difficulties in Emotional Intimacy

Research showed that childhood psychological trauma triggered the same physiological conditions as physical trauma, including a stress response that triggered inflammation (Danese & van Harmelen, 2017). This inflammation led to numerous acute, chronic, or fatal physical illnesses. Research discovered a link between childhood trauma (including physical abuse) and several physical ailments in adulthood, including pituitary disorders, lung problems, ulcers, arthritis, autoimmune disorders, diabetes, nervous system hyperactivity, and elevated cortisol levels (Banker et al., 2019; Harris, 2005; Midei et al., 2013). My research applied to physical illnesses caused by childhood trauma because many women suffered from adverse health conditions (e.g., fibromyalgia, ulcers, and migraines) and mental illnesses (e.g., PTSD, mood disorders, depression, and dissociation). Physicians and therapists often searched for answers in their patients' biology when the answers rested in their psychology and past trauma. These

chronic and prolonged health conditions impacted the emotional intimacy in a woman's marriage and receiving the wrong diagnosis caused additional stress.

While some research showed that women who endured childhood trauma were at a higher risk of developing mental, physical, and behavioral health problems, one study showed that when these women were in a healthy adult relationship with a warm and trusted partner, this relationship served as a protective factor against such health risks (Jaffee et al., 2017). Researchers explained that women who experienced childhood trauma grew up to experience more life stress compared to women who did not experience childhood trauma. However, when these women were in a healthy relationship, they perceived certain events as stressful, but they also knew that their warm and trusted partner provided the emotional support they needed during stress. Their partner's support allowed them to (a) re-evaluate stressful circumstances, (b) view the situation as less stressful than they initially thought, and (c) create a solution. This all contributed to their overall mental, emotional, and physical health.

Sexual Abuse and its Impact on Sexual and Emotional Intimacy

Much research was devoted to CSA and its impact on sexual intimacy in adult relationships and marriage, as sexual abuse led to an increased risk of difficulties in romantic relationships (Baumann et al., 2020). While this current study examined emotional intimacy in marriage, sexual intimacy was an important component because the two relational elements influenced each other. For instance, if a married couple was not experiencing sexual intimacy, the lack of sexual intimacy potentially decreased the level of emotional intimacy they experienced in marriage. At the same time, if a couple was not connected emotionally, they potentially experienced less sexual intimacy.

One study found that female CSA survivors were more likely than women who had not experienced CSA to show symptoms of depression, higher levels of anxiety, and higher levels of psychological distress (Berthelot et al., 2014a). Therefore, if a CSA survivor struggled with past sexual trauma, depression, anxiety, and psychological distress, the victim might also have experienced emotional intimacy challenges in her marriage. Furthermore, CSA victims who experienced penetration were more likely to have experienced couple functioning issues compared to victims who did not experience penetration. However, researched showed there was hope and help for these survivors; clinicians recommended mindfulness-based therapy for CSA survivors, facilitating emotion regulation in survivors. Clinicians also recognized partners as agents in healing for CSA survivors. It was important to consider the connection between emotional intimacy and sexual intimacy because CSA survivors with a higher level of relationship satisfaction reported fewer sexual difficulties than CSA survivors with lower levels of relationship satisfaction (Baumann et al., 2020). The argument could be made then that if CSA survivors had an emotional connection with their spouse, they experienced fewer problems with sexual intimacy.

Individuals' journey toward healthy sexual intimacy began in childhood as they formed a healthy outlook on sexuality. When children experienced CSA, they grew into adolescents who had difficulty refusing unwanted sexual intercourse and sexual advances (Vaillancourt-Morel et al., 2019). This was due to trauma theories that trauma victims—specifically, sexual abuse victims—felt powerless, helpless, and did not know how to use their voice (Briere, 2002). They also felt confused about their rights concerning limit-setting.

When CSA was present in a relationship, couples had difficulty acknowledging and discussing their sexual problems (Jerebic & Jerebic, 2018). Overall, CSA was associated with

negative intimate relationship outcomes, including decreased satisfaction in intimate relationships (Nielson et al., 2018). Wives with a history of CSA experienced a decline in satisfaction over time (Nguyen et al., 2017) and spouses with a history of CSA reported feeling less satisfied with their marriage, even as newlyweds (Nielson et al., 2018). Finally, couples reported poor communication and less trust in intimate adult relationships in which one partner had a history of CSA.

Another factor to be considered when discussing the link between sexual intimacy and emotional intimacy was CSA survivors' disclosure to their partners. One study found that CSA survivors' perceived responses of being treated differently by their partner was associated with their own and their partners' poorer relationship satisfaction (de Montigny Gauthier et al., 2019). Also, survivor-perceived partner responses to CSA disclosure potentially either positively or negatively impacted both partners' sexual and relationship satisfaction. Relationship satisfaction played a key role in how women perceived their level of emotional intimacy. Therefore, it was important to consider the following: (a) one's potential history of CSA, (b) whether she disclosed this to her spouse, (c) how the information was received, and (d) how it impacted her relationship satisfaction and emotional satisfaction.

Researched showed that CSA impacted sexual intimacy; however, Bigras et al. (2017) also found that cumulative childhood trauma (CCT) damaged one's overall sexual being (i.e., sexual relationships and sexual satisfaction). More specifically, children who experienced CCT grew into adults who experienced greater levels of psychological distress, less sexual satisfaction, and even viewed sex as something negative (Berthelot et al., 2014b). Furthermore, because childhood trauma was relational, children grew up to experience intimacy issues, leading to sexual discomfort or dissatisfaction (Godbout et al., 2013).

Childhood Trauma and its Impact on Stress and Emotional Intimacy

Another aspect of childhood trauma that impacted emotional intimacy in marriage was the issue of stress. Stress sensitivity and threat anticipation influenced the link between childhood abuse and psychosis (Reininghaus et al., 2016). Higher levels of stress sensitivity and a lack of resilience to life's stressors, along with an increase in one's threat anticipation, may be key factors in the association between CSA and psychosis.

Childhood trauma resulted in additional negative outcomes for adults, including disrupted sleep and insomnia (Kajeepeta et al., 2015), poorer executive functioning (Cowell et al., 2016), and emotion dysregulation (Cross et al., 2017). Tinajero et al. (2020) also found a link between childhood trauma and increased daily stress exposure in adulthood. More specifically, researchers reported that childhood abuse was significantly associated with daily hassles in adulthood. One explanation for these findings was that individuals who experienced child abuse might have developed a heightened ability to detect and react to threat-related cues which they later reported as greater daily hassles. Emotion dysregulation was another cause for increased stress in adulthood. Individuals who experienced childhood trauma developed an inability to regulate their emotions, which led to an inability to assess and manage daily stressors.

This current study applied these findings because people who experienced childhood trauma carried that trauma into marriage. When stressors arose (e.g., job stress, raising children, and financial difficulties), wives who suffered childhood trauma were often more sensitive to these stressors than their husbands who did not suffer from childhood trauma. If the husband understood his wife's point of view, he showed more empathy. Also, a wife who experienced childhood trauma might have lived with a higher level of threat anticipation, meaning she anticipated negative experiences and lived in constant fear and anxiety waiting for negative

things to happen. Studies showed that couples relied on one another to work through stress and conflict, and this interdependence can be both helpful and harmful to individual functioning (Timmons et al., 2017). The connection couples experienced could also be dangerous if one partner experienced stress, which spilled over (a phenomenon known as "spillover") and negatively impacted the marriage.

Emotional Competences, Emotional Intelligence, Emotional Well-being, and Emotional Intimacy

Research showed that individuals must manage their emotions, engage in positive emotional exchanges with their partner, and develop emotional competencies (EC) to build emotional intimacy in romantic relationships (Constant et al., 2018). Different attachment styles led to different ECs, which measured two things: (a) intrapersonal EC (i.e., how individuals identified, expressed, understood, regulated, and used their own emotions); and (b) interpersonal EC (i.e., how individuals identified, expressed, and understood other people's emotions). Avoidant attachment was negatively associated with both intrapersonal and interpersonal EC, while anxious-ambivalent attachment was negatively associated with intrapersonal EC. Also, the more individuals exhibited avoidant attachment and anxious-ambivalent attachment, the less they reported intrapersonal EC; at the same time the more individuals exhibited anxious-ambivalent attachment, the less they felt engaged in the relationship. In contrast, the study found negative associations between avoidant attachment and engagement, communication, and shared friends. Overall, the study results showed that only the intrapersonal ECs were positively related to romantic intimacy regarding their perception of engagement and the quality of their communication with their partner. The study also concluded that partners' ability to manage their emotions was particularly important for relational intimacy.

While literature lacked information regarding emotional intimacy, some research around emotional intelligence as it related to marriage existed. One study looked at married people in Makurdi metropolis, Nigeria and found that emotional intelligence did not significantly influence marital satisfaction among married people, but happiness and hope had a significant influence on marital satisfaction (Anhange et al., 2017). Another study looked at a couples' ability to manage their emotions and how it related to their marital quality (Čikeš et al., 2018). Researchers found that regulation and the managing of emotions contributed to marital quality, but this only applied to self-assessment. This information was important for this current study because individuals who experienced childhood trauma generally had difficulty regulating their emotions and, according to the Čikeš et al. (2018) study, emotion regulation was tied to marital quality.

Regarding trauma, one study looked at people's EWB post-trauma by comparing twins (i.e., one twin experienced trauma and one twin did not experience trauma) (Misheva, 2016). The study found that the negative impact of traumatic events decreased over time. This was encouraging for individuals such as the participants in this current study who endured childhood trauma because as they entered adulthood, they were farther removed from the trauma they experienced as a child. This means the negative impacts they experienced from their childhood will hopefully decrease.

The same study found that unemployment and earning an income in the lowest quartile negatively affected participants' EWB (Misheva, 2016). Conversely, earning a high income did not increase EWB. Regarding trauma: (a) childhood abuse (physical and sexual) was negatively associated with EWB; (b) being in jail was negatively associated with EWB; (c) rape decreased EWB; and (d) injury/murder significantly increased EWB (this might have been because if

someone experienced something traumatic in which they were not directly harmed, the traumatic event would likely prompt them to appreciate and value life more).

Religiousness, Marital Quality, and Emotional Intimacy

One of the qualifying criteria for this current study was that participants were "regular church attendees," meaning they attended church at least two times per month. This opened the conversation regarding how participants' faith impacted their emotional intimacy and marital quality in marriage. One study found that women were more religious than men and possessed a "greater need for religiousness than men" (Cirhinlioğlu et al., 2018). These findings applied to this current study because all participants were women who were regular church attendees (i.e., religious).

This same study looked at the mediating role of religiousness in the relationship between attachment style and marital quality (Cirhinlioğlu et al., 2018). It found a positive, significant relationship between religiousness and marital quality. Researchers claimed this might be because religion taught individuals to think and act to protect relationships and produced higher marital quality. For instance, religion taught individuals to practice love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control (*New International Version Bible*, 1788/2018, Galatians 5:22-23), honesty and respect (Exodus 20:16), service (1 Peter 4:10), and forgiveness (Matthew 6:14-15). Also, religion provided a spiritual and social community that shaped individuals' beliefs and offered support to individuals and couples. This community helped strengthen a couple's marital quality.

A study conducted by Cirhinlioğlu et al. (2018) also found a correlation between insecure attachment and religiousness. When men's avoidant levels increased, their religiousness decreased; when women's anxious-ambivalent attachment levels increased, their religiousness

decreased. This showed that as avoidant men avoided their partners, these men also avoided religion. They felt God was distant, unreliable, uncaring, and He did not address their problems. This view of a distant God caused these avoidant men to try to solve their problems on their own.

On the other hand, anxious-ambivalent women desired strong emotional bonds with their partner and with God, yet these women approached religion with some reservations. They did not view religion as a safe space or a place where they could find emotional support. However, when insecure attachment levels decreased for both men and women, their religiousness increased, and their marital quality increased. Cirhinlioğlu et al. (2018) stated that increased religiousness increased marital quality.

Another study found a significant relationship between spiritual intimacy, marital intimacy, spiritual meaning (i.e., "the extent to which an individual believes that life or some force of which life is a function has a purpose, will, or way in which individuals participate"), and well-being (i.e., "a state of optimal regulation and adaptive functioning of body, mind, and relationships") (Holland et al., 2016). For the purposes of this current study, I defined "intimacy" as "feeling understood, validated, cared for, and closely connected with another person (or with God)." The study showed that spiritual meaning strongly influenced marital intimacy and individual well-being. Also, having a relationship with God might improve one's marital intimacy and well-being, but the spiritual meaning aspect of spiritual intimacy was the main factor in predicting greater marital intimacy and well-being. In fact, without spiritual meaning as the driving force of one's relationship with God, marital intimacy and well-being could be negatively affected. This was important because the women in this current study were regular church attendees and their relationship with God may or may not impact their emotional intimacy with their spouse.

Marital Relationship and Emotional Intimacy

Lavner et al. (2017) found that couples within the first four years of marriage who experienced more problems reported lower levels of marital satisfaction. Some problems the couples reported included: trust, communication, showing affection, gender, unrealistic expectations, recreation and leisure time, household management, jealousy, and amount of time spent together. Interestingly, these same couples also reported that lower levels of marital satisfaction led to increased marital problems. The book of James also commented on conflict and relationship satisfaction:

> What causes quarrels and what causes fights among you? Is it not this that your passions are at war within you? You desire and do not have, so you murder. You covet and cannot obtain, so you fight and quarrel. You do not have, because you do not ask (*New International Version Bible*, 1887/2018, James 4:1-2).

Another study looked at relationship quality in relation to childhood trauma. It found that childhood trauma increased negative relationship quality among adult women and decreased positive relationship quality (Fitzgerald et al., 2020). In other words, when women experienced childhood trauma, they indicated that they also experienced a low level of positive relationship quality (or a high level of negative relationship quality) (i.e., control, hostile control, and detached behaviors) with their romantic partners. This was important information for this current study because the participants also experienced negative relationship quality in control, hostile control, and/or detached behaviors. Even if they did not experience these behaviors from themselves or their partner, they often perceived them given their traumatic histories.

For couples dealing with the aftermath of childhood trauma, Karden-Souraki et al. (2015) offered many ways to increase their emotional intimacy. For instance, individuals strived to

share their positive and negative emotions with their spouse. They also improved their communication and conflict resolution skills and sought to understand their spouse's hidden needs and feelings. Individuals increased their emotional intimacy in marriage by doing the following: (a) they asked their spouse about their needs, losses, and expectations; (b) they increased their self-awareness; (c) they got to know their spouse on a deeper level, (d) they identified their spouse's beliefs and expectations, and (e) they engaged in active listening. The study concluded that when couples found solutions to their problems, it helped them develop a sense of cooperation and empathy. This echoed the findings previously mentioned that women who experienced childhood trauma developed empathy more readily than women who have not experienced childhood trauma (Greenberg et al., 2018). Karden-Souraki et al. (2015) also found that couples achieved emotional intimacy through self-disclosure and empathic response. This occurred because when individuals trusted each other and shared their thoughts, feelings, and internal realities, it strengthened communication.

Mental Health

Childhood Trauma Leading to Mental Health Challenges

While the two research questions focused on attachment style and emotional intimacy, a plethora of research existed regarding childhood trauma and its impact on mental health in adults. Researchers cannot ignore that mental health impacted attachment style and emotional intimacy, and I kept the following research in mind as I interviewed participants. For instance, Van Assche et al. (2018) found that *c*hildhood trauma led to many mental health challenges in adulthood, including depression and anxiety. Also, childhood emotional abuse and neglect showed a positive association with anxiety in adults. Emotional neglect was also significantly and positively related to adult depression.

Bigras et al. (2017) found that childhood trauma led to depressive symptoms and dissociative symptoms in adulthood, which impacted a woman's ability to form a secure attachment or healthy emotional intimacy in marriage. In addition, childhood emotional, physical, and sexual abuse was linked to suicidal ideation and suicide attempts in adulthood (Briere et al., 2015). Childhood maltreatment led to PTSD, depression, anxiety, and suicide in adulthood (Dunn, 2009). More specifically, childhood abuse (e.g., emotional, physical, and/or sexual) was significantly related to PTSD symptoms in adulthood; childhood neglect, however, was only slightly related. If women experienced childhood maltreatment (i.e., emotional, physical, and/or sexual abuse), it often led to PTSD, influenced their attachment style, and negatively impacted their emotional intimacy in marriage.

One study showed that when children experienced CCT, they experienced subsequent and more complex symptomology (e.g., depression, anger, and/or posttraumatic stress) (Hodges et al., 2013; Van Assche et al., 2018), all of which impacted a woman's ability to form a secure attachment and healthy emotional intimacy in marriage. Caretakers also reported more complex symptomology for girls compared to boys. This was important because this current study focused on the impact of childhood trauma specifically pertaining to married women instead of married men. There was also a link between childhood trauma and the negative impact on adult mental health (Felitti et al., 1998; Rees et al., 2011). For instance, CCT was associated with deficits in emotion regulation (Dugal et al., 2020). Emotion regulation was associated with an increased risk of psychological IPV (Smyth et al., 2017). If there was IPV in the relationship, this impacted the level of emotional intimacy the couple experienced.

PTSD was defined as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013). Campbell and Renshaw (2018) stated that

PTSD was often associated with relationship distress in one or both partners in a romantic relationship. Given that other studies showed the prevalence of PTSD among individuals who endured childhood trauma, it was probable that women in this current study experienced PTSD and may also experience relationship distress in their marriage. Campbell and Renshaw (2018) stated that depression, anger, and aggression were the most common co-occurring psychological symptoms linked to PTSD and relationship functioning. This was something I considered as women in this current study told their stories and answered questions regarding their challenges in marriage.

The Negative Impacts of Parental Divorce on Mental Health

Another form of childhood trauma was parental divorce. Individuals who experienced their parents' divorce when they were children were more likely to have lower parental regard, lower relationship satisfaction, and higher relationship distress than those who came from intact families (Roper et al., 2019). A child's risk for injury (i.e., abuse or accidental) also increased for children in stepfamilies (Malvaso et al., 2015). This risk was not attributed to the stepfamily structure; rather, it stemmed from more risk factors in stepfamilies versus intact families. This research was vital to this current study's findings because it focused on two major traumas that kids experienced: divorce/remarriage and abuse. The more trauma children endured (i.e., cumulative trauma), the greater their risk for mental health issues as an adult (Hodges et al., 2013). When a person experienced childhood trauma plus mental health issues, they had an increased potential to grow up and create a dysfunctional marriage of their own.

Post-Traumatic Growth

While childhood trauma led to numerous negative consequences in adulthood, some individuals experienced post-traumatic growth (i.e., positive changes after a traumatic event).

Developing a resilience factor was an example of post-traumatic growth. Beutel et al. (2017) described such individuals as having a resilient coping mechanism based on tenacity, optimism, active problem solving, and active extraction of positive growth. These individuals experienced much less depression, anxiety, somatic symptoms, mental health, and physical health issues than vulnerable individuals. Individuals who demonstrated resilience also perceived better social support. Another example of post-traumatic growth was developing empathy for others. One study showed that adults who experienced childhood adversity demonstrated higher levels of empathy than adults who had not experience childhood adversity (Greenberg et al., 2018).

Environmental factors also contributed to post-traumatic growth. For instance, social support and social involvement were two environmental factors that positively impacted children who had experienced childhood trauma (Infurna et al., 2015). Examples of social support and social involvement included a child's social environment outside the home, social activities outside the home (e.g., youth clubs, sports, extracurricular activities), and friendships. It also included support figure(s) in whom the child confided about abuse or neglect occurring in the home or a person with whom the child talked about mundane topics. Infurna et al. (2015) considered social support a source of resilience for children dealing with trauma or adversity. If a woman lacked social support or a support figure during her childhood, she possibly lacked the ability to form a secure attachment or healthy emotional intimacy in marriage.

Summary

The purpose of this current study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. A surplus of research existed on the impact of childhood trauma on mental health in adulthood (Bigras et al., 2017; Dunn, 2009; Hodges et al., 2013), how childhood

trauma increased the risk of IPV in adulthood (Dugal et al., 2020; Li et al., 2019), and how CSA led to sexual intimacy issues in adulthood (Berthelot et al., 2014b; Bigras et al., 2017; Godbout et al., 2013). There was also a solid foundation on attachment theory (Ainsworth et al., 1978; Bowlby, 1969, 1982) and how attachment theory applied in adulthood and adult romantic relationships (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987).

Unfortunately, there was a gap in research that focused on how childhood trauma impacted emotional intimacy. The research was diverse in its findings regarding how emotional abuse and neglect related to dimensions of alexithymia (i.e., externally oriented thinking, difficulty describing feelings, and difficulty identifying feelings). One study tried to better understand the links between childhood emotional abuse and neglect and alexithymia later in life and then evaluated whether gender moderated these associations (Brown et al., 2018). The study found that childhood emotional abuse was associated with difficulty describing feelings and externally oriented thinking later in life, but adults had no difficulty identifying feelings. Childhood emotional neglect was also associated with difficulty identifying feelings later in life, but these adults had no difficulty describing their feelings or externally-oriented thinking. There were no gender differences associated with difficulty describing feelings or externally oriented thinking. However, gender moderated the associations between childhood emotional abuse and neglect and difficulty identifying feelings later in life, such that females who experienced childhood emotional abuse and neglect experienced more difficulty identifying feelings later in life. Overall, the study showed that childhood emotional maltreatment led to individuals who experienced difficulty identifying their feelings in adulthood.

One study found that marital flourishing declined when couples expressed positive emotions (Fahd & Hanif, 2019). This could be because the study focused on non-Western

couples where emotions were not openly expressed due to cultural norms. Also, couples in the study practiced cultural norms by living with extended family members, which caused them to be more guarded with their emotions. Researchers also found that negative emotions predicted negative psychological flourishing in marriage, consistent in Western marriages.

Other contradictions existed within the body of literature, including the long-term impact of childhood trauma. For instance, Misheva (2016) found that the negative impact of traumatic events decreased over time. Similarly, another study showed that some individuals who experienced childhood maltreatment reported resilient, adaptive adult functioning (Domhardt et al., 2015). However, these studies contradicted the surplus of research which showed the damaging psychological (Berthelot et al., 2014a*)*, sexual (Bigras et al., 2017*)* and relational effects of childhood trauma. Additional research was needed to bridge the topics of emotional intimacy and attachment style within marriage.

CHAPTER THREE: METHODS

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. As a qualitative study, in-depth face-to-face interviews, observations, and personal artifacts (e.g., photographs, memorabilia, and documents) were used to collect stories (data) and insight into the challenges women faced regarding emotional intimacy and attachment style in marriage (Creswell & Poth, 2018). Instead of gaining a little information from a large group of participants (i.e., quantitative study), this qualitative study gained a vast amount of information from a small number of participants.

Research Design

Qualitative Research

Anderson (2017) described qualitative research as "interpretive, naturalistic, and holistic inquiry." While quantitative research was rooted in positivism and post-positivism assumptions, qualitative research was grounded in perspectives such as critical theory, interpretivism, feminism, and constructivism. While some might label qualitative research as lacking truth and credibility, Denzin and Lincoln (2011) claimed that this type of research allowed the researcher to interpret or make sense of a certain phenomenon regarding its meaning, values, beliefs, and experiences.

Phenomenology

Phenomenology, a type of qualitative research, studied a group of individuals who shared a common experience (Creswell & Poth, 2018). Van Manen (2016, p. 9) described it as the meaning of a lived experience, or "the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it." This branch of research aimed to reveal a phenomenon as the participant was aware of it (Lauterbach, 2018). In this study, the shared experience was women who endured childhood trauma.

American psychologist Clark Moustakas (1923-2012) asserted that phenomenology required researchers to gather interview transcripts, extract themes common among all interviews, and create conceptual links to bind the participants' shared experiences (Moustakes, 1994). In other words, this approach took several unique experiences, found the common overlapping experiences (or phenomena), and used those themes to describe the universal experience shared by the group of individuals (Creswell & Poth, 2018). This current study conducted semi-structured interviews and collected physical artifacts to gain insight into how

this shared experience of childhood trauma impacted women's emotional intimacy and attachment style in marriage. After each interview, I identified common themes to help create a comprehensive picture of the participants' shared experiences.

This current study also abided by the four philosophical perspectives as outlined by Stewart and Mickunas (1990):

1. A return to the traditional tasks of philosophy (i.e., wisdom) instead of science. In other words, the qualitative phenomenological approach to this current study searched to understand the participants' experiences instead of merely gathering data.
2. A philosophy without presuppositions. Aligning with this perspective, I waived all judgments about what was real, and I gave the participants space to relay their individual experiences.
3. The intentionality of consciousness. The question was not, "Is the object/experience a reality?" but rather, "How do I perceive the object/experience?" (Consciousness and intentionality, 2016). In this current study, the participants were permitted to interpret their objects (i.e., photos, artifacts, and documents) and experiences as they saw fit.
4. The refusal of the subject-object dichotomy. Like the intentionality of consciousness, the participants determined the reality of their own object/experience within the meaning of the object/experience (Creswell & Poth, 2018).

Hermeneutic Phenomenology

This current study was rooted in hermeneutic phenomenology, also known as interpretive phenomenology, which stemmed from the work of Martin Heidegger (1889 – 1976). Hermeneutic phenomenology understood that an individual's conscious experience of a phenomenon was not separate from the world or personal history. Rather the individual should

use their history to understand their experience (Neubauer et al., 2019). Hermeneutic phenomenology required the researcher to interpret the interviewee's story; this contrasted transcendental phenomenology, which required the researcher to suspend all bias and understanding from the interview relationship. Hermeneutic phenomenology allowed the researcher to acknowledge their background, bias, and preconceptions and then reflect on how these impacted their subjectivity and interpretation (Bynum & Varpio, 2017). I did this when I disclosed my bias to the Institutional Review Board (IRB), my dissertation committee, and the participants.

Selecting Sample Group

Qualifying Criteria

To participate in this qualitative phenomenological study, participants met the following qualifying criteria:

- female,
- heterosexual,
- at least 25 years old,
- married at least five years,
- regular church attendee,
- experienced childhood trauma, and
- score a 4 to 10 on the ACE Questionnaire.

Requiring the participants to be female and heterosexual narrowed the focus of the participant pool and eliminated nonessential criteria (i.e., homosexual, bisexual, male, and transgender), which could have brought additional extraneous factors into the study and confused the results. The participants needed to be at least 25 years old. The rationale for this was that participants

who married in their teens would have brought into the study other complications (i.e., emotional immaturity). Participants also needed to have been married at least five years to have had time to experience emotional intimacy and to have developed an attachment style in marriage. The shared experience was the participants' experience of childhood trauma. The participants also needed to be regular church attendees, as defined by attending church at least two times per month. This variable helped me focus on a specific population of women (i.e., women whose faith was important in their lives). Finally, the participants needed to score a 4 to 10 on the ACE Questionnaire, as this put individuals at a higher risk for adverse mental, physical, and behavioral problems in adulthood (Finkelhor et al., 2015; Xiang & Wang, 2020).

Locating the Sample Group Participants

Prior to obtaining approval from the IRB, I contacted several churches and parachurch ministries to ask for their help in obtaining participant recruitment. They agreed that upon me receiving approval from the IRB, they would email the women in their women's ministries and ask if they wanted to participate in this current study. Those churches and ministries included Kerrville First United Methodist Church (Kerrville First United Methodist Church, n.d.), Meadowbrook Baptist Church (Meadowbrook Baptist Church, n.d.), and Legacy Family Ministries (Legacy Family Ministries, n.d.). Prior to contacting the IRB, I had contacted and was still waiting to hear from several other churches and ministries in hopes of receiving their help with participant recruitment. Those churches and ministries included St. Andrew's Church (St. Andrew's United Methodist Church, n.d.), First Baptist Church Woodway (First Baptist Church Woodway, n.d.), Fellowship Bible Church (Fellowship Bible Church, n.d.), Antioch Community Church (Antioch Community Church, n.d.), Harris Creek Baptist Church (Harris Creek Baptist Church, n.d.), Highland Baptist Church (Highland Baptist Church, n.d.), MOPS and MOMSNext

of Fredericksburg, TX (MOPS and MOMSNext of Fredericksburg, TX, n.d.), and First Woodway MOPS (First Woodway MOPS, n.d.). Sampling began with pre-screening.

Sampling Methodology

This current study relied on volunteer sampling to obtain participants (Elmusharaf, 2012). Volunteers were recruited through evangelical churches and ministries. Potential participants were asked to meet the following qualifying criteria:

- female,
- heterosexual,
- at least 25 years old,
- married at least five years,
- regular church attendee,
- experienced childhood trauma, and
- score a 4 to 10 on the ACE Questionnaire.

Number of Participants

There was much debate regarding the number of optimal participants in a qualitative study. Baker and Edwards (n.d.) stated that it depended on the situation, and quality was more important than quantity. More interviews were not always better; rather, the quality of the analysis and the dignity, care, and time researchers took to analyze the interviews was more important than the number of interviews conducted. The number of interviews would change as researchers collected data, learned more, and revised their ideas.

Bryman (2012) recommended 20 to 30 participants for an interview-based qualitative study but suggested a sample size much smaller than that for a phenomenological study (although an exact number or range was not given). Researchers recommended 5 to 25

participants for a qualitative study and "long interviews with up to 10 people" (Creswell, 1998, pp. 65 & 113) for a phenomenological study. Morse (1994) recommended at least six participants.

Renwick (n.d.) suggested that researchers start with a base number of participants and then add participants until they reached saturation (i.e., the point at which participants no longer yielded new information). Renwick (n.d.) suggested that researchers started with five participants, analyzed the data, added five participants for a qualitative study, then added new participants as needed. Boyd (2001) also stated that 2 to 10 participants was sufficient for reaching saturation. Given this information, I planned to start with a minimum of five participants, adding participants until I reached saturation but most likely not going over 10 participants.

Setting

If the participant lived within a 30-mile radius from me, I planned for the study to take place in the participant's home. If the participant lived outside a 30-mile radius, I planned to conduct the interview using Zoom. Also, an allowance was made to conduct the interview via Zoom if the participant felt more comfortable due to the Covid-19 pandemic. If this occurred, the study took place in multiple locations: the participant's home and my home. Whether I interviewed the person face-to-face or via Zoom, the participant was interviewed in her natural setting as was fitting for a qualitative study (Ahmed et al., 2019).

Research Questions

The purpose of this qualitative phenomenological study was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. Two main research questions (each with its

corresponding sub-question) drove the interview questions in this current study. These questions included:

RQ1: How would women who have experienced childhood trauma describe their attachment style in marriage?

RQ2: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse?

These two research questions focused on two specific areas: (a) attachment style, and (b) emotional intimacy. Attachment style was an important factor because it impacted a wife's experience of healthy, fulfilling emotional intimacy.

The research questions drove the interview questions, which were open-ended and allowed the participants the opportunity to offer verbal responses. These interview questions were posited with the intent of "do no harm" and captured the perspective of the participants' personal experiences. The interviews were a dialogue between the participants and me. The semi-structured interview questions directed the interviews and allowed me to go off-script as needed to make room for the participants to elaborate and explore topics as needed. The appendix contained specific interview questions that guided the interviews.

RQ1

RQ1 read: How would women who have experienced childhood trauma describe their attachment style in marriage? The RQ1 sub-question read: How does their attachment style impact their emotional intimacy with their spouse? Children who experienced childhood trauma often had difficulty regulating their emotions and building healthy relationships; therefore, they sometimes developed an insecure attachment style that carried them into adulthood (Toof et al.,

2020). Given this information, a woman who could not regulate (i.e., identify and manage) her emotions often had difficulty experiencing emotional intimacy with her husband.

RQ2

RQ2 read: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? The RQ2 sub-question read: How do these emotional intimacy challenges impact their marital satisfaction? For the purposes of this current study, emotional intimacy was defined as a romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners. If women had difficulty regulating their emotions or experiencing insecure attachment, they most likely: (a) had difficulty engaging in vulnerable self-disclosure; (b) resisted sharing ideas, thoughts, and feelings with their husbands; and (c) did not share an emotional connection with their spouse.

Procedure

Upon completing my dissertation proposal, I sought approval from the IRB. After I received approval from the IRB, I moved into the research phase of my dissertation. This entailed the following steps: (a) participant recruitment, (b) informed consent, (c) data collection, (d) data analysis, and (e) data recording.

Participant Recruitment

I recruited a minimum of five participants for the study per Creswell and Poth's (2018) suggestion. To begin, I sent a Church Recruitment Email (see Appendix B) to pre-selected churches. The email contained a Participant Recruitment Letter (see Appendix C) that the churches emailed to their women's ministry email list. The Participant Recruitment Letter contained a link to a Qualifying Questionnaire (see Appendix D), which they filled out via

Survey Monkey ([redacted]). Survey Monkey was an online survey software that enabled users to create online surveys. It ensured the participants' privacy and maintained simplicity and efficiency within data collection. Participants had three days to complete the Qualifying Questionnaire. After a participant completed the ACE Questionnaire, I received an email from Survey Monkey notifying me that the participant had completed the ACE Questionnaire. I then logged in to Survey Monkey and viewed the results of the participant's questionnaire. I exported the questionnaire to my computer and saved it as a password-protected document to save the results. If the participant did not complete the Qualifying Questionnaire within three days, I emailed her a follow-up email asking her to complete it. If she did not complete the Qualifying Questionnaire within two days after the follow-up email, I emailed her to dismiss her from the study. This Qualifying Questionnaire ensured participants met the following criteria:

- female,
- heterosexual,
- at least 25 years old,
- married at least five years,
- regular church attendee, and
- experienced childhood trauma.

If they did not meet the criteria listed above, they were dismissed from the study. If they met the criteria listed above, I emailed them the Consent Form (see Appendix E) (Chege, 2013).

Informed Consent

After I emailed each participant the Consent Form, I required each participant to sign and return the form to me via email within three days of receiving it. If I did not receive the signed

Consent Form, I sent a follow-up email asking the participant to email me the signed Consent Form within two days. If I did not receive the signed Consent Form within two days, the participant was dismissed from the study.

The Consent Form outlined the expectations for and purpose of the study; it also ensured that each participant understood the following: (a) the risks she assumed, (b) her involvement, (c) her commitment, and (d) her responsibility within the study. It informed her that she could withdraw from the study at any time with no penalty. By signing the Consent Form, the participant gave her consent to participate in the study; she also gave consent for me to use the information she provided in this current study.

Researcher's Role

As the researcher, I took on many different roles in this current study. First, I formed a relationship with each participant (Ormston et al., 2014), which was based on trust and respect. This allowed the participants to feel safe enough to share their lived experiences with me. I also functioned as the interviewer, asking each participant the in-depth, semi-structured questions needed to obtain insight for the study. Because this study was hermeneutic phenomenology, I approached the participants with empathetic neutrality. As a qualitative observer, I followed the "dictum of nonintervention" (Adler & Adler, 1994), meaning I recorded the information provided by the participant, but I did not offer solutions. Instead, I worked with each participant to co-construct the research (Corbin & Strauss, 2015).

Throughout the study, I needed to acknowledge that I possessed certain identities (i.e., race, social class, religion, age, education) that might differ from the participants' identities and might impact their experience and interaction with me throughout the study (Heppner et al., 2016). My interaction with the participants shaped the study; therefore, I needed to be aware of

how our identities influenced each other. I did this through self-awareness and reflexivity (Roger et al., 2018).

Data Collection

Qualifying Questionnaire, ACE Questionnaire, and AAS

Once a potential participant met the initial criteria (i.e., female, heterosexual, at least 25 years old, married at least five years, regular church attendee, and experienced childhood trauma) and signed the Consent Form, she completed another qualifying questionnaire known as the ACE Questionnaire (see Appendix Q). To complete the ACE Questionnaire, I sent her an email (see Appendix F) which contained a link to a second Survey Monkey ([redacted]). As with the Qualifying Questionnaire, after a participant completed the ACE Questionnaire, I received another email from Survey Monkey notifying me that the participant completed the ACE Questionnaire. I then logged in to Survey Monkey and viewed the results of the participant's questionnaire. I exported the questionnaire to my computer and saved it as a password-protected document to save the results.

The participant had three days to complete the ACE Questionnaire. If she did not complete the ACE Questionnaire, I emailed her a follow-up email (see Appendix G) asking her to complete it. If she did not complete the ACE Questionnaire within two days after the follow-up email, I emailed her dismissing her from the study (see Appendix I).

Participants needed to score a 4 to 10 on the ACE Questionnaire to participate in this current study, as studies showed that individuals who scored at least a 4 on the ACE Questionnaire were at higher risk of developing mental illness, behavioral and relationship challenges, and poorer physical health (PACEs Connection, 2017). If the participant scored a 4 to 10 on the ACE Questionnaire, she was accepted into the study. If the participant scored a 0 to

3 on the ACE Questionnaire, she was dismissed from the study, and I sent her a dismissal email (see Appendix H). I had planned to accept a minimum of five participants and most likely up to 10 participants, as the number of participants were based on saturation.

If the participant scored a 4 to 10 on the ACE Questionnaire and was accepted into the study, I emailed her (see Appendix J) a third Survey Monkey link which contained the Adult Attachment Scale (AAS) (see Appendix R) ([redacted]) (Collins & Read, 1990). The AAS was a self-report measure that contained 18 questions based on the three attachment styles (i.e., secure, avoidant, and anxious-ambivalent). These 18 questions were scored on a 5-point Likert-type scale. Asking participants to take the AAS provided insight into how they viewed their attachment style. It also allowed me to tailor my attachment questions based on how they answered the AAS questions. Participants had three days to complete the AAS, and it took approximately five to seven minutes to complete. As with the Qualifying Questionnaire and ACE Questionnaire, after a participant completed the AAS, I received an email from Survey Monkey notifying me that the participant completed the AAS. I then logged in to Survey Monkey and viewed the results of the participant's questionnaire. I exported the questionnaire to my computer and saved it as a password-protected document to save the results. If a participant did not complete the AAS, I emailed her a follow-up email (see Appendix K) asking her to complete it. If she did not complete the AAS within two days after the follow-up email, I emailed her to dismiss her from the study (see Appendix L).

Introduction Call

After the participant completed the AAS, I scheduled an introduction call (see Appendix M) which took place approximately one week after the AAS was completed. This call was brief (approximately 10 minutes) and was held via Zoom. I introduced myself to the participant and

reminded her that she had the right to remove herself from the study at any time with no ramifications. Then, to build rapport, I provided the participant with my history of experiencing childhood trauma (Creswell & Poth, 2018). This helped me gain the trust of my participants (Heppner et al., 2016). Next, I reviewed the tenants of the Consent Form to ensure she understood what she signed. I also explained the purpose of this qualitative phenomenological study, which was to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. I let the participant know what to expect in the first and second interviews. Then, I scheduled the first interview, which occurred approximately one week later. Finally, I recorded the introduction call using two devices: the Zoom application and the Garage Band application on my computer.

First Interview

Approximately one week after the introduction call, I conducted the first interview. If the participant lived within a 30-mile radius from my home, I planned to conduct the interview in the participant's home. If the participant lived farther than 30-miles away, the first interview would be conducted via Zoom, as research showed that web-based technologies were just as valuable as face-to-face interviews for qualitative studies (Hamilton, 2014). Also, an allowance was made for participants who felt more comfortable interviewing via Zoom due to the Covid-19 pandemic. At the beginning of the interview, I reminded the participant that she had the right to remove herself from the study at any time with no ramifications.

The first interview was a semi-structured interview consisting of pre-determined, open-ended questions that allowed the participant to speak freely and ask additional questions as needed. In-depth semi-structured interviews were considered the primary data collection method

used in qualitative research (Oltmann, 2016) and a highly effective tool for obtaining participants' experiences and personal interpretations. The interview lasted approximately one hour, and the main goal was to understand the participant's experience; I avoided all therapeutic conclusions and recommendations (Heppner et al., 2016).

At the end of the first interview, I asked the participant to spend the next week gathering photos, videos, documents, mementos, and artifacts, which reflected her childhood and/or marriage. The documents could be personal (e.g., photos, e-mails, journals, private blogs, and letters written to and from the participant's spouse), official documents (e.g., marriage certificate and passport), and cultural documents (e.g., popular books she has read, concert tickets) (Creswell & Poth, 2018). I also offered the participant a list of professional counselors in her area, should she feel the need to process what we discussed. If I did not know any counselors in her area, I offered a list of telehealth counselors. Before we left, I scheduled a time for our second interview, which took place approximately one week later.

If the participant did not attend the scheduled interview, I contacted her via email to reschedule the interview. I gave her three days to respond and reschedule the interview. If she did not respond within three days, she was dismissed from the study.

I recorded the first interview using two devices. If the first interview was face-to-face, I used the Garage Band application on my computer and the SuperVoice Recording app on my phone. If the interview was conducted via Zoom, I use the Zoom and Garage Band applications on my computer. I also took copious notes. After the first interview, I transcribed the interview. I then categorized any themes and emailed those themes to the participant for review.

Second Interview

Like the introduction call and the first interview, I began the second interview by reminding the participant that she had the right to remove herself from the study at any time with no ramifications. The second (and final) interview followed the same format as the first interview (i.e., face-to-face or Zoom), and consisted of two goals. First, I began with "member checking" (Statistics Solutions, n.d.-c), in which I reviewed the first interview themes (Ang et al., 2016). During the second interview, the participant and I discussed her thoughts on the first interview, and she had the opportunity to share any part of her story that she may have left out or forgotten; she also asked any final questions (Creswell, 2009).

Next, the second interview allowed us to explore the photos, videos, documents, mementos, and artifacts that the participant gathered over the past week. Like the first interview, the second interview was semi-structured with pre-planned open-ended questions, which allowed me to interject additional questions as needed and allowed the participant to speak freely as she felt comfortable. The interview lasted approximately one hour. I also offered the participant a list of professional counselors in her area, should she feel the need to process what we discussed. If I did not know any counselors in her area, I offered a list of telehealth counselors.

If the participant did not attend the scheduled interview, I contacted her via email to reschedule the interview. I gave her three days to respond and reschedule the interview. If she did not respond within three days, she was dismissed from the study.

I recorded the second interview using two devices. If the first interview was face-to-face, I used the Garage Band application on my computer and the SuperVoice Recording app on my phone. If the interview was conducted via Zoom, I used the Zoom and Garage Band applications

on my computer. I also took copious notes. I then transcribed the second interview for my records and recorded any themes that stood out.

Photos, Documents, and Physical Artifacts

Documents were considered a key source of information in qualitative research (Bryman & Bell, 2015); therefore, the participant provided photos, documents**,** and physical artifacts to help tell the story of the trauma she endured as a child and how it impacted her marriage. Documents were valuable for two reasons. First, unlike memories, they could not be changed over time. Second, they were created independently without the researcher's intervention (Merriam & Tisdell, 2016). The participant explained her items to me, and I recorded each item and categorized any common themes.

Data Analysis

Inductive Analysis

Inductive analysis was used to analyze participant experiences (Azungah, 2018). I combed through the data line by line and categorized the information to derive concepts or themes (Bradley et al., 2007). These themes were relevant to the research questions that drove the study (Thomas, 2006). I used inductive reasoning to analyze each participant interview, as every interview brought a different, personal component to the study, yet they worked together as common themes emerged.

Deductive Analysis

While inductive analysis drew from participant experiences, the deductive analysis used a more organized framework for analyzing data (Bradley et al., 2007). I used deductive analysis to evaluate the themes and determine whether each was important concerning the research

questions that drove the study (Azungah, 2018). I also used deductive analysis to analyze the information produced when I organized overlapping themes in Excel.

With-in Case Analysis

I listened to the interview recordings and read over the interview notes a minimum of three times per participant. Through this process, I analyzed each interview and identified challenging topics each participant faced in her marriage regarding emotional intimacy and attachment style. Through listening to each recording, I used the analytic strategies of "memoing" and "sketching and reflective thinking" (Creswell & Poth, 2018). The with-in-case analysis was vital because it focused on each participant before pulling in-depth meaning from each interview.

Cross-case Analysis

I used cross-case analysis as Creswell and Poth (2018) outlined. First, I reviewed the topics assigned to each participant a minimum of three times. From these topics, I looked for common patterns and themes. Then, I compared the themes found in all the participants' interviews. From these themes, I created tables and charts in Excel to help myself visualize the overlapping themes found in all the participants' interviews.

Open Coding

I categorized three sets of data. First, I categorized the different types of childhood trauma the women experienced (e.g., abuse, neglect, divorce). The next two themes I categorized corresponded with the two research questions which drove the interview questions: (a) attachment style, and (b) challenges in emotional intimacy. I categorized these three themes using Excel.

Data Recording

I planned to record face-to-face interviews using the Garage Band app on my computer and the SuperVoice recording app on my phone. Interviews conducted via Zoom were recorded using the Zoom and Garage Band applications on my computer. I organized all information and themes in Excel.

Trustworthiness

Researchers judged the quality of qualitative interpretive research by its trustworthiness (Denzin & Lincoln, 1994). Academics have asked qualitative researchers to provide transparency and trustworthiness within the data analysis process (Aguinis et al., 2017). Researchers demonstrated trustworthiness by meeting four criteria: credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985). O'Kane et al. (2019) described credibility as researchers showing that they understood context and data within the study. Confirmability meant that researchers demonstrated consistency and a lack of bias within their data analysis. Dependability meant that researchers provided enough detail so that future researchers could replicate the study. Finally, transferability meant that researchers made room for other researchers to assess a study's outcomes concerning other contexts.

Credibility

According to Tobin and Begley (2004), credibility addressed the "fit" between participants' views and how researchers represented them. I used several techniques to ensure credibility. For example, I categorized themes using Excel, and I also relied on my dissertation committee to provide an external check on the research process and my interpretations of the data (Nowell et al., 2017).

Dependability

Tobin and Begley (2004) stated that for a study to be dependable, the research process must be logical, traceable, and documented; this current study met all three of those requirements. First, the research process was logical because I began with a simple process during the first interview. This process included the following: (a) interviewing; (b) transcribing; (c) hand-writing themes; and (d) categorizing themes in Excel to bring organization to the themes. Then, I repeated those steps for the second interview. I also repeated these steps for each participant for each interview. This process was also traceable, as I kept all hard copies of my notes, all audio recordings of the interviews, all digital copies of the transcribed interviews, and all Excel documents categorized by themes. Finally, this study was documented, and all information was organized. First, each participant had her own file folder which contained all my hard copies of interview notes. These were stored in a locked box. Next, each participant also had her own digital file folder. Each participants' digital file folder contained the following: (a) her signed Consent Form, (b) her ACE Questionnaire, (c) her AAS, (d) the audio recording of her first interview, (e) the transcript of her first interview, (f) the audio recording of her second interview, and (g) the transcript of her second interview. All digital files were password-protected and will be destroyed after three years.

Transferability

According to Nowell et al. (2017), the researcher must provide ample descriptions for transferability within qualitative research. Therefore, I wrote detailed descriptions of each participant, extracted common themes among the participants, and categorized those themes accordingly. This allowed future researchers the opportunity to apply this current study's results to future designs and analyses.

Confirmability

Confirmability was established once credibility, transferability, and dependability were accomplished (Guba & Lincoln, 1989). Confirmability required the researcher to clearly show how their interpretations and findings were derived from the data (Tobin & Begley, 2004). This required the researcher to demonstrate how conclusions and interpretations were reached. I accomplished confirmability by interviewing the participants, drawing conclusions, and using direct quotes from interviews to support my conclusions.

Approval

Before the research study, I obtained approval from Liberty University and the IRB. This ensured accountability and adherence to ethical guidelines.

Clarification of Researcher Bias

I disclosed my personal bias and past experiences with childhood trauma to the IRB, the Liberty approval committee, and all participants. This ensured that the participants and readers understood the perspective I used to approach the study (Creswell & Poth, 2018).

Participant Checks

I asked participants to review my analyses; this did not mean they read the entire transcript, rather they reviewed themes and my overall conclusions (Ang et al., 2016). This allowed participants the opportunity to judge the accuracy and credibility of the interview (Creswell & Poth, 2018). Ensuring accuracy was vital so that appropriate topics could be selected in each case and common themes identified. If one or more of the interviews was not represented accurately, it would skew the study's topics, themes, and overall accuracy.

Peer Review

I worked with my dissertation chair and committee, who were all familiar with the topics of trauma, attachment style, emotional intimacy, mental health, and marriage. Allowing my dissertation committee to review the study ensured accuracy, consistency, and reliability by allowing them to ask challenging questions, by offering another perspective, and by helping me to think through the study (Creswell & Poth, 2018).

Ethical Considerations

Triggering Trauma

The in-depth interviews had the potential to trigger past trauma and trauma-related responses. To address this and ensure the participants' mental, emotional, physical, and spiritual health and well-being, I offered a list of local, licensed professional counselors with whom the participants could meet post-interviews. If I did not have a list of licensed professional counselors in the participants' area, I provided contact information for online telehealth counseling.

Privacy

I changed participants' names and used pseudonyms to protect participants' privacy. I also changed other identifying factors (e.g., location, husbands' names, jobs). I conducted interviews at the participants' homes or via Zoom (instead of meeting in a public place) to ensure privacy. To protect participants' privacy while using Zoom, I avoided using personal meeting IDs to host the meetings. Instead, I used a randomly generated ID to ensure that the meeting participant received a unique link to the meeting. I also enabled the waiting room (i.e., I personally admitted the participant into the Zoom meeting room). Once the participant joined the meeting, I locked the meeting (Zoom makes an effort to improve its privacy, 2020).

Audit Trail

Providing an audit trail furthered my efforts in creating trustworthiness within this current study by establishing dependability, credibility, and confirmability (Ang et al., 2016). An audit trail also allowed me to clarify why I made certain decisions as I extracted themes, and it showed a logical path from interviews to themes (Statistics Solutions, n.d.-b). My audit trail included examples of the categorical process in Excel to explain how I created themes out of individual interviews (Statistics Solutions, n.d.-a). I tracked and recorded decisions I made in the qualitative analysis process, and I showed how data was collected, how categories were derived, and how decisions were made throughout the research (Ang et al., 2016).

Data Protection

I created a password for every document created for this current study. These documents were updated and stored in Dropbox daily. I also stored and updated documents on an external hard drive once a week. All physical documents and items were stored in a locked container to which only I have access. Ensuring physical safeguards on all information collected and created throughout the study provided participants with a feeling of safety and reliability. After three years, all electronic recordings will be deleted.

Summary

This current study relied on a qualitative phenomenological approach to explore the impact of childhood trauma on emotional intimacy and attachment style in marriage among heterosexual women who are regular church attendees. As a qualitative study, it incorporated in-depth face-to-face interviews, observations, and personal artifacts as a means of discovering the challenges that women face in marriage. A phenomenological study focused on a group of individuals who share a common experience (i.e., childhood trauma) (Creswell & Poth, 2018).

This current study relied on two research questions to drive its framework—questions that focus on attachment style and emotional intimacy in marriage.

The methodology included narrowing down the sampling group criteria. For this current study, the qualifying criteria included the following:

- female,
- heterosexual,
- at least 25 years old,
- married at least five years,
- regular church attendee,
- experienced childhood trauma, and
- score a 4 to 10 on the ACE Questionnaire.

Next, the methodology included the research procedure, consisting of a Qualifying Questionnaire, the ACE Questionnaire, the AAS, an introduction call, two interviews, and artifacts submitted by each participant. Each interview also required indirect observations. Data interpretation required inductive and deductive analysis, with-in-case analysis, cross-case analysis, and open-coding. Employing these various interpretive methods ensured the highest validity, accuracy, and integrity when interpreting the results.

CHAPTER FOUR: FINDINGS

The purpose of this current study was to discover how childhood trauma impacted emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees. This chapter began with a rich description of all nine participants in the order in which I interviewed them: Virginia, Vickie, Maria, Erin, Wendy, Eloise, Emily, Claudia, and Anne. For each participant, the description included a brief demographic sketch, a concise

summary of the participants' family of origin, and a succinct recap of the state of her marriage, including how she handled conflict with her husband.

Next, the chapter covered descriptive statistics. This section included the results of the ACE Questionnaire and the AAS. It also included one table for the ACE Questionnaire and multiple tables for the AAS.

The results section revealed all nine participants' answers to various interview questions. The results section was broken into two parts, with the first part answering RQ1: How would women who have experienced childhood trauma describe their attachment style in marriage. This section also answered the RQ1 sub-question: How does their attachment style impact their emotional intimacy with their spouse? Two themes emerged from participant interviews and were applied to RQ1 and its sub-question. The two themes included: (a) the "Lone Ranger mentality," and (b) difficulty regarding love and affection. Regarding RQ1 and attachment, the results showed that women who present avoidant and anxious-ambivalent attachment styles had difficulty cultivating emotional intimacy with their husbands because they developed a "Lone Ranger mentality" (i.e., they had difficulty trusting, they were self-protective, they were fiercely independent, and they had an elevated fear of abandonment). They also had difficulty regarding love and affection (i.e., they had difficulty receiving love from their husbands, and they had difficulty offering love and affection to their husbands).

The second part of the results section answered RQ2: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? The RQ2 sub-question was: How do these emotional intimacy challenges impact marital satisfaction? The two themes that applied to the RQ2 and its sub-question included: (a) emotional distance, and (b) conflict avoidance. Regarding RQ2 and emotional intimacy, the

study showed that women who experienced childhood trauma experienced lower levels of marital satisfaction due to two factors: (a) they consciously and subconsciously worked to maintain an emotional distance between themselves and their spouse, and (b) they avoided conflict at all costs.

Finally, I focused on theme development. I started by discussing data collection and data analysis. After that, I categorized the data, which allowed me to identify themes that applied to the research questions (i.e., RQ1 and RQ2) and extraneous themes. The extraneous themes were discussed in this section and included: (a) participants who have received counseling, (b) breaking dysfunctional patterns from their families of origin, and (c) seeing their childhood through their parents' eyes.

Participants

The sample size for this current study included nine participants. All participants met the qualifying criteria:

- female,
- heterosexual,
- at least 25 years old,
- married at least five years,
- regular church attendee,
- experienced childhood trauma, and
- score a 4 to 10 on the ACE Questionnaire.

See Table 1 for a snapshot of the participants' basic demographic information.

Table 1

Participants' Basic Demographic Information

Participant	Virginia	Vickie	Maria	Erin	Wendy	Eloise	Emily	Claudia	Anne
Age	39	36	58	61	44	80	63	52	51
Average Age of all Participants					54				
Husband Name	Steven	Greg	Ernesto	Andrew	Patrick	Jack	Ben	John	Wesley
Husband Age	38	37	59	60	50	81	65	48	53
Years married	13	14	40	38	17	60	41	8	33
Average Years Married of all Participants					29				
Kids and Ages	Girl, 9 Boy, 6 Girl, 3 Girl, 20 months	Boy, 9 Boy, 9 Girl, 5 Boy, 3	Boy, 39 Girl, 36 Girl, 34	Boy, 34 Girl, 31	-	Boy, 58 Boy, 55 Boy, 48	Girl, 33 Girl, 29	Boy, 22 Girl, 15	Girl, 20
Siblings	Sister, 30	Sister, 35 Stepsister, 41 Stepbrother, 39	Many	8 Siblings	Half-Sister, 35	3 Younger Siblings	1 Sister 2 Brothers	3 Siblings	1 Brother 1 Sister

Virginia

Virginia, age 39, was Caucasian and had been married to Steven, age 38, for 13 years. They had four children (two biological and two adopted through the foster care system). Their children were ages nine (girl), six (boy), three (girl), and 20 months (girl). Virginia grew up with a sister who was nine years younger than her. Her parents were still married, although their marriage had always been dysfunctional. Her dad had mental illness and drug addiction, while her mom chose passivity as a coping mechanism. When asked to describe her childhood in three words, Virginia said, "dysfunctional, happy, loved." Throughout the interview, she saw the bright side despite her difficult upbringing. She was the only participant who did not experience any type of abuse.

Due to her dad's drug addiction and her mom being the breadwinner, Virginia experienced emotional and financial neglect throughout her childhood. She was often left to

fend for herself, and she was never allowed to participate in extra-curricular activities as a child, as there was never enough money (even though her sister participated in select volleyball nine years later). Virginia felt that she grew up faster than most kids as she worked as a teenager and even bought her own car. She dated a lot prior to marriage and "kissed many frogs," desperately searching for the love and attention she did not receive at home.

In marriage, Virginia had difficulty showing her husband, Steven, affection. He desired more emotional connection than her, as she remained more emotionally distant and self-protective. Virginia said she rarely cried, and Steven compared her to a robot. In the interview, however, she did not come across as stoic; rather, she appeared—in both appearance and tone—as good-natured and happy. She often withdrew and avoided conflict at all costs.

Vickie

Vickie, age 36, was Caucasian and had been married to her husband, Greg, age 36, for 14 years. They had four children: twin boys (age nine), a girl (age five), and a boy (age three). Vickie's parents divorced when she was approximately four years old and both remarried. She also had a sister who was 17 months younger who she was very close to, as well as a stepsister (age 41) and a stepbrother (age 39) to whom she was not close. Vickie's mom struggled with undiagnosed mental illness throughout Vickie's childhood, and her stepdad struggled with excessive drinking. Vickie's dad was not consistently present in her life while she was growing up. When asked to describe her childhood in three words, Vickie said, "chaotic, unstable, sad."

Like Virginia, Vickie was never allowed to do extracurricular activities growing up because of a lack of finances. She also felt like she had to grow up faster than other kids, as she worked as a teenager and bought her own car. Like Virginia, Vickie also dated a lot prior to marriage, always looking to fill that emotional void she lacked in her family of origin. Growing

up, Vickie experienced emotional and financial neglect, as well as verbal and emotional abuse from her mom.

Vickie had difficulty showing love and affection to Greg and receiving love from him in marriage. When asked what makes her uncomfortable about showing love to her husband, Vickie responded:

> I think fear of rejection—no matter how many years we've been together, the fear that I will show love and not get loved back. It makes me uncomfortable. I just feel uncomfortable, and I don't even know how to put words into that. It just—it doesn't feel natural. It feels like extra work. I'm already doing all these things and because it's not natural for me, it's one other thing I'm working on trying to do.

Vickie also avoided sharing feelings and admitted that Greg's desire for an emotional connection outweighed her own. She was self-protective, independent, had difficulty trusting, and struggled with control issues. During conflict, she became defensive and reactive.

Maria

Maria, age 58, was Hispanic (the only non-Caucasian participant) and had been married to her husband, Ernesto, age 59, for 40 years. They had three children: a boy (age 39) and two girls (ages 36 and 34). Maria's parents divorced when she was 16 years old, and her dad remarried. She was the middle child with several siblings above and below her. Maria's mom struggled with undiagnosed mental illness throughout her childhood, and her dad was an alcoholic. Maria also suffered verbal, emotional, and sexual abuse at the hands of her mom. When asked to describe her childhood in three words, she said, "suppressed, music, unbalanced."

Maria described herself as a promiscuous teen and said she now realized, thanks to counseling, that her behavior was the result of the sexual abuse she suffered. She recalled:

> Even though my mom made my life hell—and I did not realize that until I was an adult, until I started counseling. The counseling program is when I was like, "Oh my gosh!" Because I suppressed what happened, I didn't understand why I was so promiscuous. I didn't even understand when I got married why I was still so promiscuous until I went through my own counseling.

Maria said her family did not show love, and in her own marriage, Maria did not feel comfortable showing Ernesto love and affection. She also did not desire an emotional connection with him; it was easier for her to remain emotionally distant from her husband. She often withdrew from Ernesto and avoided conflict.

Erin

Erin, age 61, was Caucasian and had been married to her husband, Andrew, age 60, for 38 years. Together they had two children: a son (age 34) and a daughter (age 31). Erin grew up with eight siblings in a tiny two-bedroom home, and money was always tight. Her childhood was filled with various types of abuse: Her dad verbally abused his children with constant criticism; Erin and her sister were sexually abused by her brother. When her father discovered the sexual abuse, she watched him physically abuse her brother. After all that, the family never spoke of the sexual abuse, which only compounded Erin's trauma.

> There were times where I thought, "Did this really happen? Maybe I'm just imagining this?" And then I kind of tried to talk to my sister a little bit about it because it was the two of us together, but she didn't remember anything. So, I didn't want to question her directly about it because I didn't want to cause any trauma to her. But when it happened, we never spoke about it again—ever. It was kind of like, "Don't ever!" Like, that was

> what we're supposed to do. Never think about it. Never talk about it. It was the end of it.

Erin did not have an opportunity to date much before she married because she and her husband, Andrew, began dating when they were in high school; they dated throughout college, and married when they were 23 years old. Even though she described her childhood as "loving," when asked how her family showed love, she said:

> My family was not good about expressing their emotions. I guess as we've all gotten older, we're better at it but still not great at it. We're not very good at communicating our feelings. We didn't hug a lot, but I still knew my parents loved me, you know?

Despite these circumstances, she described her childhood as "active, hard, loving."

Regarding her relationship with Andrew, she admitted that she had difficulty showing him love and affection and receiving love from him. She also had difficulty sharing feelings with him and developing an emotional connection. She had an independent spirit and took pride in the career she built prior to retirement. During conflict, she often withdrew, but after 38 years of marriage, she said had gotten better at addressing challenges in her marriage.

Wendy

Wendy, age 44, was Caucasian and had been married to her husband, Patrick, age 50, for 17 years. She was the only participant without children. Wendy had a half-sister who was nine years younger than her who struggled with bipolar disorder. Wendy's mom was also a narcissist. Wendy's parents divorced when Wendy was about two years old. Wendy had some contact with her dad early on in her childhood, but that faded as she got older. Her mom remarried when she was six years old and divorced her senior year in high school (the marriage that produced her

half-sister). Her mom remarried a third time when Wendy was a sophomore in college; her mom was currently still married to her third husband.

Wendy's dad was an alcoholic. He verbally and physically abused her, and her mom verbally and emotionally abused her. When Wendy was in elementary school, she was sexually abused by a 14-year-old neighbor boy. She described her childhood as "lonely, uprooted, invisible."

Like Virginia, Wendy lived a different life than her younger sister: Wendy was not allowed to participate in extracurricular activities that her younger sister enjoyed. Like Virginia, Vickie, and Maria, Wendy dated a lot prior to marriage. She lacked love in her family of origin, so she sought love in all the wrong places as a teenager. Wendy recalled her teenage years:

> I was always waiting for somebody to rescue me. I was the attention-seeker. And back in the day, I had a pretty rocking body. So, that was easy, especially in Texas being big-chested. ... I would use my body to kind of bait boys and then leave them, and then I would fall hopelessly in love, but then I was kind of sick about it. And if they were good to me, then I was usually bored and on to the next guy, and I loved that. ... I never was a one-night stand girl. I was a serial monogamist. ... So, I would just date somebody and, since they were getting in my mind, I was planning the wedding, and then. ... my value was in my looks—specific mostly to my body.

Wendy's family did not show love to one another, and now in her marriage, she had difficulty showing love and affection and receiving love and affection. She also had difficulty forming an emotional connection with Patrick. She was extremely independent and had a fear of abandonment.

Eloise

Eloise, age 80, was Caucasian and had been married to her husband, Jack, age 81, for 60 years. They had three sons, ages 58, 55, and 48. Eloise also had three younger siblings. Her parents were still married, and her dad was an alcoholic. Growing up, her father verbally, emotionally, and sexually abused her. Despite this abuse, she described her childhood as "secure, responsibility, opportunities." Like other participants, Eloise felt she had to grow up faster than other children her age, mainly because she was the oldest of four children and cared for them. She was also compliant and did what her parents told her to do.

Another similarity to other participants was her promiscuity prior to marriage. When asked if she could describe her dating life, she replied:

> Not good. Because of what I had been exposed to, I did things that, of course, I'm ashamed of and regret. I always thought I had to have a boyfriend, and I thought physical was the only way that you showed love. I made some poor choices.

Early in their marriage, Eloise either withdrew or yelled when conflict arose. However, after 60 years of marriage, she learned to address conflict more healthily. She now aligned with the gospel of Matthew, which reads, "Blessed are the peacemakers, for they shall be called sons of God" (*New International Version Bible*, 1491/2018, Matthew 5:9).

Emily

Emily, age 63, was Caucasian and had been married to her husband, Ben, age 63, for 41 years. They had two daughters, ages 33 and 29. Emily was the oldest of three siblings: one sister and two brothers. Her parents divorced but not until after Emily herself was married, so it did not impact her as a child. Her dad was an alcoholic when she was a child, and her mom suffered from depression. Her dad verbally, emotionally, and physically abused her, while her

mom verbally abused her. Emily also experienced sexual abuse but did not specify the perpetrator. She described her childhood in two words: "insecurity and fear."

Emily dated a lot prior to marriage and directly attributed it to the sexual abuse she experienced. She reflected on her early years of dating prior to marriage:

> I dated a bunch of guys—different guys. I was fairly promiscuous, I guess because of the sexual abuse, I don't know. Kind of, to me, the people I know that are sexually abused either try homosexuality or are very promiscuous, and I was promiscuous.

Due to the sexual abuse she experienced, Emily struggled to have a healthy sex life with Ben for many years. She confessed that being physically affectionate was still difficult, but she was steadily working on it.

Emily said her mom showed love through food. "She gave us treats." As a result, Emily had a life-long battle with her weight. Emily also struggled with how to handle conflict in a healthy manner, particularly with her children. She usually yelled at them. Her husband intervened and helped her find professional help early on in their marriage.

Claudia

Claudia, age 52, was Caucasian and had been married to her husband, John, age 48, for eight years. This was Claudia's second marriage (she was the only participant who had been divorced). Claudia's first marriage lasted approximately one year. Claudia had two children, a boy (age 22) and a girl (age 15). She was the youngest of three siblings and had a brother and a sister; they were all five years apart. Claudia's parents were divorced, and both her parents, plus her sister, currently lived with Claudia and John. Claudia's mom had bipolar disorder. Her dad verbally, emotionally, and physically abused her when she was a child. Both parents neglected

her. She also endured sexual abuse by her grandfather (her dad's stepfather). As a result of all this abuse and trauma, Claudia described her childhood as "traumatic, hard, not memorable."

Like many participants, Claudia dated a lot prior to marriage. She recalled how her CSA impacted her dating life:

> So, I always feel from when I went to counseling that when you get sexually abused, you're either very promiscuous, or you just turn away from sex altogether. My sister totally turned away from it altogether, and I was totally the opposite. And so, I don't think I really dated with any feeling because it took me a really long time to have trust or emotion. I think I would get attached really easily, but then I would act like I wasn't attached. So, I just never really had long-term relationships. You know, a couple of months, maybe six months, but nothing super serious.

Claudia admitted she had a fear of rejection and a difficult time showing John love and affection. She also had difficultly forming an emotional connection with John. During conflict, she withdrew and avoided, a pattern she developed in childhood and carried with her into marriage.

Anne

Anne, age 51, was Caucasian and had been married to her husband, Wesley, age 52, for 33 years. They had one daughter who was 20 years old. She was the middle child with an older brother and a younger sister. Anne's parents divorced when she was 12 years old. Her mom had anxiety, and both her mom and dad were alcoholics. Anne also endured physical abuse by her dad. She described her childhood as "traumatic, stressful, fragile."

Like Erin, Anne started dating her husband, Wesley, when she was in high school. Therefore, she did not experience a lot of dating or promiscuity. She felt she could show love

and affection to her husband but admitted she had difficulty receiving love. She also said it was difficult for her to form an emotional connection with Wesley. Anne said she avoided conflict as a child because of her parents' constant fighting. She discussed how this has impacted her own marriage:

> I would say throughout our marriage, that their relationship and their divorce—their constant fighting—has caused to me to do just about anything to keep the peace (to not fight). And in retrospect, I see that was, at times, just as hurtful as the fighting they did.

This pattern of avoiding conflict carried into her marriage: "For my marriage. ... kind of to the other extreme, I avoided conflict at all costs, which isn't always healthy," she admitted. Anne took Paul's words to the Romans to an unhealthy extreme: "If possible, so far as it depends on you, live peaceably with all" (*New International Version Bible,* 1730/2018, Romans 12:18).

Descriptive Statistics

All interested participants were required to take the ACE Questionnaire. Participants needed to score a 4 to 10 to qualify for the study. Participants were required to score a minimum of 4 on the ACE Questionnaire because research showed that when a person's ACE score was 4 or higher, they had an increased risk for developing mental illness, behavioral and relationship challenges, and poorer physical health (PACEs Connection, 2017). Two potential participants scored a 3, and one participant scored a 2; these participants were dismissed from the study. The remaining nine participants all scored a 4 to10 on the ACE Questionnaire and remained in the study. Participant scores on the ACE Questionnaire were as follows:

Table 2

Participants' ACE Questionnaire Scores

ACE	Virginia	Vickie	Wendy	Maria	Eloise	Erin	Claudia	Emily	Anne
	4	6	7	7	4	5	5	6	7

After the women qualified by scoring a 4 to 10 on the ACE Questionnaire, they took the AAS, which consisted of 18 statements. They rated each statement on a scale of 1 to 5, 1 = "Not all characteristic of me" and 5 = "Very characteristic of me." Scores of 2 to 4 were left to interpretation along the 1 to 5 scale. Participant answers on the AAS were then used to shape portions of their second interview. The AAS scale was as follows:

Table 3

Adult Attachment Survey (AAS) Scale

SCALE	ITEMS					
CLOSE	1	7	9*	13	15*	17*
DEPEND	3*	6	8*	14	16*	18*
ANXIETY	2*	4	5	10	11	12

* = items needing to be reverse scored

The CLOSE subscale measured the extent to which the participant was comfortable with closeness and intimacy. The DEPEND subscale measured the extent to which the participant felt she could depend on others to be available when needed. The ANXIETY subscale measured the extent to which the participant was worried about being abandoned or unloved.

Participant raw scores on the AAS were as follows:

Table 4

Adult Attachment Survey (AAS) Participant Raw Scores

AAS	Virginia	Vickie	Wendy	Maria	Eloise	Erin	Claudia	Emily	Anne
Q 1	4	3	2	2	4	2	2	2	2
Q 2	5	2	2	3	5	1	2	4	4
Q 3	3	5	5	4	3	5	4	3	5
Q 4	2	3	4	3	1	3	4	2	3
Q 5	2	5	5	5	2	1	2	2	3
Q 6	2	3	3	4	1	1	4	4	3
Q 7	4	1	1	1	3	1	1	2	2
Q 8	5	2	3	3	5	4	2	2	4
Q 9	2	2	4	4	1	4	4	3	4
Q 10	1	2	3	3	1	3	3	2	3
Q 11	1	5	5	2	1	1	2	2	4
Q 12	1	4	3	1	3	2	2	1	1
Q 13	1	3	3	2	1	1	1	1	1
Q 14	4	3	4	1	5	4	4	5	4
Q 15	4	2	2	3	4	4	2	3	3
Q 16	2	5	4	4	1	4	4	4	4
Q 17	2	2	3	4	1	4	2	3	3
Q 18	2	4	4	4	1	2	4	4	3

Participant scores for the CLOSE subscale were as follows:

Table 5

Adult Attachment Survey (AAS) CLOSE Subscale Scores

CLOSE	Virginia	Vickie	Wendy	Maria	Eloise	Erin	Claudia	Emily	Anne
Q 1	4	3	2	2	4	2	2	2	2
Q 7	4	1	1	1	3	1	1	2	2
Q 9*	4	4	2	2	5	2	2	3	2
Q 13	1	3	3	2	1	1	1	1	1
Q 15*	2	4	4	3	2	2	4	3	3
Q 17*	4	4	3	2	5	2	4	3	3
Mean	3.17	3.17	2.50	2.00	3.33	1.67	2.33	2.33	2.17

* = items that were reversed scored

When interpreting the scores for Table 5, the higher the score, the more likely it was the participant felt comfortable with closeness and intimacy. According to the scores in Table 5, Virginia, Vickie, and Eloise felt more comfortable than the other participants in getting emotionally close with their spouses. Meanwhile, Erin and Anne scored the lowest, meaning they were the least comfortable with closeness and intimacy compared to the other participants. However, as the interviews showed, this was not an entirely accurate depiction of the participants' comfort level with closeness and intimacy.

Participant scores for the DEPEND subscale were as follows:

Table 6

Adult Attachment Survey (AAS) DEPEND Subscale Scores

DEPEND	Virginia	Vickie	Wendy	Maria	Eloise	Erin	Claudia	Emily	Anne
Q 3*	3	1	1	2	3	1	2	3	1
Q 6	2	3	3	4	1	1	4	4	3
Q 8*	1	4	3	3	1	2	4	4	2
Q 14	4	3	4	1	5	4	4	5	4
Q 16*	4	1	2	2	5	2	2	2	2
Q 18*	4	2	2	2	5	4	2	2	3
Mean	3.00	2.33	2.50	2.33	3.33	2.33	3.00	3.33	2.50

* = items that were reversed scored

When interpreting the scores for Table 6, the higher the score, the more likely it was the participant felt she could depend on others to be available when needed. According to the scores in Table 6, Virginia, Claudia, and Emily were more likely than the other participants to feel like they could depend on others. Meanwhile, Vickie, Wendy, and Erin scored the lowest, meaning they were the least comfortable with depending on someone else compared to the other participants. Again, as the interviews showed, some of the participants presented in this way, while others did not.

Participant scores for the ANXIETY subscale were as follows:

Table 7

Adult Attachment Survey (AAS) ANXIETY Subscale Scores

ANXIETY	Virginia	Vickie	Wendy	Maria	Eloise	Erin	Claudia	Emily	Anne
Q 2*	1	4	4	3	1	5	4	2	2
Q 4	2	3	4	3	1	3	4	2	3
Q 5	2	5	5	5	2	1	2	2	3
Q 10	1	2	3	3	1	3	3	2	3
Q 11	1	5	5	2	1	1	2	2	4
Q 12	1	4	3	1	3	2	2	1	1
Mean	1.33	3.83	4.00	2.83	1.50	2.50	2.83	1.83	2.67

* = items that were reversed scored

When interpreting the scores for Table 7, the higher the score, the more anxious the participant felt about being abandoned or unloved. According to the scores in Table 7, this meant Vickie, Wendy, Maria, and Claudia felt the most anxious about being abandoned or unloved compared to the other participants. Based on the interviews, this was fairly accurate. These women would do well to meditate on the following Scripture, "Cast all your anxiety on him because he cares for you" (*New International Version Bible*, 1896/2018, 1 Peter 5:7).

Results

RQ1

The first research question (RQ1) that drove this current study was: How would women who have experienced childhood trauma describe their attachment style in marriage? The first sub-question that drove this current study was: How does their attachment style impact their emotional intimacy with their spouse? Participants' responses to the AAS were used to create follow-up questions used in the participants' second interview. Answers to these questions led to themes that applied to RQ1 and its sub-question. The two themes included: (a) the "Lone

Ranger mentality," and (b) difficulty regarding love and affection. Overall, research showed that women who presented avoidant or anxious-ambivalent attachment styles had difficulty cultivating emotional intimacy with their husbands for two reasons: (a) they developed a "Lone Ranger mentality" (i.e., they had difficulty trusting, they were self-protective, they were fiercely independent, and they had an elevated fear of abandonment); and (b) they had difficulty regarding love and affection (i.e., they had difficulty receiving love from their husbands, and they had difficulty offering love and affection to their husbands).

The "Lone Ranger Mentality"

Scripture says mankind was created to live in community and depend on one another. "Then the Lord God said, 'It is not good for the man to be alone; I will make a helper suitable for him'" (*New International Version Bible*, 6/2018, Genesis 2:18). Despite this God-given design for His people to live in community, many participants struggled to live in oneness with their spouses. After taking the AAS and conducting interviews, it became apparent that three participants (i.e., Virginia, Eloise, and Emily) demonstrated a secure attachment style; four participants (i.e., Vickie, Maria, Erin, and Anne) demonstrated an avoidant attachment style; and two participants (i.e., Wendy and Claudia) demonstrated an anxious-ambivalent attachment style. Regarding attachment style in marriage, this current study showed that married heterosexual women who are regular church attendees and endured childhood trauma maintained a "Lone Ranger mentality," which prevented them from emotionally attaching to their husbands. This "Lone Ranger mentality" manifested itself in four different ways. First, the participants demonstrated difficulty trusting their husbands (and often extended family, friends, co-workers, and people in general). Second, they were extremely self-protective. They were also fiercely

independent, which developed in childhood and carried them into adulthood and impacted their marriage. Finally, they had an elevated fear of abandonment

Difficulty Trusting. The AAS offered the following statement, "I find it difficult to trust others completely." Seven out of the nine participants rated that statement a 4 or 5, while the other two participants rated it a 1 or 2; this showed that the majority of participants felt they had difficulty trusting others. According to the AAS statement and the follow-up interview question, five out of the nine participants (i.e., Vickie, Wendy, Emily, Claudia, and Anne) demonstrated difficulty trusting their husbands due to their childhood trauma. Eight out of the nine participants were abused by one or both parents in some way; therefore, these women learned they could not trust the very people who gave them life and were closest to them. They learned they could not trust their parents—the people who should have provided their most basic physical needs (e.g., food and shelter) and physiological needs (e.g., safety and love). Other people also violated the participants' trust: a neighbor, a grandfather, and a brother sexually abused various participants, which caused them to distrust their husbands and people in general. When someone violated a basic principle that said, "My grandfather is a safe person," "My brother is a good person," or "I can play in my neighborhood and be safe," these participants grew up asking themselves, "Who else is an unsafe person?" "What other situations are unsafe?" and "How can I protect myself?" The participants in this current study learned to distrust their instincts: Everyone in life was a suspect. Everyone was on trial. Everyone was guilty until proven innocent.

Trust was a challenge for Vickie. She commented on how her parent's divorce impacted her ability to trust her husband:

> I would say my parents' divorce impacted my ability to trust. ... I struggle with trusting fully. ... I definitely feel like it has led me to not rely on Greg as much as I think I should. ... I just feel like if I put my guard down and I allow myself to trust, then I'm more likely to get hurt, and so trust is an issue I have across the board. And even with Greg, I would love to be able to trust. I'm not even like, "Oh, I trust that he's not going to have an affair," but it's more like I don't trust him with my feelings, or I don't trust him with my secrets, or I don't trust him with all sorts of things. It's not just like, "Oh, I don't trust that he's going to stay with me." There's trust in lots of little pockets.

Claudia also had difficulty trusting her husband but agreed with Vickie that her trust issues had nothing to do with the possibility that her husband might be unfaithful.

> I never think he would cheat on me. I don't not trust him in that way. But there's other ways. It's more like if we would get into a big fight, I'm the first one to think vindictively, not my husband. It would never occur to him to do the things that I would do. But I still don't trust him.

When I asked Emily if she had trouble trusting people, including her husband, she replied, "I have to feel like I can trust that person before I let more of myself open up to them." Anne also said she had trouble trusting her husband, Wesley. "I feel like I've trusted him in the past, and he's let me down."

A few of the women also said they distrusted their husbands because of their husbands' own issues or behavior. For instance, Claudia commented on her husband's drug addiction and how it impacted their marriage:

> He has addictions. He smokes weed, and that's a big problem for me because it's not legal. I don't care if it's "just weed." He has a really good job. ... and they drug test

> randomly. They drug test him, and if he loses his job, I don't know what that's going to mean for us. I don't know that our marriage would survive that because I went through a lot before. ... it was lying about money because he was getting money so he could smoke and drink a lot more than I thought he did.

Erin's husband violated her trust about eight years ago, but they have since worked through that incident. She recalled how that violation of trust impacted her marriage:

> So, we had an issue in our marriage—it's probably been about eight years ago—where Andrew violated that trust. Up until then, it never dawned on me that I wasn't able to trust him. But then, due to some activities that were going on, I felt like I had reason to be suspicious of some things; and those suspicions proved to be true. I never, ever had a reason to doubt him prior to that, and we've since worked through that for the most part, but I still have a hard time sometimes trusting that he's doing everything that he says he's doing.

Like Vickie and Claudia, Wendy did not believe her husband, Patrick, was going to have an affair. However, she distrusted him because of his past trauma that he had not addressed. She stated:

> I don't trust him. I don't distrust that he's going to be unfaithful, but I distrust him emotionally. He will—again due to his trauma—choose himself over me, over *us* [emphasis added] at any given time. Although, even like in the context of politics (we don't agree on politics) and he has said to me multiple times, "You need to know if there's a civil war, we're on opposite sides." And I'm like, "Are you gonna shoot me? What do you mean by that?" And he's like, "You know—when the Liberals come for us, I'm upstairs with my gun." And I'm like, "You're going to abandon me over Donald

> Trump? You would do that?" He's a self-preservationist, physically and emotionally, and that leaves me outside the circle. So that's where we land. Some of that is specific to the way he is, and then some of that is specific to the way that I am.

Self-protective. When considering self-protective behaviors, a statement from the AAS read, "I want to merge completely with another person." Six out of the nine participants rated this statement a 1 or 2, and two other participants rated it a 3, supporting the notion that the participants in this current study had a strong core desire to protect themselves against emotional wounds and to do so through self-protective behaviors.

In this study, six out of the nine participants (i.e., Virginia, Vickie, Maria, Erin, Wendy, and Claudia) demonstrated a need to protect themselves emotionally, even in situations where no danger presented itself. This stemmed from the fact that their parents did not protect them when they were children. If a child grew up not being protected by the one person who was supposed to protect them, she learned to protect herself. She also learned not to rely on anyone else for protection.

Claudia was one clear example of someone who experienced a lack of protection from one's parents. Her grandfather (her dad's stepdad) sexually abused her and her sister. When her parents discovered the abuse, instead of protecting her from her abuser, they continued to force her and her sister to visit her grandfather and pretend the abuse never happened; this compounded her trauma. Claudia described how this betrayal from her dad made her feel:

> I feel like on my dad's side of the family, appearances were more important than anything. When my sister finally did tell my parents about the abuse (it was my dad's stepfather who did the thing), my dad didn't want to upset my grandmother, so he never said anything. He didn't do anything. And to me, that felt like, I don't want to really say

> "rejection," but he was choosing my grandmother's feelings over our feelings because that made us all appear like "we're still good," "we're still perfect," "we're still fine." And we weren't.

This betrayal by her dad resulted in low self-esteem and a failed first marriage for Claudia because she allowed her husband to verbally and emotionally abuse her the way her father had done. Virginia gave mixed messages during her interview. On one hand, she said that her second marriage has helped her learn how to protect herself. On the other hand, she continued to express her need to push people away before they could emotionally wound her. During her interview, she admitted:

> Now, with my husband, I'm the first one to say, "Go!" as a protective move, I think. Not necessarily recently, but more when we first started dating and even when we first got married. "You don't like it; you should go." And he was always like, "No, that's not how we're doing that." But I'm like, "I'm going to push you away before you push me away."

Virginia protected herself by staying disconnected from her emotions. She relayed how this played out in her marriage:

> Steven would say I don't have feelings. ... and to some degree, he may be right. I just don't really feel. I don't know. He may be right. I just, I rarely cry. Movies will make me cry, but he doesn't make me cry. But I don't really consider myself a robot either. I don't know.

For Vickie, self-protection manifested itself in her need for control. She admitted:

> I have control issues, and I definitely want to be in control. I want to handle it myself. I want to know the ins and outs. The more I know, the better I feel because I feel like I can

> control the situation better with the more information that I'm being given. ... At times when we're in a relationship where he's supposed to be the leader of our house, I oftentimes try to be the leader, and we can butt heads about what that relationship is supposed to be like versus what I'm trying to make it. I think those are the biggest things I've taken from my history.

Maria described her need for self-protection: "I have a barrier around me. ... I just kind of built a protectiveness around me." Erin also described keeping people at arms' length. "It's not a fear of rejection. I think it's more a fear of being found out."

Fiercely Independent. The AAS also addressed the need to be fiercely independent by stating, "I find it difficult to allow myself to depend on others." Six out of the nine participants rated this statement a 4 or 5, while the remaining three participants rated the statement a 3. Another statement read, "I am comfortable depending on others." Seven out of nine participants rated this statement a 1 or 2; one participant rated it a 3, and one participant rated it a 4. These results showed that every participant struggled with the need to exercise independence—a trait that every participant developed in childhood, carried with her into adulthood, and now it impacted her marriage. Some participants (e.g., Virginia, Vickie, Erin) exercised their independence out of necessity because their families did not have much money, so they were forced to work at a young age or care for younger siblings. Other participants became independent due to neglect or abuse.

Vickie, for instance, grew up with a mother who had mental illness and an alcoholic stepfather who always did shift work. Her father was home during the day, either asleep or drunk. She described life growing up in her dysfunctional household:

> As a kid, I was really embarrassed to have people at my house, and so I often sought friendships where I could escape to their house and friends that would let me stay at their house all weekend and never worry about the fact that I never invited them over. So, there were often times this fear of people finding out who my family was, so I just tried my best to distance everybody from my family.

Vickie became independent by distancing herself from her family. She worked as a teenager, put herself through college, bought her own car, and relied only on herself for her needs. Now, as an adult, this pattern of independence continued. She explained:

> I like to do it myself. I like to do everything myself. I like to be in control of all situations. I do feel more comfortable when I feel like I'm in control of how our relationship flows. So, when it comes to intimacy or conversation or even talking about our future, the more I can keep some of that at arm's length, the more comfortable I feel, if that makes sense.

One common theme found among several participants was that they were independent and did not rely on their husbands while simultaneously they admitted that they married men who were not reliable. So, the question became, did these participants subconsciously marry unreliable men so they could continue living out the independence they learned in childhood? Or did they marry men who wanted to be relied upon, but after years of marriage, did their husbands realize their wives were not going to rely on them, so they accepted their wives' independence, and now their wives merely perceived their husbands as unreliable?

One of these participants was Maria, who also fit the "Lone Ranger mentality" mold: "I'm fiercely independent, and my idea is—I don't need anybody. I got it until I don't have it, right?" She also found it difficult to depend on her husband. She explained:

> One, because he's just not that kind of guy. He's not dependable. I mean, I guess if I was broken down in a storm, he might come after me. He would. But I don't like to depend on anybody. And I like to be independent. I like to make sure I can take care of it. If I can't take care of it, then I don't want any part of it. Do you know what I mean?

The same was true for Wendy. She explained how her need for independence impacted her marriage:

> Patrick looked for somebody who wouldn't ask for anything of him, and I allowed that. And now I mad that he isn't willing to be asked. ... He isn't very reliable but that's mostly—that's a lot of my doing. ... I trained my own dragon.

While most of the participants developed an independent spirit out of necessity because they had no one to rely on while growing up, Erin's parents intentionally raised her to be independent. This might have been the result of her growing up as one of nine kids. She explained the values her parents instilled in her and how those have impacted her marriage:

> I was raised to be very independent and not to really need anyone. So, I think early on, you know, I really didn't want to rely on Andrew. If there was any way that I could do it myself, I wanted to do it myself.

Like other participants, Wendy described herself as an independent:

> I depend on *no one* [emphasis added], O.K.? Not for anything. ... I'm trying to think of a single category in which I allow myself to rely on someone and the answer is I could not think of a single place. I don't rely on people emotionally. I don't rely on them physically. I don't rely on no one, and that comes from my childhood—from being forced to fend for yourself at all times, and you never know if anybody—I just don't believe anybody is gonna come through for me. Yeah, I depend on that zero percent and

> then I'm so surprised if they—I'm always kind of shocked when someone acts like a friend. Or if someone is kind, I'm always a little bit like, "What do you want?" Or, if somebody does what they say they're gonna do, that always shocks me. So, depending on other people, I always have my own plan. I drive myself places; I will not ride with other people. That is probably the biggest thing I noticed when I took the questionnaire is my unwillingness to depend on other people.

Claudia described herself as independent but also afraid of being alone. This description painted a picture of an anxious-ambivalent woman: she longed for connection, yet she admitted to pushing her husband away as a self-protective measure (Ainsworth et al., 1978). She said her mom and dad married and divorced when they were still young, and after the divorce, her mom had to "really kind of grow up" by working two to three jobs while raising four kids. Claudia said she mostly raised herself. "She didn't raise me to depend on nobody but myself. And that's what I do a lot. And I've always told John, 'I don't need you. I want you, but I don't need you.'"

One last statement from the AAS related to independence: "I am comfortable having others depend on me." Seven out of the nine participants rated this statement a 4 or 5. Only one participant rated it a 3, and one participant rated it a 1. This statement showed that even though participants were not comfortable depending on others, they were comfortable having other people depend on them. This was because many of them not only took care of themselves while growing up, but they also cared for younger siblings. This created a pattern and a comfort level of allowing other people to depend on them. "Growing up, I very much had the 'second mom' mentality," Virginia recalled as she described caring for her little sister who was nine years younger than her. Wendy had a similar experience with her half-sister, who was also nine years

younger than her. "She and I were close when she was little because I practically raised her." At the time of this current study, Wendy and her sister were estranged. Due to her sister's mental health issues, Wendy, along with her parents, helped raise her sister's son, Joseph—supporting the narrative that she was comfortable with other people depending on her, but she could not depend on others. Eloise also saw herself as a second mother, helping to raise her younger siblings. She described her relationship with her sister and brother:

> I was seven years older than my sister, so I treated her like a like a little sister. She was 13 when I left home, so I really didn't have a chance to show her love. My little brother was six when I left. I basically raised him, so I was more of a mother than a sister.

Elevated Fear of Abandonment. The AAS offered several statements addressing the issue of abandonment. The first statement read, "I do not often worry about being abandoned." Four participants rated this statement a 1 or 2; one participant rated this statement a 3; and four participants rated this statement a 4 or 5. This showed that almost half the participants worried about being abandoned, and the other half did not worry about being abandoned.

Despite her independence, Wendy described having a "crippling fear" that Patrick would abandon her:

> God has done a huge work in convincing me over time that He is my plenty. So, this is an area of healing, but that is only in the last maybe seven years, and it's all God. Apart from me remembering how big He is, I would still be crippled by it. And I have been—to some degree—abandoned by every man. All of them. Like every major relationship, and then, of course, all my daddies; so, there was a time when I thought Patrick was going to leave, and I would literally sleep on the couch because I was afraid he was going to sneak out in the middle of the night.

Claudia also experienced abandonment when she was about 12 years old. Her mom worked nights, and her dad dropped her off at the movie theatre so she could see the movie *E.T.* When the movie ended, she waited for him to pick her up, but he never came. She recalled the experience:

> He forgot to come get me. So, I saw the movie three times. And then I called my mom at work, and I was like, "Dad never came to get me!" So, by the time she got there—after she had to leave from work—he got there. And then he was like, "What's the big deal?" Like, "It's not a big deal." Also, I always have a bad, I don't know, fear. ... And that's why, I think. ... I would put up with stuff that I think maybe I probably wouldn't have if I wouldn't have been damaged, you know? Like, just because I don't want to be alone.

Although her dad did not permanently abandon her at the movie theatre, this experience was so traumatic that it registered as abandonment in Claudia's brain and triggered a fear of abandonment that has stuck with her to this day.

Difficulty Regarding Love and Affection

The second theme relating to an attachment that emerged from this current study was that the participants had difficulty regarding love and affection. The Bible reads, "Let all that you do be done in love" (*New International Version Bible*, 1759/2018, 1 Corinthians 16:14). Many of the participants had difficulty with receiving love and affection from their husbands, and also offering love and affection to their husbands. For instance, the AAS provided this statement: "I want to merge completely with another person." Six out of nine participants responded by rating this statement with a 1 or 2, and two responded by rating it a 3. Only one participant (i.e., Vickie) rated the statement a 4, meaning she felt confident merging with another person. This

was surprising and ironic because, when interviewed, she proved to be one of three participants who showed difficulty in both areas relating to the theme of love and affection. Those areas included: (a) participants had difficulty receiving love and affection from their husbands, and (b) participants had difficulty offering love and affection to their husbands.

Difficulty Receiving Love and Affection from their Husbands. The concept of receiving love and affection from one's husband can occur in several tangible ways. Some women feel loved when their husbands compliment them. Some feel loved when their husbands serve them in small, ordinary ways, like taking out the trash. Some women enjoy gifts like flowers, a piece of jewelry, or a new purse. Other women feel loved when their husbands want to spend time together, whether that's going to lunch together on a random Tuesday, sitting on the couch together after the kids go to bed, or doing a puzzle together. Some women receive love through physical touch, which does not always equate to sex. They might want a simple backrub or to just hold hands.

All of these gestures seem like simple ways a husband can show love to his wife and easy ways a wife can receive love. However, many participants in this study had difficulty receiving love from their husbands because these women were raised by parents who had not offerred them unconditional love. For these women, unconditional love was a foreign concept—something they had never experienced and could not comprehend. Trying to understand unconditional love was like growing up speaking English and suddenly being forced to speak fluent Spanish. It did not register. Consider this analogy: If a little girl was told she must cook dinner for her entire family and then go to her room and eat by herself —and she endured it throughout her entire childhood—the message she received was, "You are responsible to care for everyone else, but no one is responsible for loving and caring for you." Then, when she grew up

and married someone who said, “I love you and I want to cook for our family,” she would not know how to receive that act of love. She would be paralyzed and unable to accept this act of love because it defied the message she received her entire life. She, like most women who grew up without unconditional love, would feel like she owed her husband something when he offered this act of love to her.

Several of the participants in our study felt uncomfortable with receiving love from their husbands and only knew how to receive love from their husbands if their husbands offered them love in the same way in which their family of origin offered love. Consider Vickie, for instance. When asked how Greg showed her love, she replied:

> Way better than me. He’s physical: He hugs, he kisses, he does the husband things, you know? He walks up, and it’s like, those sexual things to me, like, “I love you” and “You’re so pretty,” and he touches my back. He’s very touchy. And he never makes me feel bad about buying myself stuff. I’ll tell him I spent $100 on clothes today, and he’s like, “That’s O.K. It’s fine.” He’s very good at not putting me down or making me feel bad about a situation, and that’s like the greatest way I see love—to just be accepted. He’s really good at not making me feel bad about situations. And obviously, there are times he does because no one’s perfect, and that’s marriage, but I would say he shows love physically. I mean, he provides for me really well; he loves to buy me gifts, and so I get that he shows love through that way also. So, with his words, he tells me he loves me often.

When asked if receiving Greg’s love made her comfortable or uncomfortable, Vickie replied:

> I'm uncomfortable at times. The physical stuff can be uncomfortable for me. And I don't accept compliments well—I think because I grew up where love was shown by buying somebody something. So that doesn't really feel as uncomfortable as him hugging me or complimenting the way I look or saying something positive. It's harder for me to believe the words and the physical touch than it is for him to buy me a gift.

In Wendy's interview, it was clear she did not feel loved by Patrick. She explained their relationship:

> I think that he *thinks* [emphasis added] he loves me by going to work every day. In his mind, he's like, "I get up and go to work." I think he thinks that in *his* [emphasis added] world, he treats me perfect because he doesn't hit me, he doesn't cheat on me, and he goes to work every day. ... He's not an affectionate guy. His father, as a child, was even worse than mine and he's never dealt with it. He has really bad anxiety and drinks quite a bit. Unfortunately, he is perpetually miserable, which is hard to watch, you know? He is not really otherwise invested in helping me or connecting with me.

For Anne, receiving love was an issue of making her needs known. She endured a lifetime of being unable to voice her needs, and this manifested itself in various areas of her marriage, including how she received love from her husband, Wesley. When asked if she felt comfortable receiving love from Wesley, she replied:

> I think that's an area of growth, and that just recently we've had a lot more growth. He's learning that I need acts of services, and he'll take the time to put up the dishes without being told. That makes me just as happy as if he bought me really fancy jewelry or took me out to eat or dinner and a movie. But I didn't always feel like I could express or tell him how to meet my needs because I didn't feel like my needs were important. I was

willing to do what I needed to do to keep the peace even if it was to sacrifice my own well-being and my own needs.

Maria resigned herself to the way her husband offered her love, even though it was not fulfilling for her. She said:

> You know, after 40 years of marriage, love is different. You know, it's not what I want it to be—what I desire it to be. But it is what it is. I think he shows love by doing: Doing things outside, by being here, you know?

Difficulty Offering Love and Affection to their Husbands. One question on the ACE Questionnaire read: "Did you often feel that: No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other." Seven out of the nine participants answered "Yes" to this question. This explained why so many participants found it challenging to offer love and affection to their husbands: How can you offer something you never experienced yourself? How can you give away something you don't possess? Out of the nine participants, when asked how their families of origin showed love, five said their families of origin did not show love or did not do a good job showing love to one another.

First John reads, "We love because He first loved us" (*New International Version Bible*, 1916/2018, 1 John 4:19). This Scripture tells Christians they have the power to love others because God first loved them. Participants in this study could apply this same principle to their families of origin: Like God loves His children and in so doing teaches His children to love others, parents are responsible for loving their children and teaching them to love. If they fail to do so, how will their children grow up and know how to love their spouses? Their children? Their friends? Other people?

Interviews showed that eight out of the nine participants struggled with offering love and/or affection to their husbands for a variety of reasons. Some of the participants revealed their "Lone Ranger mentality" as they described their reluctance to offer their husbands love and affection. For instance, Vickie said:

> I think for me it's always about protecting myself. So, if I'm vulnerable or open, or I'm going to just be free to receive his love and give his love back, I'm at risk for hurt. I think for me, it's about needing to have a wall up at all times, and if I have a wall up, then I don't get hurt as much. So, if I don't let myself feel as much as I think I could feel, I can't get hurt as much as I think I could be hurt.

Vickie continued:

> I don't show affection well. I have to make a very, very solid effort. Like, if he comes downstairs and he's wearing boots that he just got, I have to literally, in my mind, say, "Those are his new boots. You should complement him." And I have to make myself do it. And he's told me before that I don't use my words well—like, I don't tell him I love him enough and I'm not affectionate enough. And sometimes I want to tell him if I'm having a bad day, but instead, I will literally come to him and just be like, "I need a hug" [*makes a motion by tilting her head*]. Like, I can't even just go to hug him. I can't tell him with my words, "I need you to hug me" because—I just don't know. I don't know. I don't show affection well, and I don't even have a better answer because I don't really do it.

When asked what made her uncomfortable about showing affection, Vickie replied:

> I think fear of rejection. No matter how many years we've been together, the fear that I will show love and not get loved back. It makes me uncomfortable; I just feel

> uncomfortable, and I don't even know how to put words into that. It just doesn't feel natural. It feels like extra work. I mean, I'm already doing all these things, and because it's not natural for me, it's one other thing I'm working on trying to do.

Maria also referred to her "Lone Ranger mentality" and the need to keep people at arms' length. When asked if she felt comfortable showing love to her husband, she laughed and said:

> My husband says I was six feet Covid before Covid came around. ... I like six feet. Don't get in my space. I kind of feel like I have a barrier around me. I think I just kind of built a protectiveness around me.

Like Vickie, Virginia also struggled with offering affection to her husband because of her "Lone Ranger mentality." She explained:

> I do think my lack of affection for Steven, on probably a subconscious level, is me trying to protect myself. That's probably the biggest issue in our marriage: He needs physical touch, and I don't. I don't know that that's not necessarily unique just to us; that's probably a lot of couples. That's probably their issue too, but I don't need to be cuddled daily to feel loved. I don't need any of that. I need him to help me with the kids. I need him to help me with the house to feel loved. And where is he? He needs me to be super intentional with affection and physical touch, and it's always a roller coaster. We'll both be doing good for a while, and then we won't, and it's always up and down.

For other participants, the inability to offer love and/or affection stemmed from CSA. Some of the women received counseling to deal with their past abuse but forming a healthy physical relationship with their husbands was still difficult. Erin, for instance, stated:

> I'm not good about the physical touch. I wish that I was different, and I do think that some of that's directly related to my childhood trauma. He was much more touchy-feely

> when we were younger, and I think because of the way I wanted physical distance, that kind of changed him to some degree, you know? I mean, on our honeymoon night is when I think he realized there was some kind of trauma. For me, he knows what happened, but I never really talked about it in detail with him.

One thing Erin alluded to was the fact that early on in her marriage, she unintentionally communicated unhealthy physical boundaries to her husband. Now that she was in a healthier place emotionally, she wanted to cross that barrier. Unfortunately, her husband could not unhear the message she sent to him all those years ago. Erin was not the only participant who had this issue. Maria also set the tone in her marriage early on. Now that she wanted a more fulfilling physical relationship, she could not seem to communicate that to her husband, Ernesto. "I think because early on I was like, 'Don't touch me!'—I think I've kind of offset that now. There's really no going back."

Emily also endured CSA and, despite her desire for love and affection, physical intimacy was still a challenge in Emily's marriage. As Emily discussed her physical relationship with her husband, she nervously bit her fingernails:

> With the physical part of our marriage for the last several years—because of my sexual abuse issues—it just really ate my lunch for a while. But I'm slowly coming out of that. I think sometimes I'm physically affectionate (and I don't mean sex); I mean just physically affectionate with my husband. And I feel like he thinks that I'm showing him love like that, and if I'm not raising my voice—he always says I raised my voice a lot because my mother yelled at us constantly.

Two women (i.e., Wendy and Claudia) in the study exhibited anxious-ambivalent characteristics. When asked how she offered love and affection to her husband, Wendy responded:

> So, I actually wanted to over-connect with Patrick. Like, once I decided that I was in love, then I was in all of the love in the world. But no one else was coming near me and so, because he doesn't feel safe to me anymore, I stay pretty detached, and I notice that even the people that I have a genuine affection for—like I'm very close to my niece—as soon as she acts a little bit weird or whatever, click—I hit a switch. I'm not gonna exist over here. Because I moved around so much growing up, I know exactly how to interact with the world where I am friendly, and I look like I'm part of it. But I am in no way emotionally a part of it.

Wendy displayed a need to, as she explained, "over connect," with her husband, Patrick; but she also communicated the desire to stay "detached" when she sensed someone close to her (e.g., her niece) was pulling away, even if for only a benign reason.

Claudia also exhibited anxious-ambivalent characteristics when she stated:

> So, I always feel like, from when I went to counseling, that when you get sexually abused, you're either very promiscuous or you just turn away from it altogether. My sister totally turned away from it altogether, and I was totally the opposite. And so, I don't think I really dated with any feeling because it took me a really long time to have trust or emotions. ... I think I would get attached really easily, but then I would act like I wasn't attached. So, I just never really had long-term relationships. Like, you know, a couple of months—maybe six months. But nothing super serious. ... Even my first my

> husband—when we dated, we only dated, I think three months before we decided to stupidly get married.

Both Wendy and Claudia supported the findings in the study conducted by Van Assche et al. (2018). This study found that individuals with an anxious-ambivalent attachment style in marriage feared being rejected and abandoned by their partner, so they developed an excessive need for others and did not believe they could rely on their partner. However, another study found that when women experienced violence in their family of origin, they grew up to develop anxious-ambivalent attachment and distressing mental health symptoms (Brown et al., 2015). Both Wendy and Claudia experienced physical abuse at the hands of their dad, yet neither one of them were in an abusive marriage.

Anne admitted that she used affection as a weapon and withheld it as needed in conflict. "I will be honest—if I'm upset with Wesley, instead of talking it out, I will withdraw my affection. And that's kind of been a pattern throughout our marriage." She also said she had trouble receiving love from her husband, Wesley. She explained:

> I didn't always feel like I could express or tell him how to meet my needs because I didn't feel like my needs were. ... I have worries. ... I was willing to do what I needed to do to keep the peace, even if it was to sacrifice my own well-being and my needs.

How Does their Attachment Style Impact their Emotional Intimacy with their Spouse?

According to the information provided in the interviews and definitions of the three attachment styles (i.e., secure, avoidant, and anxious-ambivalent) (Ainsworth et al., 1978, 2015), three participants (i.e., Virginia, Eloise, and Emily) presented as having secure attachments in marriage. This was not surprising, as Virginia and Emily both tied for the lowest score among all the participants on the ACE Questionnaire, scoring only a 4—the minimum score a

participant could receive and still participate in the study. Virginia also tied for the highest score on the AAS scale for the CLOSE sub-scale; she tied for the highest score on the AAS scale for the DEPEND sub-scale; and she scored the lowest on the AAS scale for the ANXIETY subscale.

Eloise and Emily were the oldest participants (ages 80 and 63 respectively), and while time does not heal all wounds, both said the gift of time helped them (a) work through their past trauma, (b) forgive their parents for past hurts, and (b) learn how to communicate better and solve conflicts with their husbands. When asked how her mom's mental illness impacted her marriage, Emily replied:

> I believe I had an undiagnosed case of postpartum depression, and I've been dealing with depression for the last 29 years. Now it's all under control with my medication. Plus, I had an older lady at church. ... she and I went through a book about forgiveness, and I was able to forgive, and I am in the process of forgiving all my hurts and people that hurt me through living with my mother and my dad, and just different people.

Overall, those with secure attachment styles enjoyed relatively healthy emotional intimacy with their husbands. When asked where she and her husband found the most joy in their marriage, Virginia said, "Probably just alone time when we can connect and slow down, whether that's a date night or a weekend away or just me not going to bed at 8 o'clock." She also felt like they communicated fairly well. "I can tell him what I need and what I like and, you know, 'I need you to do this,' or 'I need help with this,' or 'Can you do this?'"

Most of the participants (i.e., Vickie, Maria, Erin, and Anne) demonstrated an avoidant attachment style, as defined by Ainsworth et al. (1978). As previously stated, avoidant attachment occurred when a child's caregiver ignored the child's needs. The child then learned to depend on himself. When the caregiver finally made herself available, the child avoided the

caregiver because the child learned not to trust the caregiver (Benoit, 2004; Shilkret & Shilkret, 2011). Adults with avoidant attachment were overly independent, withheld affection, and kept a safe emotional distance from their husbands. These qualities aligned with the "Lone Ranger mentality" as previously described.

This description applied to Vickie, Maria, Erin, and Anne, as all four women's parents ignored their needs in some way. Vickie, for instance, described an emotionally distant mother, an absent father, and an alcoholic stepfather. As a child, she fended for herself, often going to friends' houses for things like typing up papers when her computer was repossessed because her mom failed to pay the bill. In adulthood, she continued this pattern of relying on herself in her marriage and fought against the discomfort that love and affection brought.

Maria's mother emotionally, verbally, and sexually abused her. Meanwhile, her father sat silent and allowed the abuse to occur. She learned from a young age that love was a myth and children had no rights or security. She and her husband went through the motions in their marriage, disconnected emotionally and physically.

Erin's brother sexually abused her. Although she was close to her father when she was a child, she and her mother were emotionally distant. Admittedly, she had difficulty forming female friendships and had a reputation for keeping a safe emotional distance from people. She also struggled with creating a healthy, fulfilling sexual relationship with her husband, despite the fact that she pursued counseling to process her past sexual abuse.

Finally, Anne grew up in a home with constant volatile fighting where she learned to make herself (and her needs) invisible. She avoided conflict at all costs—an unhealthy pattern that continued into her marriage. She withdrew and detached when her husband disappointed her.

Regarding avoidant attachment and emotional intimacy, all four women maintained emotional space between themselves and their husbands. Due to their childhood wounds—not their husbands' betrayal—these women expressed difficulty trusting their husbands. They all possessed the "Lone Ranger mentality," which led to difficulty trusting, the need for self-protection, fierce independence, and an elevated fear of abandonment. These women created an unhealthy and unnecessary emotional distance between themselves and their husbands and experienced an inability to connect physically.

Only two participants—Wendy and Claudia—demonstrated anxious-ambivalent attachment style. This type of insecure attachment style occurred when the caregiver proved to be inconsistent and unpredictable, so the child never knew when she could depend on her caregiver. Therefore, the child responded overemotionally and erratically to get attention from her caregiver (Benoit, 2004; Shilkret & Shilkret, 2011). This described Wendy's childhood, as she told the story about her dad's inconsistent and even cruel behavior.

> My biological father pushed me out of a moving vehicle. He was going to take me to the park. I was really excited about it, and the whole thing was a set-up. That was really mean, to set me up like that, and to just be pushed out on the car, you know, like litter. It was definitely a mind game. He was a mind-gamer.

As Wendy told the story, she did so with strength and stoicism. Even so, the pain brimming at the surface was evident as her voice shook, and she continuously looked up and to the side to avoid making eye contact with me.

Claudia described her dad as "very mean and strict." She also said he was verbally and emotionally abusive.

> My dad's view of kids and having kids is just, I don't know, it's not a good thing. ... I didn't have good self-esteem for a long time. I mean, any compliment he ever gave any of us was always backhanded. It was never a full complement. He would make my sister cry, but my sister is very sensitive. She has a lot of emotional trauma, and she was very sensitive, so he would just look at her meanly, and she would cry. And he physically abused my brother, like beating him. I mean, my dad wants to say spanking, but it was more than that, and that was really hard and traumatic to see because my brother was, I mean, he didn't do anything to get the things that he got.

Claudia expanded on her dad's philosophy regarding children:

> That's why he had kids. That's what kids are for: To take care of him. So yeah, I don't like my dad. I could care less about my dad. He took me shopping for school clothes, and I just remember he would always take me to the boys' section because he just didn't know or care what I wanted, so it was always just really awkward.

Even though Claudia stated she did not like her dad, ironically, her dad currently lived with her. What was also interesting was the fact that her mother also lived with her even though her parents were divorced. This living arrangement alluded to the fact that she had never truly broken free from the abuse and neglect she suffered at the hands of her parents.

According to Mikulincer and Shaver (2012), children with anxious-ambivalent attachment styles grew up to be adults who feared rejection and abandonment, which applied to both Wendy and Claudia. This fear caused them to operate in a hyper-vigilant mode; they acted overly needy, clingy, and anxious, which described both Wendy and Claudia.

In marriage, Wendy's anxious-ambivalent attachment style was evident in the way she desperately wanted to connect with her husband but also feared he would leave her (e.g., she

slept on the couch to make sure he wouldn't leave). When asked how her childhood experience impacted her marriage, Wendy responded:

> I learned that my needs don't matter. Those things are daddy issues, and they played a role. The cruelty, and more in the form of, "What does it take to capture the attention and affection of a man like that?" and then just learning to be small is probably the most painful thing in terms of abuse.

Claudia exhibited anxiety as she described balancing her sobriety with social drinking, as well as monitoring her husband's drug and alcohol addictions. When she described her situation, she did so with nervous, awkward laughter, as if to make light of a serious subject.

> It's hard because my husband's an alcoholic, and there was a time when I stopped drinking, and he was like, "You don't have to stop drinking because that's my problem." So, I'm like, "I know. But I don't want you to worry about it. I could drink or not drink; it doesn't bother me." But there are times when I want to go out to have a drink, and it's hard because we can't really do it together. He wants to drink to get drunk, and I just want to drink to relax. So, anytime I do go out and drink, I'll go with my friends or my family. I don't go drink with him. I mean, he still drinks, but he just drinks beer. He's a diabetic, and he's got a liver pump, but I can't stop him from drinking. So, it's hard because I don't want him to die.

The interview took place over Zoom, and Claudia sat in her office. The room looked cluttered with random objects piled on every desk, cabinet, and surface in sight. A large piece of furniture was tipped over behind Claudia's desk chair. The entire room looked in disarray, yet Claudia sat calmly in her large office chair. This felt like a metaphor for her marriage: While Claudia seemed to keep herself in control and intact, her marriage and home life appeared out-of-

control. Chaos swirled around her as she juggled her husband's addictions and diabetes, the possibility of his job loss, caring for her mother and father (who are divorced, yet both lived with them), and her sister (who had a mental illness and lived with them).

Regarding anxious-ambivalent attachment and emotional intimacy, both Wendy and Claudia craved an emotional connection with their husbands. However, they simultaneously moved toward their husbands and then anxiously backed away. They also approached their marriages with a spirit of intensity and fear of what the future might hold.

RQ2

The second research question (RQ2) that drove this current study was: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? The second sub-question that drove this current study was: How do these emotional intimacy challenges impact their marital satisfaction? Two themes from participant interviews applied to this research question and sub-question, including (a) emotional distance, and (b) conflict avoidance. Information provided from participant interviews allowed me to conclude that women who experienced childhood trauma experienced emotional intimacy challenges which led to lower levels of marital satisfaction due to two factors: (a) they consciously and subconsciously worked to maintain an emotional distance between themselves and their spouse, and (b) they avoided conflict at all costs.

When answering the RQ2 and the sub-question, I relied on the definition of emotional intimacy derived specifically for this current study. As previously stated, for the purposes of this current study, emotional intimacy was defined as follows: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners. Given this

definition, in order to answer RQ2, I first answered two questions: (a) Were the participants able to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings?, and (b) Did this lead to an emotional connection shared by both partners? Then, since the RQ1 sub-question identified the emotional intimacy challenges women who experienced childhood trauma faced in marriage (i.e., difficulty receiving love from their spouse and difficulty offering love and affection to their spouse), I then asked how these emotional intimacy challenges impacted the women's marital satisfaction using two sub-themes: (a) emotional distance, and (b) conflict avoidance.

Engaging in Vulnerable Self-disclosure

In order to determine what challenges women faced regarding emotional intimacy in their marriage, I asked participants the following question, "Are you and your husband able to share your dreams, goals, ideas, and feelings?" Seven out of nine participants said they had difficulty expressing their feelings or making an emotional connection with their husbands.

Maria responded ardently and with a casual laugh, "No, not feelings. Ernesto doesn't like to get too into his feelings. Ideas? Yes. Ideas we do talk about. Things we want to do? Yes. Professional or family goals? Yes." Maria and Ernesto functioned well as a team: They cared for their 11-acre property; they organized family functions with their children and grandchildren, often attending their favorite college football games together. "That's kind of what we are known for—we're doers," Maria said. But as Maria stated earlier, sharing emotions was off-limits.

Anne and her husband also lacked an emotional connection. Her past trauma, combined with the pain of years of infertility, created a chasm void of emotion between them. When asked if she was uncomfortable being close to her husband, she responded:

> I would say, although we're in a better place now, the majority of our marriage has been very difficult—where I haven't felt close to him. I have felt like there's such a big gap or distance between us, and it felt almost impossible to bridge the gap.

Given participant responses, this current study concluded that if participants were not able to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, then they were not able to form an emotional connection shared by both partners.

Emotional Distance

In RQ1, I discussed why the participants—both intentionally and unintentionally—created an emotional distance between themselves and their husbands through their "Lone Ranger mentality" behaviors. This current study also concluded that if participants could not engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, they were not able to form an emotional connection shared by both partners. Even though Scripture states, "Beloved, if God so loved us, we also ought to love one another" (*New International Version Bible*, 1914/2018, 1 John 4:11), many participants had difficulty showing love to their husbands which created an emotional distance. This, in turn, impacted the participants' marital satisfaction and led to a decrease in marital satisfaction.

Many participants, even though they were the ones who created the emotional distance, still longed for a closer relationship with their husbands. There seemed to be sadness and a sense of loss when their marriage lacked a deep emotional connection. For some participants, like Wendy, this lack of emotional intimacy created a sense of loneliness, hopelessness, sadness, and loss. For others, like Vickie, it fostered a sense of hope and a desire to improve their marriage. Some participants, like Maria, were resigned to the lack of emotional intimacy and believed there

was nothing they could do to improve it. They thought it was safer to maintain the status quo than to engage in the difficult emotional work of moving toward their husbands in oneness.

Vickie appeared hopeful about her desire for an emotional connection and confessed that she had work to do to improve her marriage's emotional intimacy. When asked if she was happy with the emotional connection she currently shared with her husband, she answered:

> I will say, I feel like our emotional connection has improved over time. I feel like I definitely want more because I feel like I'm never at the place I want to be because I know that I have baggage. But I definitely think it has improved over time. I think where I see I want more is on my end—I wish that I could be more comfortable. And I wish it could be more natural for me to be affectionate because I think that would improve our relationship obviously further. But it's not something that I'm currently addressing, so it's definitely put a hindrance there.

When asked the same question, Maria appeared conflicted: She wanted a deeper emotional connection, but she wanted to maintain control in the process. She stated:

> I would like it to be a little bit more, but let's be honest, it's safer to not be connected. And to be more open about your emotions means you're at risk for people knowing who you are. ... I would like to be more open about emotions if I can draw the parameters.

Eloise, who endured CSA, became a promiscuous teenager, said the choices she made prior to marriage greatly impacted the emotional intimacy between she and her husband, Jack. When asked how her CSA and teenage promiscuity impacted her marriage, she replied:

> My husband was not aware of my background, and when he found out that I had not always been a really nice girl, he was not happy. I knew that I deserved some of the treatment that I got for a while, but it's really hard being married to a Pharisee because

> they don't think they did anything wrong. At one point, I would have been happy if he could have run me off, but I didn't have anywhere to go, and I knew if I could hang in there, it would be O.K., and it was.

Virginia was the only participant who did not suffer any abuse, and yet even she regretted her over-active dating life prior to marriage. When I asked her how it impacted her marriage, she—like Eloise—connected the dots and noticed a loss of emotional intimacy. She responded:

> I think that it's definitely made intimacy for me a struggle—like true emotional intimacy. But I also think that it's scary. I mean, it's getting better, but I think that I'm always going to be, to some degree, maybe guarded.

This quote was surprising coming from a participant who presented as having a secure attachment style. However, it also showed that any woman can have difficulty with emotional intimacy in marriage to some degree when she has experienced childhood trauma.

I asked the participants the following question, "Describe your emotional connection with your husband. If you would like to feel more connected, what prevents you from being as close as you would like to be?" Surprisingly, several participants confessed that their husbands would like a deeper emotional connection than what the participants offered or wanted to offer. For instance, Anne's husband wanted a deep emotional connection in marriage. She explained their relationship dynamic:

> One of the things that attracted me when we first started dating is that he recognized that, in the past, other people had been hurtful to me, and he said, "I don't want to be that person. I want to be the person you can count on, you can trust, and that will take care of you." So that's one reason I was open to our relationship at the beginning, because I felt

like, “Oh, well, here’s somebody saying that they will be kind and, you know, treat me well.”

Unfortunately, Anne maintained her “Lone Ranger mentality,” which pushed Wesley away emotionally over the years. After years of holding him at arms’ length, he accepted what little she gave him. When she felt ready for more, he seemed almost incapable of moving toward her emotionally. At the same time, Anne held him responsible for some of their emotional distance. She continued:

> I feel like I’ve been vulnerable before, and that wasn’t met kindly, so I don’t want to risk exposing myself. So, I will play my cards close. There have been times when I feel like I reached out, and that was met with not the compassion and empathy I hoped to see.

Anne admitted that at times when her husband responded without compassion or empathy, it caused her to, as she explained, “withdraw” and “detach.” Surprisingly, Anne separated emotional intimacy from physical intimacy over the years. She reflected on this aspect of her marriage:

> It just occurred to me that you can have physical intimacy and not have emotional intimacy if you’re just engaged in the act for the pleasure of the act. But sometimes, you can have emotional intimacy and not have physical intimacy. I mean, as far as our physical relationship now, I can pursue it just for the pleasure of the act and not look for my emotional needs to be met in it. But that’s taken me—oh man, I’m almost 52 years old—it’s taken me a long, long journey because I used to engage in the act just because I felt like it was my wifely duty, you know? But I didn’t take pleasure in it because I was so emotionally upset. But now that my emotions are not as raw and inflamed, now I can engage in just the act for just the pleasure of the act, not for the emotional connection—

> I thought that was kind of interesting. Given my age, it doesn't sound like a very Christianly woman, you know? But I would consider myself to be a Christian woman. But I know when we were mostly estranged, but would still engage in acts, sometimes that Tina Turner song, *What's Love Got to do with It?* Would play in my head. Yeah, just to be honest and open. That might have been TMI.

Finally, the two participants who demonstrated an anxious-ambivalent attachment style demonstrated no emotional connection with their husbands, and they seemed scattered in their desire for one. Wendy longed to be emotionally connected to her husband, Patrick. However, she believed he was incapable of truly connecting with her because he never pursued counseling to deal with his past trauma. When asked if she felt loved by him, she replied emphatically:

> I am at best tolerated. Tolerated and useful, but not loved. Part of that goes back to his trauma and inability to love or trust. He would rate higher on all of these questions and scales than I would. His trauma goes deeper. He just never has sought any help. So, I'm not any better than him. I've just spent years in counseling untangling it, and he's not done that yet.

As mentioned before, Claudia demonstrated an anxious-ambivalent attachment style. However, in the context of emotional intimacy, she stayed emotionally distant from her husband, John, even though she admitted that he meant a great deal to her. She explained:

> My love language is "Acts of Service." Don't just tell me, show me. And his love language is "Words of Affirmation," and I know I feel him a lot on that because I just can't—I'm not good at saying, "Sorry." I'm not good at apologizing, even when I know I'm wrong. It's really hard for me to say "Sorry" to him. I mean, I show I'm sorry, but I don't really like to say the words. And I'll tell him I love him, but he wants to hear it 50

> times, and I only want to say it one time, and then I'm done because I just don't want to put myself out there too much. He means more to me than I think he would even realize because it's hard for me to say to him the things I want to say.

She expounded:

> I just think it's hard to put myself out there. ... to risk getting hurt. Like I said, my dad was really negative. ... gave backhanded compliments. So, it's really hard. I'm just waiting for the other shoe to drop. Like, "O.K., when are you gonna say something mean?" or "When do you think something bad is coming?"

Conflict Avoidance

For this current study, the term "conflict avoidance" meant the participant either learned to avoid conflict in childhood and brought that pattern into her marriage or learned to avoid conflict in marriage. Six out of the nine participants engaged in one or both of these conflict avoidance behaviors, although a couple of participants said this unhealthy behavior pattern improved with time.

I asked Virginia, "Describe how your family handled conflict," to which Virginia replied, "Dad would just explode about something, and Mom would just listen to him rant and rave. My sister and I would usually try to make ourselves scarce." I then asked, "How did this impact your marriage?" Virginia answered thoughtfully:

> Um, I don't like it, and I'm not good at it. If Steven and I are fighting about something, my brain usually shuts down, and I can't even think of anything to say. But it's funny because he kind of shuts down too, and he's just mad. Whereas I just shut down, and I just feel like my brain isn't even working. So, I don't know. ... I'd rather stuff it down and move on.

Wendy grew up with a mother who was a conflict avoider. As a result, Wendy entered her own marriage and repeated this same pattern. However, thanks to counseling, Wendy learned new forms of communication, even if her husband has not. She described how they handle communication:

> Forever, I would do whatever I could to avoid conflict because I didn't want to lose this so-called grace. ... I did both my husband and I a great disservice by not being honest and speaking the truth. ... There was an epiphany about seven years ago. ... so now I just say it like I try to see it. Honestly. "If you want to talk it through, I'm always happy to do that." But I don't take personal responsibility for his inability to cope with the truth.

Out of all the participants, Anne demonstrated the most severe form of conflict avoidance beginning in childhood when her parents' fights over finances turned into what she described as "physical aggression." This caused her to avoid conflict at all costs at a young age and into marriage. She said:

> O.K., so I would say throughout their marriage, their relationship, and their divorce, their constant fighting has caused to me to do just about anything to keep the peace—not to fight. And in retrospect, I see that was, at times, just as hurtful as much as the fighting as they did. ... So, they fought a lot about money. So, I've just surrendered finances to my husband, you know? Because I didn't want to fight about it. And you know, 30 years in, I have more of an opinion or thoughts about finances, but for most of our marriage, I've been quiet. I do what I can to keep the peace because I saw their fights, and I was like, "That's not how it's going to be, yeah, for my marriage." But once again, kind of to the other extreme, avoiding conflict at all costs, which isn't always healthy.

Anne continued by describing how her parents' marriage and style of conflict and physical aggression impacted her marriage:

> There have been times when I've had moments of flashbacks. Whether Wesley steps toward me, and not meaning to be aggressive, but just meaning, you know, to emphasize a point or something, and then I will feel this need to retreat. So, I get away. You know, physically remove myself from the situation.

Unknowingly, Anne described a PTSD reaction to physical abuse during her childhood within her family of origin (Dunn, 2009). Anne's fear of conflict, combined with her PTSD reaction, caused her to get a second job and she opened a separate checking account to pay for her daughter's competitive cheerleading. By doing this, she avoided engaging in conversations and conflict with her husband regarding finances and the extra expense of her daughter's sport. Anne was engaged in an inner war regarding marital conflict: On one hand, she said she avoided conflict at all costs. On the other hand, she said she would speak up if something was unfair regarding finances. She described how she avoided conflict in her marriage:

> I am more likely to speak up if I don't like or feel like something is fair in regard to our finances. I feel like Wesley can go buy—or he will go buy—what he wants when he wants without discussing it with me. But I've told him, "I can't do the same because if I did, you would be upset or mad and, in that way, you have more control and power in our relationship, and I don't think that's right." So, that is something we're working towards. Or you know, we need to continue to work on that. I'm even to the point I've got my own checking account. So, if I work extra, that goes into my checking account. And my daughter wanted to do competitive cheer, so I got a second job to sponsor that. That went into my checking account because, in my mind, it helped relieve the friction between him

> and me because that wasn't the household money. It was something I was going external above and beyond to take care of.

Several participants struggled with the issue of anger and conflict—either within their families of origin or their own anger issues. For instance, Vickie admitted, "Sharing feelings is really hard. I'm not good at expressing how I feel. Unless it's anger, which I'm pretty good at expressing. And then I get defensive when Greg expresses his feelings."

Maria described how her parents handled conflict by yelling, which caused her to avoid conflict as a child.

> I ran out the door. I stayed away. If there were conflicts when mom and dad would fight sometimes, I would go. This is terrible, but my dad had this car up on cinder blocks in the yard, and I used to go underneath that car.

So, Maria learned at a young age that given the choice of fight, flight, or freeze, her best option was flight. She carried this behavior pattern with her into her marriage. When asked how she handled conflict with her husband, Ernesto, Maria replied frankly, "I just don't talk. Yeah, I just don't talk. I just don't talk if I'm mad. I just don't talk if he's mad."

As a child, Emily's mother yelled, which caused Emily to avoid conflict. As an adult, Emily yelled just like her mother. She recalled events from her childhood:

> There was no conflict as far as my mother was concerned. It was her way or the highway. ... We were not allowed to express anger; not allowed to express any kind of emotions except happiness. And, like I said, you know, if you didn't do exactly what she said...and I got more beatings than the other kids did because, like I said, I was a strong-willed child.

When asked how this childhood experience impacted her marriage, Emily responded:

> Like I said, I tend to go raise my voice and get loud just as an automatic. I think going back to how I grew up, you know? My mother would yell and scream when we didn't do exactly what she said, and then she would, at least she would beat me. I never knew exactly. ... I could not pinpoint when she was gonna fly off the handle and beat me, you know? It was different things, different days. So, I think it just bred insecurity and fear. That's the two main things.

Claudia saw volatile conflict in her family of origin, which caused her to avoid conflict as a child. As an adult, she vacillated between continuing the conflict resolution skills she witnessed as a child (i.e., yelling and screaming) or engaging in the conflict avoidance she practiced as a child. She explained:

> I don't like to have conflict. But I also don't know how to handle anger because I get mad like that. I'm not saying that about everything because there are some things that take me a lot to get mad. It's just that once I get to that point, which you know when me and my husband were dating, a lot of it was like, "Do not push me over the edge." And then when I say, "Get away from me!" and "Let me cool down because if you push me past the point, there's a point where I won't care anymore. It doesn't matter how much I've loved you. If you push me too far, that's it. I have no more use for you in my life." And that's very much like my dad. But I try not to be that way. So, there's very few people that have ever done that. But I have the capacity to do it, and I know that. So, my husband, he's not the type to raise his voice. He's not the type to, and the first thing you know, I'm screaming. I'm just raising my voice. I'm like, "I just want to punch you in the face right now!" But I don't know how to just be mad without being so angry.

Other participants started out as conflict avoiders; however, the longer they have been married, the more they learned how to engage in conflict in a healthy manner. Erin, for example, grew up in a family of yellers. She said arguments mainly surrounded their finances—not surprising considering she grew up in a family with nine children. Early in her marriage to Andrew, they both avoided conflict. She stated:

> We used to not speak to each other when we were mad at each other. But now I feel like we're. ... we don't do that like we used to. We're better about just expressing ourselves. I mean, my husband knows me very well, and I know him very well. So, he knows when something is wrong, and I think I know when something is wrong with him. We're pretty good at calling it out, you know, and talking about it.

After 38 years of marriage, they learned the art of conflict.

Eloise, who has been married to Jack for 60 years, also improved her tendency to avoid conflict. She remembered her dad yelling and her mom withdrawing, which caused her to avoid conflict as a child.

> Daddy yelled. Mama didn't say anything. We tried to avoid. Most of what we lived with was criticism. You learn not to say anything. Even when I wanted to—because my temperament gets angry—even when I wanted to, I didn't.

Later, in her own marriage, Eloise recalled:

> I would yell if we were having a disagreement. I would want to keep on talking, and he would walk out of the room, and that would not make me happy, you know? It would add fuel to the fire. And so, after a few years, when we got better about it, I said, "Why? Why do you do that to me? Why do you walk out when you know I'm not through talking?" And he said, "You can always walk back into a room, but you can never take

back what you say when you're angry." And that was probably 35 to 40 years ago that he said that, and it impacted our communication big time.

Theme Development

In order to develop the four themes found in this current study, I first performed two steps: (a) data collection, and (b) data analysis. After I completed these two steps, I developed four main themes. However, three extraneous themes also emerged that did not fit within the scope of the research questions but still warranted attention and discussion. The extraneous themes included the following: (a) participants who received counseling, (b) breaking dysfunctional patterns from their families of origin, and (c) seeing their childhood through their parents' eyes.

Steps to Data Collection

The first step in data collection included emailing a Church Recruitment Email to eight churches and five parachurch ministries. In this email I asked the churches and parachurch ministries to email a Participant Recruitment Letter to the women in their church/parachurch ministry. I contacted the following churches: Fellowship Bible Church (Fellowship Bible Church, n.d.), Harris Creek Baptist Church (Harris Creek Baptist Church, n.d.), Highland Baptist Church (Highland Baptist Church, n.d.), Meadowbrook Baptist Church (Meadowbrook Baptist Church, n.d.), Northwest Bible Church (Northwest Bible Church, n.d.), Prestonwood Baptist Church (Prestonwood Baptist Church, n.d.), Reunion Church (Reunion Church, n.d.), and Stonebriar Community Church (Stonebriar Community Church, n.d.). I contacted the following parachurch ministries: Blended Kingdom Families (Blended Kingdom Families, n.d.), Dallas Theological Seminary (Dallas Theological Seminary, n.d.), First Woodway MOPS (First

Woodway MOPS), Legacy Family Ministries (Legacy Family Ministries, n.d.)., and MOPS and MOMSNext of Fredericksburg (MOPS and MOMSNext of Fredericksburg, TX, n.d.).

The churches and parachurch ministries emailed the Participant Recruitment Letter, which contained the link to a Qualifying Questionnaire in Survey Monkey ([redacted]). If the interested participant met all five requirements of the Qualifying Questionnaire, I emailed her a Consent Form. The interested participant signed the Consent Form. She then had two choices: (a) she could scan the Consent Form and email it back to me, or (b) she could take a photo of the Consent Form and email the photo of the Consent Form to me using her phone. Most of the participants did not have access to a scanner, so they took a photo of the Consent Form and emailed it to me using their phones. After I received the signed Consent Form, we proceeded with the study.

After the participant emailed me the signed Consent Form, I emailed her a link to a second Survey Monkey so she could take the ACE Questionnaire ([redacted]). If she scored a 0 to 3 on the ACE Questionnaire, I sent her an email dismissing her from the study. Three participants were dismissed from the study. If the interested participant scored a 4 to10 on the ACE Questionnaire, I emailed her a link to a third Survey Monkey so she could take the AAS ([redacted]). After receiving the AAS results, I emailed the participant to schedule an Introduction Call, which took place via Zoom.

At the end of the Introduction Call, the participant and I scheduled the first interview. The questions for the first interview (see Appendix N) were pre-determined and the same for all participants, but there was room to adjust the questions based on results from the ACE Questionnaire.

Protocol for this current study allowed for interviews within a 30-mile radius of my home to be conducted face-to-face or via Zoom. Three of the participants lived outside the 30-mile radius; therefore, those interviews were automatically conducted via Zoom. When I first began conducting the interviews, I contracted the Covid-19 Omicron virus; therefore, I conducted those interviews via Zoom. Then, because of the increase in Omicron cases in my city, all interviews remained via Zoom. I recorded all interviews using Garage band and Zoom applications.

Immediately following each interview, I transcribed the interviews using Microsoft 365 OneDrive. Then, I saved each transcribed interview in a password-protected Microsoft Word document. The transcription process was messy and grammatically inaccurate; therefore, I spent one to three hours per interview correcting each transcription.

I repeated this process per participant for each second interview. I regretted not obtaining the participants' phone numbers in this process because several participants forgot about their scheduled interview times and failed to show up to their Zoom interviews. I emailed the participants and rescheduled the Zoom interview, which was inconvenient and extended the interview process.

Steps to Data Analysis

Data analysis began by reviewing the Qualifying Questionnaires. Interested participants were required to meet all five qualifying criteria to participate in the study (i.e., (a) female; (b) heterosexual; (c) at least 25 years old; (d) married at least five years; (e) regular church attendee; and (f) experienced childhood trauma). If interested participants were dismissed from the study because they did not meet the qualifying criteria, I included their names in a list in Excel. Two women emailed me and expressed interest in participating in the study; however, after reading through the Qualifying Questionnaire, they said they had not experienced childhood trauma and

would not qualify. I told them childhood trauma took on many different forms and included more than just abuse. I offered for them to take the ACE Questionnaire to see if they qualified for the study, but they declined. Two other women emailed me expressing interest in the study; they took the Qualifying Questionnaire. However, after I emailed them the Consent Form, they emailed me saying they did not have time to commit to the study. Three other women emailed me expressing interest in participating in the study. They met the qualifications in the Qualifying Questionnaire; however, they never returned the Consent Form to me. These participants received an email and a Participant Dismissal Letter (see Appendix P). I also included all their names in the list of dismissed participants in Excel.

I created a detailed Participant Detailed Demographic Information spreadsheet in Excel (see Table 8). I added to this information after each participant's first interview.

Table 8

Participant Detailed Demographic Information

Participant	Virginia	Vickie	Maria	Erin	Wendy	Eloise	Emily	Claudia	Anne
Age	39	36	58	61	44	80	63	52	51
Average Age of all Participants					54				
Husband Name	Steven	Greg	Ernesto	Andrew	Patrick	Jack	Ben	John	Wesley
Husband Age	38	37	59	60	50	81	65	48	53
Years married	13	14	40	38	17	60	41	8	33
Average Years Married of all Participants					29				
Kids / Ages	Girl, 9 Boy, 6 Girl, 3 Girl, 20 months	Boy, 9 Boy, 9 Girl, 5 Boy, 3	Boy, 39 Girl, 36 Girl, 34	Boy, 34 Girl, 31	-	Boy, 58 Boy, 55 Boy, 48	Girl, 33 Girl, 29	Boy, 22 Girl, 15	Girl, 20
Siblings	Sister, 30	Sister, 35 Stepsister, 41 Stepbrother, 39	Many	8 Siblings	Half-Sister 35	3 Younger Siblings	1 Sister 2 Brothers	3 Siblings	1 Brother 1 Sister
Parents Married / Divorced	Married	Divorced	Divorced	Married	Divorced	Married	Divorced	Divorced	Divorced
ACE Score	4	6	7	5	7	4	6	5	7

After the ACE Questionnaire, participants took the AAS. Responses to the AAS allowed me to create follow-up questions for the second interview specific to each participant. I created these questions and saved them for the participants' second interview.

After participants completed the ACE Questionnaire and the AAS, they participated in the first interview via Zoom. During the interview, I listened and took notes regarding the participants' body language, facial expressions, voice inflections, and environmental surroundings (see Appendix U). Since all meetings took place via Zoom, this was somewhat limited. But I took notes when appropriate and added them to the participants' stories.

I recorded all Zoom interviews using Garage Band and Zoom applications. I saved the Zoom recordings on my computer using a password-protected file. I uploaded the audio file into

Microsoft 365 One Drive, which transcribed the interview. When the transcription was complete, I then transferred the transcription notes into a Word document and saved that Word document on my computer in a password-protected file. Because the transcription was messy and inaccurate, I spent approximately one to three hours correcting each interview. This gave me the opportunity to review the interview, becoming familiar with the participant's story and any emerging themes.

After the transcription was cleaned up and error-free, I printed the interview. I then read it and hand-wrote themes I noticed regarding attachment and emotional intimacy. After reading through the transcription, I categorized these themes in Excel. Then I placed the participant's printed transcription in a locked box.

I repeated this first interview process with the second interview for each participant. However, during the second interview, I included questions derived from the AAS. Also, the participant brought photos, mementos, documents, and/or certificates that were memorable or special to her either from her childhood and/or marriage. When the interviews were conducted via Zoom, participants held up their photos and other items to the camera to allow me to see what they brought. Participants then explained why that item was memorable or special to them.

In Excel, I placed the participants in the order I conducted their first interviews. Then, after a participant's interview, I reviewed that participant's transcript plus all previous transcripts. For instance, participants' first interviews in order from the first interview to the last interview were as follows:

1. Virginia
2. Vickie
3. Maria

4. Erin
5. Wendy
6. Eloise
7. Emily
8. Claudia
9. Anne

Therefore, I read over Vickie's first interview transcript and then Virginia's first interview transcript to find any overlapping themes after Vickie's first interview transcript. I hand-wrote themes on Vicki's printed transcript and then categorized these themes in Excel. When I interviewed Wendy, I reviewed the first interview transcripts from Wendy, Virginia, Vickie, Maria, and Erin and continued hand-writing themes and then categorizing them in Excel as I found new overlapping themes. This process continued through the last participant, Anne. I repeated this process as I conducted second interviews with the participants.

Extraneous Themes

After I completed the first and second interviews with all participants, I organized the themes in Excel into two categories: attachment and emotional intimacy. I noticed three themes that did not fit into the aforementioned categories of attachment and emotional intimacy. These extraneous themes included: (a) participants who received counseling, (b) breaking dysfunctional patterns from their families of origin, and (c) seeing their childhood through their parents' eyes.

Participants Who have Received Counseling. Eight out of the nine participants received counseling to help them process their childhood trauma. The only participant who had not received counseling was Eloise, the oldest participant at 80 years old. One might assume she

grew up in an era when there was a negative stigma surrounding mental health or when therapeutic resources were unavailable or limited.

Eloise was also the victim of CSA and recounted how her silence impacted her, her family, and her marriage.

> I suffered an emotional breakdown in 1969 when I found out what my dad had done to my sister. I felt responsible because I was older, and if I had told on him when he was abusing me, maybe he would not have abused her. So, I felt responsible. I felt guilty. And back in 1969, you didn't talk about that sort of thing. So, I didn't tell anybody what had happened to me, and I suffered an emotional breakdown that led to suicidal depression. After I got to the point where I could talk about it and I realized what, to a degree, had happened, it did affect my marriage. I would have urinary tract infections (UTIs) a lot so that we couldn't have sex, and it was psychological—I'm sure it was. And there would be other things—other physical things that would happen. And I'm pretty sure it was psychological. After a while, it got O.K.

Emily received counseling for 10 years and said it helped her achieve emotional intimacy in her marriage. Virginia also pursued counseling when she was in college and pre-marital counseling when she was engaged to Steven, which helped her learn to draw healthy boundaries with her parents.

Although Vickie and Greg have attended marriage counseling, when I asked her if she ever received professional counseling to help her process her childhood trauma, Vickie responded flatly, "No." I asked her, "Why?" to which she responded:

> Honestly, I think it's because I just don't want to talk about it. I just want to put it in a box over here and close it up where I don't have to touch it. I think that's honestly why I've never dealt with it.

When I asked the same question of other participants, some reported that counseling improved their emotional intimacy, while others said counseling did not provide the experience for which they hoped. Anne talked about going to counseling with her husband, Wesley:

> I had gone by myself a couple of times, but we went once as a couple. In retrospect, after my experience with other counselors and my graduate work in counseling, I don't think it was a great match. The first question the counselor asked Wesley (with me in the room) was, "Do you think she's beautiful?" and Wesley didn't answer. So, we just sat in awkward silence for an extended period. I was cringing. So, we went back once after that. But then we didn't continue as a couple. But I do remember we did these ratings, and for some reason, Wesley gave me his, and I got to look at it. On a scale of 1 to 10, he rated our marriage a 3, and I was like, "Wow! That's so bad." His mother had just passed away, and we had just lost another pregnancy, so there was a lot of tension. And the counselor said to Wesley, "Well, I think you're depressed because your mom passed away." But we didn't continue doing the work for whatever reason.

Erin also pursued counseling and she hoped it would improve the emotional intimacy in her marriage. However, she did not receive the results she sought. She recounted her experience with counseling:

> Andrew knows that I went to counseling, of course, and I went to counseling because I wanted to work on our intimacy. But it really just ended up being me talking about my

childhood trauma. So, it was helpful, but I still don't feel like my husband and I have the intimacy that I dream about.

Breaking Dysfunctional Patterns from their Families of Origin. Seven out of the nine participants demonstrated that they were breaking the patterns of dysfunction they experienced in their families of origin. While seven out of the nine participants had parents with substance abuse addictions, only one participant, Claudia, struggled with substance abuse herself. Claudia was also the only participant married to someone who struggled with substance abuse.

Eight out of nine participants recalled growing up in a house where their parents fought, yelled, or screamed. Even so, only two participants (i.e., Eloise and Emily) said they struggled with anger and yelling at their spouse and/or kids. This showed that the women were dedicated to recreating their family tree and doing things differently than their parents did.

Vickie described how her family of origin handled conflict:

> Our conflict was a shouting match—like, who could yell the loudest. And so, as I got older, as a kid, it was like, tearing me down. And I kind of ran away—ran away and hid. As I got older, I started standing up for myself; I would yell back.

She proceeded to describe how these negative conflict resolution patterns impacted her marriage.

> And so, with Greg, I feel like early on in our marriage, it was the same way: a shouting match. Who was going to yell the loudest, and who was going to have the last say? But I feel like now, long into our marriage, while we still have times we yell at each other, those are the rare occasions. They're not the usual. And our conflicts oftentimes are just, at least for me, like taking a step back and taking some time away and cooling off and thinking about the meat of the issue and then re-addressing it. And then, while we're not perfect and we still sometimes don't even resolve the issue, I feel like at least we're not

> screaming at each other—I mean, I can think of maybe one time in the last year that I actually yelled at him, and he yelled at me. So dumb. I will say, when I was a younger married person, there was a lot of similar tactics that my family did. But as we've gotten older and into our relationship, that's less of the go-to.

Vickie's testimony was just one example of how time helped the women change their behaviors, thought patterns, beliefs about themselves, and as a result, the dysfunctional patterns derived from their families of origin.

Another thing to consider was that eight out of nine participants experienced some type of child abuse (i.e., verbal, emotional, physical, and/or sexual). However, none of the participants reported abusing their children. Also, five out of nine participants experienced some type of neglect. However, none of the participants reported neglecting their children. Finally, seven out of nine participants reported a parent who struggled with mental illness. However, only three participants confessed that they struggled with a mental illness (e.g., two participants mentioned depression, and one participant did not specify).

As for those participants who were not breaking the cycle of dysfunction, Claudia struggled with alcohol and indicated she was a recovering alcoholic, although she said she still went out and drank with friends. She maintained that she only drank to relax, not to get drunk like her husband, John.

Although she spent years in professional counseling, seemed self-aware, and improved the way she communicated with her husband, Wendy also exhibited behaviors that suggested difficulty breaking dysfunctional patterns. She admitted, "I'm head over heels in love with my husband" despite his emotionally abusive and manipulative behaviors. For instance, Patrick repeatedly shamed Wendy in order to maintain control over her. "He wants me to be ashamed of

my body, except for when we're together, and then I could be a stripper. So, I still like the attention, and I still put up with it." Because of her abusive past and rejection from the men in her life, Wendy accepted this behavior, eager for any minuscule scrap of attention—no matter how unhealthy or unloving it might be.

Seeing Their Childhood Through Their Parents' Eyes. Several participants expressed the ability to see their childhood through their parents' eyes and understood why their parents made the choices they did. Some participants said their parents did the best they could, while others even forgave their parents for the pain their parents caused them in childhood. Virginia had mixed emotions as she thought back to her childhood. On one hand, she saw things through her dad's eyes. However, on the other hand, she still grappled with how her dad could have treated her the way he did. She stated:

> I can look back and see things through adult eyes and sort of see the brokenness and the dysfunction. Part of me wants to think he did the best he could. He's just a very broken man and had his own very broken childhood. But then there's part of me that struggles with, "Why couldn't he put us first? Why couldn't he put his children and his wife first?" Because I see Steven do that. On one hand, I'm so thankful for my husband, who can do these things even though *he* [emphasis added] had a broken, dysfunctional childhood himself. *He* [emphasis added] can put his family first. But then there is that hurt as to, "Why? Why couldn't my dad? Why did it take him until I was in my 20's before he got his act together?"

Eloise forgave her parents and even started writing a book on the topic. She explained her journey to forgiveness:

In 2021, my mom died, and something that was said at a meeting with her lawyer broke my heart and my sister's heart. But as I began to work through it, I realized that I had to forgive my mom, so I started sorting through the 60 years of garbage. It boiled down to whether she was aware that my dad sexually abused my sister and me, and she didn't do anything about it. For that reason, subconsciously, I did not allow myself to love her because I did not feel loved. And then, as my sister and I began to do some research, we found out that her father had abused her and her comment to us was, "If I could handle it, anybody could." And that's when we knew that she knew about the abuse. I don't think that hurt as bad as something that happened after she died: The lawyer told her she was not being fair to my sister and me for some things that she put in her will, and he told her she wasn't being fair, and she said, "I don't care." And that crushed my sister and me when she said that. But we're O.K. now. We're both O.K. now.

Summary

This chapter introduced the nine participants who participated in this current study and provided the descriptive statistics obtained through the research phase of the study. These descriptive statistics were derived from the ACE Questionnaire and the AAS. I then answered RQ1 and its sub-question and RQ2 and its sub-question. Each research question saw two themes emerge, and overall, three extraneous themes emerged, which were also discussed.

Overall, I drew the following conclusions regarding attachment: Women who experienced childhood trauma who presented avoidant and anxious-ambivalent attachment styles have difficulty cultivating emotional intimacy with their husbands because (a) they developed a "Lone Ranger mentality" (i.e., they had difficulty trusting, they were self-protective, they were fiercely independent, and they had an elevated fear of abandonment); and (b) they had difficulty

regarding love and affection (i.e., they had difficulty receiving love from their husbands, and they had difficulty offering love and affection to their husbands). Regarding emotional intimacy, the study showed that women who experienced childhood trauma experienced lower levels of marital satisfaction because: (a) they consciously and subconsciously worked to maintain an emotional distance between themselves and their spouse, and (b) they avoided conflict at all costs. These findings were in keeping with my definition of emotional intimacy: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners.

CHAPTER FIVE: CONCLUSIONS

The purpose of this study was to look at the impact of childhood trauma on the emotional intimacy and attachment in marriage among women who are regular attendees. This chapter began by outlining the Summary of Findings and restated the RQ1 driving the study (i.e., How would women who have experienced childhood trauma describe their attachment style in marriage?) and its sub-question (i.e., How does their attachment style impact their emotional intimacy with their spouse?) as well as RQ2 (i.e., What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse?) and its sub-question, (i.e., How do these emotional intimacy challenges impact their marital satisfaction?). This section also listed ways in which this current study supported previous research, extended previous research, and deviated from previous research.

This chapter then moved into the Discussion section, which covered findings from the study and how they applied to attachment and emotional intimacy. The Discussion started by

looking at two theories driving the study: attachment theory and Maslow's Hierarchy of Needs. Within the conversation surrounding attachment, this section covered the following topics: (a) attachment styles in marriage; (b) emotional and verbal abuse in childhood leading to attachment styles in adulthood; (c) insecure attachment styles in marriage; (d) CSA and attachment in marriage (e) mental illness and insecure attachment style; and (f) attachment style in the early years of marriage.

The Discussion section then covered emotional intimacy in marriage. Within this section, two topics were mentioned: (a) the impact of family of origin on emotional intimacy, and (b) adverse health conditions leading to difficulties in emotional intimacy. After the Discussion section, this chapter moved into the Implications section. This current study provided two main implications regarding married heterosexual women who have experienced childhood trauma. First, married heterosexual women who experienced childhood trauma and demonstrated avoidant or anxious-ambivalent attachment styles presented the "Lone Ranger mentality" and had difficulty cultivating emotional intimacy with their husbands. The second implication is that married heterosexual women who endured childhood trauma consciously and subconsciously worked to maintain an emotional distance between themselves and their spouses. However, this emotional distance decreased the longer they were married. The women decreased the emotional distance between them and their spouse for two reasons: (a) they built trust over time, and (b) they learned healthy communication and conflict resolution patterns over time.

Next, this chapter focused on the Delimitations and Limitations of this current study. The delimitations included (a) gender (i.e., female), (b) sexual preference (i.e., heterosexual), (c) age (i.e., at least 25 years old), and (d) years married (i.e., married at least 5 years). Limitations

included ethnicity, as eight out of the nine participants were Caucasian, and only one participant was Hispanic. Another limitation was the participants' ages, as the average participant age was 54, with five of the nine participants being in their 50's and 60's. One final limitation was that this study relied on participants' retrospective accounts.

The next section of Chapter Five included the Relevance for Professionals (i.e., mental health workers, medical doctors, and church workers). Relevance included: (a) helping mental health workers recognize, understand, and address the challenges regarding emotional intimacy and attachment that were common among women who experienced childhood trauma; (b) understanding mental and behavioral symptoms as well as marriage, family, and relationship dynamics which influenced their therapeutic response; (c) helping mental health professionals and medical doctors provide the most effective form of treatment; (d) equipping church workers by providing them with the information they need to understand the women in their churches who come to them for lay counseling; and (e) helping church workers know when they need to refer these women to professional mental health workers.

Next, Chapter Five discussed this current study's Christian worldview, which was important considering all the participants were regular church attendees. The Christian worldview considered that the Christian religion centered upon the life of Jesus Christ and the salvation he offers (*New International Version Bible*, 1626/2018, John 3:16; John 14:6; Acts 4:12).

Next, Chapter Five offered Recommendations for Future Research. Under this section, many themes emerged from this current study, which would be beneficial topics for further research studies. Those topics included the following: (a) how childhood trauma impacts adult female friendships; (b) how a mother's relationship with her child is impacted by her own

parents' negative communication patterns; (c) how healthy marriage role models impact women in marriage when those women have experienced childhood trauma; and (d) how a woman's faith helps her process her childhood trauma. This chapter ended with a Summary.

Summary of Findings

This current study looked at the impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees. I derived a definition of emotional intimacy specifically for this current study and applied it throughout. That definition was as follows: A romantic couple's ability and willingness to engage in vulnerable self-disclosure through the mutual sharing of ideas, thoughts, and feelings, which leads to an emotional connection shared by both partners.

The RQ1 that drove this current study was: How would women who have experienced childhood trauma describe their attachment style in marriage? The first sub-question that drove this current study was: How does their attachment style impact their emotional intimacy with their spouse? Each participant took the ACE Questionnaire and the AAS. Their responses were used to create follow-up questions, which were then used in the second participant interview. I combed through participants' answers to these questions and identified and categorized themes, which applied to RQ1 and its sub-question. The two themes included: (a) the "Lone Ranger mentality," and (b) difficulty regarding love and affection.

Overall, research showed that women who presented avoidant or anxious-ambivalent attachment styles had difficulty cultivating emotional intimacy with their husbands for two reasons: (a) they developed a "Lone Ranger mentality," and (b) they had difficulty regarding love and affection. Women who possessed the "Lone Ranger mentality" exhibited the following four behaviors: (a) they had difficulty trusting, (b) they were self-protective, (c) they were

fiercely independent, and (d) they had an elevated fear of abandonment. Participants' "difficulty regarding love and affection" was broken into two specific challenges: (a) participants' had difficulty receiving love from their husbands, and (b) participants' had difficulty offering love and affection to their husbands.

The RQ2 that drove this current study was: What challenges do women who have experienced childhood trauma face in marriage regarding emotional intimacy with their spouse? The second sub-question that drove this current study was: How do these emotional intimacy challenges impact their marital satisfaction? I used participants' responses to interview questions to derive two themes, which were then applied to RQ2 and its sub-question. Those themes included: (a) emotional distance, and (b) conflict avoidance. Information provided from participant interviews allowed me to conclude that women who endured childhood trauma experienced emotional intimacy challenges which led to lower levels of marital satisfaction, which was due to two factors: (a) they consciously and subconsciously worked to maintain an emotional distance between themselves and their spouse, and (b) they avoided conflict at all costs.

This current study supported previous studies in the following areas:

1. Thomson and Jaque (2017) found that children who experienced childhood trauma experienced multiple traumas, not an isolated trauma. This current study supported this finding in that all nine participants experienced multiple childhood traumas (see Table 9).

Table 9

Participants' Multiple Childhood Traumas

Trauma	Virginia	Vickie	Maria	Erin	Wendy	Eloise	Emily	Claudia	Anne
Parents Married / Divorced	Married	Divorced	Divorced	Married	Divorced	Married	Divorced	Divorced	Divorced
Parental Mental Illness	Dad	Mom	Mom		Mom		Mom	Mom	Mom
Parents Alcohol / Drug Abuse	Dad drugs	Stepdad alcohol	Dad alcohol		Dad alcohol	Dad alcohol	Dad alcohol		Dad alcohol Mom alcohol
Verbal Abuse		Mom	Mom	Dad	Dad; Stepdad Mom	Dad	Mom	Dad	Dad
Emotional Abuse		Mom	Mom		Dad Mom	Dad	Mom	Dad	
Physical Abuse				Dad	Dad		Dad	Dad	Dad
Sexual Abuse			Mom	Sibling	Neighbor	Dad	Unknown perpetrator	Grandfather	
Neglect	YES	YES			YES	YES		YES	

2. Akister (2002) found that adult attachment styles may not be derived from actual childhood trauma; rather, they may be derived from how a person interpreted her childhood trauma. This current study showed that several participants could see their childhoods through their parents' eyes, which may have enabled them to form a secure attachment in their marriage.
3. This current study supported the work of Lassri et al. (2016), which found that childhood maltreatment—including excessive criticism—determined adult attachment styles. Furthermore, both studies showed that children who experienced excessive criticism in

childhood grew up to (a) have difficulty trusting others, (b) value achievements over personal relationships, and (c) develop an avoidant attachment in order to avoid intimacy. Both Eloise and Erin grew up with overly critical parents, which caused them to have trust issues in their marriage. Wendy also experienced criticism from her father and said she learned early on that her "needs don't matter." She also "learned to be small" and said sadly, "That's probably the most painful thing in terms of abuse."

4. Cirhinlioğlu et al. (2018) found that adults with anxious-ambivalent attachment: (a) doubted their partner's love for them, (b) found people unreliable, (c) feared being abandoned, (d) struggled with anxiety and loneliness, and (e) did not feel like they could rely on their partner. This current study's findings supported the work of Cirhinlioğlu et al. (2018) by highlighting its participant, Wendy, who exhibited all four of these characteristics.
5. Babarskiene and Galduk (2018) found that college students hesitated speaking negatively about their parents. This current study supported these findings, as five out of the nine participants also refrained from speaking negatively about their parents. They also (a) indicated that they saw their childhood through their parents' eyes, (b) forgave their parents, and/or (c) spoke kindly about their parents.
6. Research showed that childhood trauma led to physical illnesses (Banker et al., 2019; Harris, 2005; Midei et al., 2013). While this current study did not overtly address the issue of physical illnesses in relation to childhood trauma, one participant offered support in her recounting of suffering from UTIs as a delayed physical reaction to the CSA she experienced.

This current study extended findings from several previous studies to offer new, unique findings. These unique findings included:

1. If basic physical needs were not met in childhood (Maslow, 1943, 1968, 1987), women grew up and demonstrated insecure attachment behaviors (i.e., fear of abandonment, withdrawal during conflict) and emotional intimacy challenges (i.e., anxiety, self-protection, fiercely independent).
2. One study showed that attachment-informed therapy helped adults change from insecure to secure attachment style (Taylor et al., 2015). This current study did not look at attachment-informed therapy, but it illustrated how some participants made progress in changing their attachment style behaviors as a result of being married for an extended length of time.
3. Grady et al. (2018) found a direct correlation between CSA survivors' dysregulation and inhibitions in adolescence. This current study extended these findings by showing how teenage promiscuity impacted female CSA survivors in marriage. For instance, this current study found that female CSA survivors (a) experienced difficulty forming emotional intimacy in marriage, (b) put up an emotional barrier between themselves and their husbands, (c) had difficulty sharing emotions, (d) remained emotionally distant from their husbands, and (e) had difficulty regarding love and affection.
4. Researchers found that insecure attachment styles (i.e., avoidant and anxious-ambivalent) significantly correlated with anxiety and depression (Aao et al., 2020; Van Assche et al., 2018). This current study supported these findings, as four of the nine participants (i.e., Wendy, Eloise, Emily, and Claudia) experienced depression or anxiety; it extended the research conducted by Van Assche et al. (2018) by highlighting how depression and

anxiety created an inability for women who endured childhood trauma to (a) form emotional intimacy in marriage, (b) trust their husbands, and (c) rely on their husbands.

Findings from this current study that deviated from previous studies included:

1. Cirhinlioğlu et al. (2018) found that adults with avoidant attachment entered into relationships with a pessimistic attitude and considered separation inevitable. However, neither of those findings applied to the participants in this current study.
2. Grady et al. (2018) found a link between individuals who experienced CSA and had avoidant attachment styles and those who committed sexual crimes in adolescence. However, this current study found no such link among its participants, as none of them admitted to committing a sexual crime at any point in their lives.
3. Cirhinlioğlu et al. (2018) looked at attachment style in marriage and found that marital quality was higher in the early years when avoidant attachment was lower. However, this current study found the exact opposite: During the early years of marriage, avoidant attachment was higher and marital quality was lower.
4. Afifi et al. (2017) found a connection between harsh physical punishment (i.e., pushing, grabbing, shoving, hitting, or slapping) in childhood and IPV in adulthood. However, this current study did not support these findings. Even when participants received harsh physical punishment (e.g., Vicki's mom grabbed her by the face; Wendy's dad pushed her out of a moving vehicle), no participants experienced IPV in adulthood.
5. Babarskiene and Galduk (2018) found that, among college students, parents were the biggest influence regarding how to cultivate and maintain happiness within marriage. This current study found that a healthy marriage role model could be any healthy married

adults, not necessarily parents, as long as the marriage role model demonstrated values the participant admired and wanted to emulate.

Discussion

All findings from this current study accomplished one of the following: (a) supported findings from previous studies, (b) extended findings from previous studies, or (c) deviated from findings from previous studies. All findings from this current study were discussed in the context of how women who endured childhood trauma experience emotional intimacy and attachment in marriage.

Attachment Theory

Attachment theory was the first theory that drove this current study. Bowlby (1969, 1976, 1982, 1983) and Ainsworth et al. (1978) created three types of attachment styles: (a) secure, (b) avoidant (also known as anxious-avoidant), and (c) anxious-ambivalent. Hazan and Shaver (1987) later expanded on that work by applying the findings to adult romantic relationships. Researchers found that 56 percent of adults were securely attached, 24 percent demonstrated avoidant attachment, and 20 percent showed anxious-ambivalent attachment. However, the participants in this current study did not coincide with this breakdown. Out of the nine participants in this current study, three (or 33 percent) demonstrated qualities that suggested they had a secure attachment, four (or 44 percent) demonstrated qualities consistent with avoidant attachment, and two (or 22 percent) demonstrated qualities portraying anxious-ambivalent attachment.

One study found that adult attachment styles were not derived from actual childhood trauma; rather, they resulted from how a person interpreted her childhood trauma (Akister, 2002). This was evident in several participants in this current study who saw their childhoods

through their parents' eyes. According to Akister (2002), the fact that Virginia displayed secure attachment might be due to the fact that she saw her childhood through her parents' perspective, which helped her reframe her childhood experience through a lens of understanding and empathy. She stated the following:

> I think it makes me thankful that I can, as an adult, look back and see things through adult eyes and see the brokenness and the dysfunction. Part of me wants to think he did the best he could. He's just a very broken man with a very broken childhood, but then there's a part of me that struggles with, "Why couldn't he put his children and his wife first?" because I see Steven do that. On one hand, I'm so thankful for my husband, who can do these things even though he had a broken, dysfunctional childhood himself. He can put his family first. Yet, there's still that hurt as to, "Why? Why couldn't my dad? Why did it take him until I was in my 20s before he got his act together? Why did it take him that long?" A s far as it impacting my marriage. ... it makes me very thankful for the man that I did marry.

Virginia reflected Paul's words in 1 Corinthians:

> When I was a child, I talked like a child, I thought like a child, I reasoned like a child. When I became a man, I put the ways of childhood behind me. For now, we see only a reflection as in a mirror; then we shall see face to face. Now I know in part; then I shall know fully, even as I am fully known (*New International Version Bible*, 1753/2018, 1 Corinthians 13:11-12).

She admitted that as a child, she viewed her dad's behavior from the perspective of a child. Now, as an adult, she vacillated between seeing the past from his point of view while also contrasting her dad with her husband. Both her dad and her husband experienced difficult

childhoods, yet they responded to their childhoods in opposite ways: Her dad drank and neglected his children, while her husband chose to be a responsible, hardworking man, a supportive husband, and a present father. Virginia grappled with these realities, and it is probably something she will never make sense of this side of heaven. Now she will "know in part," but in heaven, she will "know fully."

Several other participants in this current study also interpreted their childhoods with a positive tone, especially considering what they had experienced. For example, despite being sexually abused by her brother and watching her father physically abuse her brother, Erin described her childhood as "loving." Eloise (another participant who displayed secure attachment) experienced verbal, emotional, and sexual abuse at the hands of her alcoholic father. Despite this trauma, she described her childhood as "secure."

Attachment Styles in Marriage

One area in which this current study added to previous research regarded attachment styles in marriage. One study showed that attachment-informed therapy helped adults change from insecure attachment style to secure attachment style (Taylor et al., 2015). While none of the participants in this current study underwent attachment-informed therapy (like the participants in the Taylor et al. (2015) study), this current study showed how some participants made progress in changing their insecure attachment style behaviors to more secure attachment style behaviors.

Vickie, for instance, commented several times on certain behaviors that improved with time. I read a statement to her from the AAS:

> "I do not often worry about someone getting too close to me," and you said that was not characteristic of you. So basically, do you worry about your husband getting too close to you? And what does that look like for you?

Vickie responded,

> I feel like, as we've been together longer, I have less of that. But I do feel more comfortable when I feel like I'm in control of how our relationship flows. So, when it comes to intimacy or conversation or even talking about our future, the more I can keep some of that at arms' length, the more comfortable I feel, if that makes sense.

I proceeded with another statement:

> "In relationships, I often worry that others will not want to stay with me," and you said that's very much like you. So, do you worry your husband won't want to stay with you, or does that apply more to other people?

Vickie responded:

> Again, that fear is a lot less than it used to be. I mean, I think in the back of my mind, there's still a tiny bit of that fear, but it's a lot less now. And I do feel it a lot with other relationships.

Erin, who exhibited avoidant attachment behaviors, recognized how fiercely independent she was at the beginning of her marriage. However, due to life's circumstances, she and her husband have learned to rely on each other. I read the following AAS statement:

> One of the statements said, "I find it difficult to allow myself to depend on others" and you rated that a 5—very characteristic of yourself. So how would you say that plays out in your marriage? Do you find it difficult to depend on your husband?

Erin looked up pensively and replied:

> Early on in our relationship, I recall—and I think some of this is because of how I was raised—I was raised to be very independent and not to need anyone. So, I think, early on, I really didn't want to rely on him. If there was any way I could do it myself, I wanted to do it myself. But as we got married and we started making decisions together, as you start to have a family, you have to rely on each other. I think it was pretty much a joint effort at that point. But there are still tendencies—he has his interests, and I have my interests, and we have to work at finding things we like to do together. I would say that's an area of marriage that I wish we would continue to work on, and I think we still do try to work on it.

Emotional and Verbal Abuse in Childhood Leading to Attachment Styles in Adulthood

Lassri et al. (2016) found that childhood maltreatment—including excessive criticism—determined adult attachment styles. Furthermore, it indicated that children who experienced excessive criticism in childhood grew up to (a) have difficulty trusting others, (b) value achievements over personal relationships, and (c) develop an avoidant attachment in order to avoid intimacy. This current study supported these findings in several ways.

To begin, this current study found that eight out of nine participants (i.e., everyone except Virginia) experienced verbal abuse by one or more parents, and seven out of nine participants (i.e., everyone except Virginia and Erin) experienced emotional abuse by one or more parents. Out of these participants, five women (i.e., Vickie, Wendy, Emily, Claudia, and Anne) said they had difficulty trusting their husbands and/or people outside their marriage. This behavior agreed with the Lassri et al. (2016) study.

Five participants whose parents verbally and/or emotionally abused them (i.e., Vickie, Maria, Erin, Wendy, and Anne) also indicated that they valued their achievements, education,

and/or professions. For instance, Maria, Wendy, and Anne all mentioned graduate work they were pursuing or had obtained. During her second interview, Vickie showed me a college commencement program as well as a graduate school graduation photo. Erin showed me her LinkedIn profile and talked about some of the professional milestones she achieved pre-retirement. Finally, four of the aforementioned participants (i.e., Vickie, Maria, Erin, and Anne) all displayed avoidant attachment behaviors, as outlined in the "Lone Ranger mentality" behaviors (i.e., they had difficulty trusting, they were self-protective, they were fiercely independent, and they had an elevated fear of abandonment).

Insecure Attachment Styles in Marriage

This current study deviated from a previous study conducted by Cirhinlioğlu et al. (2018) regarding avoidant attachment on several occasions. Researchers found that individuals with avoidant attachment entered into relationships with pessimism and considered separation inevitable. However, neither of these findings proved true for any of the participants in this current study. Participants' attitudes toward marriage could be described as cautious or hesitant, but none of the participants expressed a pessimistic attitude toward marriage or the longevity of their relationship. In fact, Claudia stated outright, "Divorce is not an option" (although this statement was ironic considering she was the only participant who was on her second marriage). The participants' commitment to marriage might have been due to the fact that they were all church attendees, meaning they attended church a minimum of two times a month. Their commitment to church might have stemmed from their commitment to their Christian faith, which also adhered to their commitment to the marriage covenant, as outlined in Scripture:

> "Haven't you read," he replied, "that at the beginning the Creator 'made them male and female,' and said, 'For this reason, a man will leave his father and mother and be united

> to his wife, and the two will become one flesh'? So, they are no longer two, but one flesh. Therefore, what God has joined together, let no one separate." "Why then," they asked, "did Moses command that a man give his wife a certificate of divorce and send her away?" Jesus replied, "Moses permitted you to divorce your wives because your hearts were hard. But it was not this way from the beginning. I tell you that anyone who divorces his wife, except for sexual immorality, and marries another woman commits adultery" (*New International Version Bible*, 1515/2018, Matthew 19:4-9) (c.f., Matthew 5:31-32; Mark 10:12; Luke 16:18; 1 Corinthians 7:10-11).

One way in which this current study supported the findings in the study conducted by Cirhinlioğlu et al. (2018) was in its discussion on anxious-ambivalent attachment. Researchers found that adults with anxious-ambivalent attachment: (a) doubted their partner's love for them, (b) found people unreliable, (c) feared being abandoned, (d) struggled with anxiety and loneliness, and (e) felt like they could not rely on their partner. Wendy, who portrayed anxious-ambivalent attachment, exhibited all four of these characteristics.

CSA and Attachment in Marriage

Grady et al. (2018) found a direct correlation between CSA survivors and dysregulation and inhibitions in adolescence. This current study supported this previous research in that, out of the six participants in this current study who experienced CSA (i.e., Maria, Erin, Wendy, Eloise, Emily, and Claudia), five of them (all but Erin) were promiscuous as teenagers. These findings supported the previous findings that found a direct correlation between CSA survivors and dysregulation and inhibitions in adolescence.

This current study took these findings a step further by showing how teenage promiscuity impacted the female CSA survivor in marriage. This current study found that participants

experienced difficulty forming emotional intimacy as a result of CSA, as they created an emotional barrier between themselves and their husband. They also had difficulty sharing emotions and preferred to remain emotionally distant from their husbands. Finally, they had difficulty regarding love and affection: (a) they had difficulty receiving love from their husbands, and (b) they had difficulty offering love and affection to their husbands.

One way this current study deviated from previous findings regarded sexual crimes. Grady et al. (2018) found a link between individuals who experienced CSA and had avoidant attachment styles and those who committed sexual crimes in adolescence. However, among the participants in this current study who demonstrated an avoidant attachment style and experienced CSA, none of them admitted to committing a sexual crime at any point in their lives.

Mental Illness and Insecure Attachment Style

Researchers found that insecure attachment styles (i.e., avoidant and anxious-ambivalent) showed a significant positive correlation with anxiety and depression (Aao et al., 2020; Van Assche et al., 2018). This current study supported these findings, as four of the nine participants (i.e., Wendy, Eloise, Emily, and Claudia) experienced depression or anxiety. This current study extended the research conducted by Van Assche et al. (2018) by showing how mental illness impacted marriage among women who experienced childhood trauma. Findings from this current study showed that depression and anxiety created an inability for women to (a) form emotional intimacy, (b) trust their husbands, and (c) rely on their husbands.

Attachment Style in the Early Years of Marriage

Regarding attachment style and the early years of marriage, this current study deviated from the study conducted by Cirhinlioğlu et al. (2018) and produced the exact opposite results. Researchers in the previous study found that marital quality was higher in the early years of

marriage when avoidant attachment was lower. This current study, however, found that during the early years of marriage, avoidant attachment was higher and marital quality was lower. Reasons for these current findings included the fact that avoidant attachment was higher in the early years of marriage because couples had not yet learned healthy forms of communication—they still used unhealthy forms of communication they had learned from their families of origin. Second, in this current study, marital quality was lower in the early years of marriage because, as in the case of Virginia and Vickie, couples had small children who occupied their time. They did not have the time they needed to invest in their marriage and in each other. Also, the more years that passed, the more the women's "Lone Ranger mentality" behaviors decreased, allowing them to increase the emotional intimacy they experienced with their husbands.

Another way in which this current study deviated from the study conducted by Afifi et al. (2017) regarded the connection between harsh physical punishment (i.e., pushing, grabbing, shoving, hitting, or slapping) in childhood and IPV in adulthood. Despite this previous research, this current study showed that even when participants received harsh physical punishment (e.g., Vicki's mom grabbed her by the face; Wendy's dad pushed her out of a moving vehicle) in childhood, no participants experienced IPV in adulthood.

Maslow's Hierarchy of Needs

A second theory that drove this current study was Maslow's Hierarchy of Needs (Maslow, 1943, 1968, 1987). This theory purported the idea that a person's physical needs must be met before their emotional and/or psychological needs could be met. This current study supported and extended this theory by highlighting the deficits women experienced regarding emotional intimacy and attachment in marriage.

For instance, one participant, Wendy, recalled living in a barn from ages three to six. Ironically, she described those years as "good years." She talked about this time in her life with a smile on her face, "We were poor as heck. We lived in a barn, and I slept on the floor, but we would go to these dances, and there was always music and people, and that's where my love of music was born." Although she reflected on this time fondly, having her basic physical needs go unmet resulted in Wendy growing into an anxious adult who demonstrated anxious-ambivalent behaviors with an elevated fear of abandonment.

Virginia also recalled growing up without money. "I never got to do extracurricular stuff because there was never money for it. But they also never even encouraged it or even suggested it." Later, when Virginia was in college and supported herself financially, her parents regularly asked her for money. She saw a counselor to help her learn how to deal with the pressure they placed on her. She recounted her experience in counseling:

> It made me realize that my parents were always asking me for money, and it was really affecting me. So, then I was able to go to my parents and say, "This is affecting me. Y'all can't keep asking me for money." And honestly, they never asked again. So, I feel like I laid down a pretty healthy boundary.

This led to Virginia developing a heightened self-protective nature in adulthood and marriage.

> Like Virginia, Erin also remembered the financial strain she experienced in childhood. We were lower-middle class and grew up in a two-bedroom, one-bath home until, as my parents got older, they did add on another bath and bedroom. So, my sisters and I had bunk beds in our bedroom. All four of us slept in one bedroom, and then, of course, my mom and dad had a bedroom and then my brothers, two of them actually slept on a pull-out couch most of their childhood. Money was scarce growing up. I felt like there was

always a little bit of tension because of that. Usually, when there was conflict, it was either about money or about my brother doing something he wasn't supposed to be doing.

Growing up with this type of scarcity caused Erin to become overly independent and self-protective in marriage. Because of the conflicts she saw surrounding money, she also learned to withdraw in conflict.

Emotional Intimacy

The Impact of Family Origin on Emotional Intimacy

One study conducted by Babarskiene and Galduk (2018) found that, among college students, participants' parents were the biggest influence regarding how to cultivate and maintain happiness within marriage. This current study dispelled this claim, as seven out of the nine participants had a couple in their life who modeled a healthy marriage and gave them a marriage model they wanted to emulate. This current study showed that the role model does not necessarily need to be a parent; rather, a role model can be any married couple who the young adult knows, trusts, and admires. The Bible also does not say a healthy role model needs to be a parent; rather, God is more concerned about one's character versus role. For instance, Titus 2 outlines how older men in the Church are to mentor younger men in the Church and likewise for older women and younger women.

> You, however, must teach what is appropriate to sound doctrine. Teach the older men to be temperate, worthy of respect, self-controlled, and sound in faith, in love and in endurance. Likewise, teach the older women to be reverent in the way they live, not to be slanderers or addicted to much wine, but to teach what is good. Then they can urge the younger women to love their husbands and children, to be self-controlled and pure, to be busy at home, to be kind, and to be subject to their husbands, so that no one will malign

> the word of God. Similarly, encourage the young men to be self-controlled. In everything, set them an example by doing what is good. In your teaching show integrity, seriousness and soundness of speech that cannot be condemned so that those who oppose you may be ashamed because they have nothing bad to say about us (*New International Version Bible,* 1852/2018, Titus 2:1-8).

Babarskiene and Galduk (2018) also found that participants in their study were hesitant to speak negatively about their parents. This current study supported these findings, as five out of the nine participants refrained from speaking negatively about their parents and (a) indicated that they saw their childhood through their parents' eyes, (b) forgave their parents, and/or (c) spoke kindly about their parents. "Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen" (*New International Version Bible,* 1794/2018, Ephesians 4:29).

Adverse Health Conditions Leading to Difficulties in Emotional Intimacy

Research showed that childhood trauma led to physical illnesses, including ulcers, arthritis, autoimmune disorders, and diabetes (Banker et al., 2019; Harris, 2005; Midei et al., 2013). This current study did not overtly address the issue of physical illnesses in relation to childhood trauma. However, one participant, Eloise, mentioned that she suffered from UTIs as a delayed physical reaction to the CSA she experienced. This current study discovered that when a woman who endured CSA grew up to experience a physical reaction, it caused an emotional barrier between her and her husband (as with Eloise and Jack).

Implications

The Lone Ranger Mentality

This current study provided two important implications for heterosexual married women who endured childhood trauma. The first implication was the "Lone Ranger mentality," which applied to women who presented avoidant or anxious-ambivalent attachment styles in marriage and had difficulty cultivating emotional intimacy with their husbands. Married women who endured childhood trauma exhibited the "Lone Ranger mentality" in four ways: (a) they had difficulty trusting, (b) they were self-protective, (c) they were fiercely independent, and (d) they had an elevated fear of abandonment.

Participants in this current study demonstrated the "Lone Ranger mentality" in a myriad of ways. For instance, Vickie described her inability to trust her husband, Greg, because of her parent's divorce.

> I would say my parents' divorce impacted my ability to trust. ... I struggle with trusting fully. ... I definitely feel like it has led me to not rely on Greg as much as I think I should. ... I just feel like if I put my guard down and I allow myself to trust, then I'm more likely to get hurt, and so trust is an issue I have across the board. And even with Greg, I would love to be able to trust. I'm not even like, "Oh, I trust that he's not going to have an affair," but it's more like I don't trust him with my feelings, or I don't trust him with my secrets, or I don't trust him with all sorts of things. It's not just like, "Oh, I don't trust that he's going to stay with me." There's trust in lots of little pockets.

Regarding the need for self-protection, Maria said, "I have a barrier around me. ... I just kind of built a protectiveness around me." Erin also described the need to protect herself from others:

> I felt like for a really long time growing up, and in my head that I had a hard time, like, people would tell me I was hard to get to know. I still don't have a lot of really close friends, so I feel like I lack that intimacy, you know, beyond just my husband, and I carry it over into my friendships. And so, I used to even think there was something wrong with me emotionally, that I couldn't attach to people. ... I don't know if I intentionally kept a distance between me and other people, but for whatever reason, I'm not the type of person that shares intimate details about my life with someone else. I just don't. I don't even like the thought of it.

I then asked Erin, "Would you say it's self-protection?" To which Erin replied:

> I guess. Yeah, I guess it is. I don't think I ever thought about it until I went to counseling. But I vividly remember thinking many times, "What's wrong with me that I couldn't emotionally attach to another person?" So, I just wanted to bring that up because I really feel like some of that is tied to my childhood trauma.

Regarding independence, several of the participants in this current study were fiercely independent because they had learned to be independent in childhood—taking on responsibility that was greater than their peers at an earlier age than their peers. I read a statement from the AAS to Wendy:

> O.K. So, the third statement is (and some of these might be a little redundant), so if you feel like you've already answered it, feel free to move on. The third statement is, "I find it difficult to allow myself to depend on others." So, do you find it difficult to depend on your husband?

Wendy responded:

> Probably this thing is the thing I noticed most when I was taking the questionnaire. I depend on *no one* [emphasis added], O.K.? Not for anything. ... but I'm trying to think of a single category in which I allow myself to rely on someone and the answer is I could not think of a single place. O.K., I don't rely on people emotionally. I don't rely on them physically. I don't rely on no one, and that comes, I know it comes from my childhood—from being forced to fend for yourself at all times and you never know if anybody—I just don't, I don't believe anybody is gonna come through for me. Yeah, I depend on that zero percent and then I'm so surprised if they—I'm always kind of shocked when someone acts like a friend. Or if someone is kind, I'm always a little bit like, "What do you want?" Or if somebody does what they say they're gonna do, that always shocks me. So, depending on other people, I always have my own plan. I drive myself my own places. I will not ride with other people. That is probably the biggest thing I noticed when I took the questionnaire: my unwillingness to depend on other people:

Wendy also demonstrated an elevated fear of abandonment when she told the story of sleeping on the couch to make sure her husband did not leave her in the middle of the night. To begin the conversation regarding a fear of abandonment, I read a statement from the AAS:

> O.K., the second statement read, "I do not often worry about being abandoned" and you said that is not characteristic of you. So basically, you do worry about being abandoned. So, do you worry that your husband will leave you?

Wendy answered:

> Yes, and I used to have a crippling fear of this. God has done a huge work in convincing me over time that He is my plenty. So, this is an area of healing, but that is only recent in the last maybe seven years, and it's all God. Apart from me remembering how big He is,

> I would still be crippled by it. And I have been, to some degree, abandoned by every man. All of them. Every major relationship. And then, of course, all my daddies, so there was a time where I thought Patrick was going to leave, and I would literally sleep on the couch because I was afraid he was going to sneak out in the middle of the night.

Emotional Distance

The second important implication of this current study was that women who endured childhood trauma consciously and subconsciously worked to maintain an emotional distance between themselves and their spouses. However, this emotional distance decreased the longer they were married. This decrease in emotional distance occurred for two reasons: (a) the women built trust over time, and (b) they learned healthy communication and conflict resolution patterns over time.

Vickie was one participant in this current study who increased the emotional intimacy in her marriage the longer she was married by building trust over time. At one point in the interview, she discussed how her toxic dating life as a teen impacted her ability to trust her husband.

> I definitely think early on it was a bigger impact because at that point, I was trying to protect myself from things that had happened to me in the past. So, I built up walls. I went into marriage with a lot of bitterness toward men in general. So, the first couple of years of marriage were really tough. And that was when we sought counseling and walked through some really dark times, and a lot of it was obviously not just one-sided, but my portion of it was just a lot of like, not trusting men and not trusting Greg because of things that happened to me in the past. Just bitterness toward men in general. So, it would just lead to some really rocky times the first few years of marriage.

Fortunately, after 14 years of marriage and time spent in marriage counseling, Vickie was more apt to trust Greg and build emotional intimacy in their marriage.

Although she never used the word trust, Claudia was another participant who demonstrated an improvement in her ability to trust. She was the only participant who was involved in a second marriage—her first marriage lasted only one year, and she had been married to her second husband for eight years at the time of the interview. After growing up with an emotionally, verbally, and physically abusive father, Claudia said she had poor self-esteem. When I asked how her father's abuse impacted her marriage, Claudia replied:

> I think in my first marriage, I was expecting my husband to treat me the way my dad had. But my husband now is not like that at all. My husband wouldn't say a bad thing about me. He doesn't let me say a bad thing about myself at all. He's way different than my dad. And I don't think I would accept being treated that way because my husband doesn't treat me like that at all.

Vickie also served as an example of how a married woman who has endured childhood trauma and worked to create emotional distance in her marriage through unhealthy communication patterns can actually change those patterns the longer she is married. She recalled the evolution of communication in her marriage.

> Our conflict was a shouting match—like, who could yell the loudest. And so, as I got older, as a kid, it was like, tearing me down. And I kind of ran away—ran away and hid. As I got older, I started standing up for myself; I would yell back. And so, with Greg, I feel like early on in our marriage, it was the same way: a shouting match. Who was going to yell the loudest, and who was going to have the last say? But I feel like now, long into our marriage, while we still have times we yell at each other, those are the rare

> occasions. They're not the usual. And our conflicts oftentimes are just, at least for me, like taking a step back and taking some time away and cooling off and thinking about the meat of the issue and then re-addressing it. And then, while we're not perfect and we still sometimes don't even resolve the issue, I feel like at least we're not screaming at each other—I mean, I can think of maybe one time in the last year that I actually yelled at him, and he yelled at me. So dumb. I will say, when I was a younger married person, there was a lot of similar tactics that my family did. But as we've gotten older and into our relationship, that's less of the go-to.
>
> I asked Eloise how her family communicated. She responded:
>
> We didn't. Daddy yelled. Mama didn't say anything. We tried to avoid it. When most of what you live with is criticism, you learn to not say anything, even when I wanted to, because my temperament gets angry. Even when I wanted to, I didn't. Well, you know, for a long time.

I then asked Eloise, "So, how did this impact the way you communicate with your husband?" She replied:

> I would yell if we were having a disagreement. I would want to keep on talking, and he would walk out of the room, and that would not make me happy. It would add fuel to the fire. So, after a few years when we got better about it, I said, "Why? Why do you do that to me? Why do you walk out when you know I'm not through talking?" He said, "You can always walk back into a room, but you can never take back what you say when you're angry." And that was probably 35 to 40 years ago that he said that, and that impacted our communication big time.

Eloise said that her husband's comment 35 to 40 years impacted the way they communicated—the interesting thing is that they have been married 60 years, so this comment would have been made 20 to 25 years into their marriage. After 20 to 25 years of poor communication, Eloise took steps to build healthier forms of communication. As a result, she and Jack have enjoyed 35 to 40 years of healthier, more productive conflict within their marriage.

Delimitations and Limitations

This current study included several delimitations. First, I focused only on females because research showed that boys and girls processed abuse differently (de Vries et al., 2018; Widom, 2017) which would have produced different implications on participants' emotional intimacy and attachment in marriage. Second, this current study focused on heterosexual females because research showed that homosexual couples deal with different marital stressors compared to heterosexual couples. Some of these stressors included but were not limited to: (a) discrimination, (b) stigma or expectations of rejection, (c) structural stigma, and (d) legal and policy treatment (Frost et al., 2017). Participants were required to be at least 25 years old and married at least five years. The rationale behind this delimitation was that newlyweds dealt with challenges specific to a new marriage (i.e., communication regarding finances, sex, and roles in marriage) that more seasoned married couples might have also faced, but in a different way (Wikle et al., 2021). For instance, newlyweds have just discovered their roles and responsibilities, as well as defined their marital finances, married sex, and marital relationship, while more seasoned couples' have already done this work and are now putting these definitions into practice.

One limitation of the study included ethnicity: Eight out of the nine participants were Caucasian; only one participant was Hispanic. Maria, the Hispanic participant who was also sexually abused as a child, highlighted an important truth.

> One of the things that I feel like is that when you're Hispanic, there are hidden cultural—and we talked about this, even my husband and I—we did talk about this, and other Hispanic women that I talked to, there are hidden cultural niceties that Hispanic women have put up with for so long. We are expected to hug all of our uncles and kiss them anytime growing up. And it was, "Oh, he's just trying to be nice. Give him a hug. Give him a kiss. Sit on his lap."

Maria believed this cultural expectation placed on young Hispanic girls put them at a higher risk for sexual abuse. Because she was the only Latina in the sample, this could not be explored further but should be considered for future studies.

Another limitation was age, as the average participant age was 54, with five of the nine participants being in their 50's and 60's. The women who were married longer had more time to process their past and alter their behaviors. Including younger women who have been married less time (i.e., 10 to 15 years) might have produced fresher perspectives on the impact of childhood trauma on one's marriage.

One final limitation was that this study relied on participants' retrospective accounts. While retrospective studies were convenient and often the only way to obtain data from participants, they can be problematic because of social desirability, lack of consistency, and potential memory failure (Bell & Bell, 2017). Many participants often said, "I haven't thought about that," or "I don't remember," when asked a question, causing into question whether they do not remember or if they have not taken the opportunity to fully process their past.

Relevance for Mental Health Workers, Medical Doctors, and Church Workers

This current study and its findings were relevant for three groups of professionals: mental health workers (e.g., counselors, therapists, and caseworkers); medical doctors (e.g., psychiatrists and medical doctors); and church workers (e.g., pastors, church staff members, lay leaders, and parachurch marriage educators) because they all provided treatment and/or guidance to women who endured childhood trauma and wanted to form a secure attachment and healthy emotional intimacy in marriage. To begin, this current study helped mental health workers recognize, understand, and address the challenges regarding emotional intimacy and attachment that were common among women who experienced childhood trauma. For example, Velotti et al. (2015) found that emotion suppression was one such challenge, which resulted in lower marital quality. However, this current study also found that women struggled with: (a) a "Lone Ranger mentality;" (b) difficulty regarding love and affection; (c) the need to stay emotionally distant from their spouse; and (d) the need to avoid conflict.

Understanding childhood trauma in relation to attachment style also helped mental health professionals understand mental and behavioral symptoms as well as marriage, family, and relationship dynamics. This understanding influenced their therapeutic response. Mental health professionals should also understand attachment theory so they can focus on why their patients who report childhood trauma lack emotional accessibility and responsiveness in their marriage (Toof et al., 2020). This current study supported Toof's findings, as many of the women exhibited the "Lone Ranger mentality" and strived to maintain emotional distance between themselves and their spouses.

Regarding therapy with children who demonstrated attachment issues, research showed that what the mental health professional brought to the therapeutic relationship was just as

important as what the child and their caregiver brought. While this current study did not focus on children, the principle remained the same: The mental health professional's role was vital when helping women process trauma and attachment styles (Lowe et al., 2015). If a woman was aware of the emotional intimacy challenges and attachment issues she faced in marriage, then she could work with a mental health professional to change her destructive behavior patterns, learn healthy coping mechanisms, improve her marital relationship, and break the cycle of family dysfunction and trauma.

Ultimately, this current study helped mental health professionals provide the most effective form of treatment. For example, if a woman came to a mental health professional showing signs of PTSD and loneliness, the therapist inquired if the client suffered from CSA, as studies showed that IPT-T proved more beneficial than Clinic Psychotherapy for treating women who experienced CSA and now suffered from PTSD and loneliness (Duberstein et al., 2018). IPT-T also proved beneficial for women suffering from depression triggered by unresolved grief (Jarrold, 2019). Therefore, if a client came to a mental health professional showing signs of unresolved grief (e.g., depression, weight changes, isolation), the clinician inquired about the root cause of these behaviors. Unresolved grief could occur in a number of trauma-related cases, including (a) adult patients who experienced CSA but never received treatment for it; (b) adult patients whose parents divorced, but the child was told not to cry because this was normal and they needed to "get over it;" or (c) adult patients who had a chronically ill parent they cared for in childhood which forced them to grow up faster than their peers. Clinicians should discover the root cause of the unresolved grief so they can determine whether IPT-T is the correct form of treatment or if they should pursue another route. Another example regarding the importance of providing the correct form of treatment regards attachment. If a mental health professional knew

a patient dealt with difficulty showing love and affection to her spouse (i.e., attachment issues), the therapist could implement attachment-based family therapy (ABFT) as an appropriate treatment option (Navarro-Gil et al., 2020). No matter what symptoms the patient presented, clinicians needed to determine the root cause so they could provide the most effective form of treatment.

This current study also benefited medical professionals (e.g., psychiatrists and medical doctors), as research showed people who experienced childhood trauma were at greater risk for mental health issues in adulthood, including PTSD (Barnes & Andrews, 2019), anxiety, and depression (Sperry & Widom, 2013). Women often sought medical help from their general practitioner or psychiatrist without or before they sought counseling. Therefore, medical professionals needed to know their patient's trauma history in order to provide the best form of treatment.

This current study helped church workers provide pastoral care and marital guidance to women who endured childhood trauma. Many women sought counseling from pastors and other lay leaders who were ill-equipped to offer sound advice to women who experienced trauma. Research showed that early childhood trauma was a catalyst for future mental health issues, and those who experienced childhood trauma were at high risk for experiencing challenges, communicating effectively, and coping with life stressors without engaging in dysfunctional behavior (Banker et al., 2019). This current study helped equip those church workers by providing them with the information they needed to understand the women in their churches who came to them for lay counseling. It also helped these church workers know when to refer women to professional mental health workers.

Christian Worldview

The participants in this current study were all heterosexual married women who had experienced childhood trauma and were regular church attendees (as defined by attending church a minimum of two times per month). Given this, I approached the study and interpreted the results with a Christian worldview. Overall, a worldview helped people make sense of the world and gave it meaning. A Christian worldview was how people saw the world, related to the world, and functioned in the world. Van der walt (2017) said, "The way we see life determines how we walk through life. ... It integrates both life and society." In other words, developing a worldview enabled people to make decisions based on how they viewed life, and those decisions were influenced by and impacted others. Furthermore, a worldview "injects meaning into one's life, enabling one to endure suffering, evil and death." This current study confirmed this belief by showing how the participants they could endure suffering throughout their childhoods.

More specifically, a Christian worldview was vital to this current study considering the participants functioned in a Christian space (i.e., the local Church). Van der walt (2017) wrote, "any worldview is based on deep religious convictions." For the purposes of this current study, "religion" was the Christian religion, and it centered upon the life of Jesus Christ and the salvation he offers (*New International Version Bible*, 1626/2018, John 3:16; John 14:6; Acts 4:12). Van der walt (2017) also asserted:

> The adjective "Christian" refers to the Person every Christian intends to follow. In everything one thinks and does, one has to reflect the image (words and deeds) of Jesus Christ, one's Saviour but also one's Model. His identity should determine that of a Christian.

Recommendations for Future Research

Many themes emerged from this current study, which would be beneficial for further research studies. Those topics included the following: (a) How childhood trauma impacts adult female friendships; (b) How a mother's relationship with her child is impacted by her own parents' negative communication patterns; (c) How healthy marriage role models impact women in marriage when those women have experienced childhood trauma; and (d) How a woman's faith helps her process her childhood trauma.

How Childhood Trauma Impacts Adult Female Friendships

Fitzgerald et al. (2020) found that childhood trauma increased negative relationship quality among adult women and decreased positive relationship quality. This current study supported these findings and discovered that participants had difficulty making and maintaining healthy female friendships. When I asked, "Is there anything else you feel like you want to add that we haven't covered?" Erin responded:

> I felt like for a really long time growing up, and in my head that I had a hard time, like, people would tell me I was hard to get to know. I still don't have a lot of really close friends, so I feel like I lack that intimacy, you know, beyond just my husband, and I carry it over into my friendships. And so, I used to even think there was something wrong with me emotionally, that I couldn't attach to people. ... I don't know if I intentionally kept a distance between me and other people, but for whatever reason, I'm not the type of person that shares intimate details about my life with someone else. I just don't. I don't even like the thought of it.

Maria also portrayed a tough exterior and conveyed the need to protect herself from other people for fear of getting hurt by others. I referred to the AAS and stated, "O.K., 'In

relationships, I often worry that others do not really love me.' So, do you worry that your husband doesn't really love you, or would you say that applies more to friendships or other relationships?" Maria responded matter-of-factly:

> I think in general. That's just a general statement to everything, everybody. I'm not a very nice person all the time. I'm just not. It's just easier in life to be mean or not to be—not to be mean but not to be where people want to be my friend.

I asked Emily, "Do you find it hard to get close to other people? Maybe other female friendships?" Emily replied, "I have to feel like I can trust that person before I let more of myself be open to them." I then referred to the AAS, "'I find that others are reluctant to get as close as I would like.' So, do you—and you said yes—do you worry that your husband doesn't get as close to you as you would like?" Emily answered, "I was thinking in particular of two female friends I have that I'd really like to be closer to, but they don't seem that interested." I then followed up by asking, "Why do you think they're not very interested?" Emily speculated:

> I think they're busy, and I think they have issues also with kind of the same thing I do as far as being able to open up to somebody and feel like you can trust them enough to be closer to that person.

How a Mother's Relationship with Her Child is Impacted by Her Own Parents' Negative Communication Patterns

Next, researchers should research how a mother's relationship with her child was impacted by her own parents' negative communication patterns (e.g., yelling, screaming, criticizing, verbal abuse, and emotional abuse). This current study showed that several of the women grew up in homes with yelling, screaming, verbal abuse, and emotional abuse. This

caused the women to carry unhealthy patterns (i.e., yelling, screaming) into their own marriages. It also instigated them yelling and screaming at their own children.

I asked the participants the following question:

> So, on the ACE questionnaire, you indicated that a parent maybe swore at you or insulted you, or put you down, or humiliated you. Can you maybe tell me a little bit about this and how it impacted you as a child?

Eloise replied:

> Dad had a tendency to yell. Nothing was ever done quite good enough to suit him, so you got to the point where you didn't try, and Mom criticized everything we did. Because of my temperament, my personality, it made me angry.

Eloise then described how this impacted her parenting.

> I never used a tone of voice that was kind when they were younger. I would go to bed crying because I felt so bad about the way I talked to them, and it just made me feel so bad, and my husband said, "Well, if you don't like it, don't do it." And I said, "I don't know how to do any different. You were not raised the way I was. Teach me how to do it differently."

Emily's mother verbally and physically abused her, so I asked the following question: "How has that impacted the way you and your husband communicate and solve conflicts?"

Emily answered:

> Like I said, I tend to raise my voice and get loud just as an automatic. I think, going back to how I grew up, you know? My mother would yell and scream when we didn't do exactly what she said, and then she would beat me.

How Healthy Marriage Role Models Impact Women in Marriage when those Women have Experienced Childhood Trauma

Another area of interest was how healthy marriage role models impacted women in marriage when those women experienced childhood trauma. Seven out of the nine participants referenced a couple who played an integral part in their childhood and modeled a healthy marriage—often one they wanted to emulate. I asked, "Was there anyone in your life who modeled a healthy marriage for you?" Virginia recounted the time when she was in college, and she lived with her cousin and her cousin's husband.

> I began to see what a mature relationship and a mature, healthy marriage looked like. And I do know it greatly shaped my view of what marriage should be. I think for the first time I saw two people truly put each other's needs above their own.

Anne watched her best friend's parents and said they served as a role model for a healthy marriage.

> Her parents seemed to have a really great relationship, and I would go on a lot of their family vacations, so I got to watch their family dynamic. I think my best friend's parents were affectionate at times in front of us, and my parents could be affectionate too, but it was like a love/hate kind of thing, and my best friend's parents laughed together. They smiled together. I saw them solve conflicts peacefully. You know, like, they would talk about why they're upset or what was wrong.

Quite a few participants referred to their grandparents as healthy marriage role models. Vickie, for instance, recalled the impact her grandparents had on her life. "My grandparents were pivotal in my growing up. They helped raise me. They were Christian. They were stable, and that was who I went to." Emily also mentioned her grandparents as role models. "You

know, you could tell that they cared about each other and put the time and effort—both of them did—into the relationship."

Claudia also credited her grandparents with serving as a healthy marriage role model.

> They had the best marriage I knew, and I used to stay with my grandparents every summer, like, for the whole summer, up until, I mean, all my childhood years. So, until I was about 13 or 14, it was a safe place. I can honestly say that's one thing I never threatened. My grandmother was very religious. She always went to church when I was young, and the thing I remember most about her is her prayer life. She prayed every day on her knees for us, speaking in tongues, crying. And although I don't have that kind of prayer life—I wish I could have that kind of like, deep prayers—I honestly feel like her prayer life saved me. I went through a lot of stuff, and with everything I went through, I didn't end up in jail. I didn't die. I didn't end up worse off, and I always attribute that to my grandmother's prayers over all our family.

How a Woman's Faith Helps Her Overcome Childhood Trauma

One final potential area of research to be considered included: How does a woman's faith help her process her childhood trauma? Seven out of the nine participants mentioned their faith as important. Researchers should explore how a woman's faith has contributed to (a) helping her process her childhood trauma, (b) helping her overcome the impact of her childhood trauma, and (c) helping her break the cycle of dysfunction in her family tree.

When asked to bring a photo, document, or memento that meant something to the interview, Vicki brought a memory book that contained a postcard she mailed to her grandparents. The postcard was a letter Vickie wrote to her grandparents, telling them about her

Christian salvation. "This is important to me because, obviously, that was me telling them about my salvation."

Erin brought her Bible and recalled with a warm smile and bright eyes:

> I feel like that's the whole reason we're here on this earth. I became a Christian in college, I grew up Catholic, and I always had a sense of God, but I didn't really know what it meant to have a personal relationship with Him until I went away to school and got involved with the organization, Camp Ichthus.

Wendy credited her faith in God with her ability to process her past and cope with marital stressors. She reflected on what her life would be like without her Christian faith. "I can't imagine. I would be dead. Yeah, like self-destructed, I'm sure. I would be dead." Claudia also commented on how grateful she was for her faith and her local church. She remarked that she and her husband, John are, "in the church a lot. ... being there has saved us."

Summary

This current study looked at heterosexual married women who are regular church attendees and who endured childhood trauma. It found two important implications. Nine participants took part in the study. Three participants showed evidence of secure attachment style, four participants demonstrated avoidant attachment style, and two participants demonstrated anxious-ambivalent style.

Results from this current study led to two main implications. First, the majority of these women operated with the "Lone Ranger mentality," especially when they presented avoidant or anxious-ambivalent attachment styles in marriage and had difficulty cultivating emotional intimacy with their husbands. Married women who endured childhood trauma exhibited the

"Lone Ranger mentality" in four ways: (a) they had difficulty trusting, (b) they were self-protective, (c) they were fiercely independent, and (d) they had an elevated fear of abandonment.

The second implication of this current study was that women who endured childhood trauma consciously and subconsciously worked to maintain an emotional distance between themselves and their spouses. However, this emotional distance seemed to decrease the longer they were married. This decrease in distance occurred because (a) the women built trust over time, and (b) they learned healthy communication and conflict resolution patterns over time.

Overall, several participants communicated hope and the belief that they could not only overcome their childhood trauma, but they could create a new family legacy. Vickie, for instance, stated:

> I think, for me, feeling like, even though I came from a broken home, it doesn't mean every home is broken. So, I felt like there was hope even if I didn't really know how to get there or like, "How do I get from this chaotic situation to being in a relationship where I feel like it's stable?" And it's taken a long time to get there, but I feel like it did give me this little bit of hope that there are marriages that work. There are families that function.

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Appendices

Appendix A: Institutional Review Board Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

January 4, 2022

Elizabeth Oates William Townsend

Re: IRB Exemption - IRB-FY21-22-177 The impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees.

Dear Elizabeth Oates, William Townsend,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [redacted]

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Church Recruitment Email

Dear [NAME],

My name is Elizabeth Oates, and I am earning my doctorate in Marriage and Family Therapy through Liberty University. I am currently working on my dissertation, titled: *The impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees.* The goal is to help improve ministry effectiveness for married Christian women who have survived past trauma.

This topic is important because research shows that women who experienced childhood trauma grow up to experience higher rates of mental illness (e.g., mood disorders, depression, bipolar disorder, PTSD, anxiety), adverse physical health conditions, insecure attachments in marriage, difficulty regulating their emotions, increased rates of suicidal ideation, and increased rates of substance abuse. All these factors contribute to lower rates of marital satisfaction and higher rates of divorce—even among women in the Church.

I am reaching out to ministry leaders in hopes of getting help in locating potential study participants. Because of the sensitive nature of the topic, **I am not asking you to identify potential participants and violate confidential relationships. Rather, I am asking you to email my participant recruitment letter (see attached) to your women's ministry/adult ministry/marriage ministry list.** All information will be held in strictest confidence, all names and identifying factors will be changed to maintain confidentiality for all participants, and participants may withdraw from the study at any time without penalty.

Participants will be asked to complete the following:

- three online surveys (each lasting one to five minutes)
- one brief introduction phone call (approximately 10 minutes)
- two interviews (approximately one hour each)

The data will be used to help counselors better understand their clients' history and traumatic symptoms, which will enable them to provide the most effective forms of treatment. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

I realize your ministry schedule is active and your time is limited. If you have any questions, I am happy to schedule a brief phone or Zoom call to answer any questions you might have regarding this study. My contact information is below. If I do not hear from you in a few days, I will contact you to see if we can schedule a time to talk. Thank you for your time, and I hope to hear from you soon.

Elizabeth Oates
[redacted]

Appendix C: Participant Recruitment Letter

Elizabeth Oates
[redacted]

[DATE]

Dear Potential Participant,

My name is Elizabeth Oates, and I am a doctoral student currently pursuing my EdD in Marriage and Family Therapy from Liberty University. I am currently pursuing my dissertation and conducting a study to explore the impact of childhood trauma on women in marriage. I am currently looking for participants who meet the following criteria:

- female,
- heterosexual,
- 25+ years old,
- married at least five years,
- experienced childhood trauma (for example: child abuse, abandonment, divorce, addiction, etc.), and
- regular church attendee (meaning you attend church at least two times per month).

If you meet the above criteria and agree to participate in this study, I will ask you to do the following:

- Fill out a qualifying questionnaire (approximately 1 minute).
- Fill out a consent form (approximately 3 to 5 minutes).
- Fill out an online ACE Questionnaire (approximate 3 to 5 minutes).

- Fill out an online AAS Questionnaire (approximately 5 to 10 minutes).
- Participate in an introduction call via Zoom (approximately 10 minutes).
- Participate in a first interview. This will take place at your home if you live within a 30-mile radius from my home or via Zoom if you live outside a 30-mile radius or if you feel more comfortable with Zoom due to the Covid-19 pandemic (approximately one hour).
- Participate in a second interview, in your home or via Zoom (approximately one hour).

Please note, all information will be held in strictest confidence, and all names and identifying factors will be changed to maintain confidentiality for all participants. Also, you may withdraw from the study at any time without penalty.

To participate, please complete the 1-minute Qualifying Questionnaire by clicking on the following link: [redacted]. If you do not fill out the questionnaire by [insert date], you will not be eligible to participate in the study.

After I receive the results of the Qualifying Questionnaire, I will confirm whether you meet the criteria to participate in the research study. If you meet the criteria, I will email you a consent form, which contains additional information about my research study. If you choose to participate in this current study, you will need to sign the consent form and email it back to me within three days. By signing the consent form and returning it to me, you are indicating that you have read the consent form and want to participate in the study.

If you have any questions regarding this study or if you are interested in participating, please feel free to contact me at [redacted]. Thank you for your time.

Elizabeth Oates

Appendix D: Qualifying Questionnaire

1. Are you female?

   Yes

   No

2. Are you heterosexual?

   Yes

   No

3. Are you 25 years or older?

   Yes

   No

4. Have you been married 5 years or more?

   Yes

   No

5. Did you experience childhood trauma (ex: abuse, abandonment, parents' divorce, parents' addiction)?

   Yes

   No

Appendix E: Consent Form

Consent

Title of the Project: The impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees

Principal Investigator: Elizabeth Oates, EdD Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must meet the following criteria:

- female
- heterosexual
- at least 25 years old
- married at least five years
- regular church attendee (meaning you attend church at least two times per month)
- have experienced childhood trauma

Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees. Much research has been done on the impact of childhood trauma on the physical health and mental health in women, but there is a lack of research on how childhood trauma impacts emotional intimacy and attachment in marriage. This study will fill that gap in the research. This study will also help strengthen marriages, and it will help therapists provide the most effective forms of treatment to their clients.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

- Fill out a qualifying questionnaire (approximately 1 minute).
- Fill out a consent form (approximately 3 to 5 minutes).
- Fill out an online ACE Questionnaire (approximately 3 to 5 minutes).
- Fill out an online AAS Questionnaire (approximately 5 to 10 minutes).
- Participate in an introduction call via Zoom (approximately 10 minutes).

- Participate in a first interview. If you live within a 30-mile radius of my home, this interview will take place in your home; if you live outside a 30-mile radius of my home, this interview will take place via Zoom. Also, if you feel more comfortable conducting the interview via Zoom due to the Covid-19 pandemic, an allowance will be made for that (approximately one hour).

- Participate in a second interview, in your home or via Zoom, just like the first interview (approximately one hour).

Face-to-face interviews will be recorded using the SuperVoice recording app on my phone. I will also use the Garage Band application on my computer as a secondary recording device to ensure a backup recording is taking place. For interviews taking place via Zoom, interviews will be recorded using the Zoom application and the Garage Band application on my computer.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include an increase in the current understanding of the impact of childhood trauma on emotional intimacy and attachment in marriage among heterosexual women who are regular church attendees. More specifically, this study will help three groups of people: married, heterosexual women who have experienced childhood trauma; husbands of married heterosexual women who have experienced childhood trauma; and the therapists, counselors, practitioners, pastors, and lay counselors offering services to these women and couples.

This study will help married, heterosexual women who have experienced childhood trauma in three ways. First, it will help these women identify the current challenges they are facing regarding emotional intimacy and attachment in marriage. Second, this study will help women know they are not alone in their struggles; other women have endured childhood trauma and are now facing the same challenges in marriage. Finally, this study will help women know whether they need to pursue professional counseling to process their childhood trauma or current marital struggles.

Next, this study will help husbands of women who have experienced childhood trauma by helping them understand and empathize with what their wives have experienced. This study will also help these husbands address various challenges they might face with building healthy emotional intimacy and a secure attachment with their wives. Finally, this study will help these husbands support their wives as they pursue the most beneficial form of treatment.

Lastly, this study will benefit therapists, counselors, practitioners, pastors, and lay counselors as they serve women and couples who are experiencing challenges in emotional intimacy and attachment due to childhood trauma. First, it will help this group of practitioners, pastors, and lay people recognize, understand, and address the challenges regarding emotional intimacy and attachment that are common among women who have experienced childhood trauma. Finally, this study will help practitioners, pastors, and lay people provide the most effective form of treatment.

What risks might you experience from being in this study?

The risks involved in this study are considered minimal, but the interview questions could potentially trigger a traumatic response. Given this risk, you will have the opportunity to remove yourself from the study at any time with no ramifications. Also, I will provide you with professional counseling resources should they need them. If I do not have a professional counselor recommendation in your area, I will recommend a telehealth counselor.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I will create a password for every document created for this study. These documents will be updated and stored in Dropbox daily. I will also store and update documents on an external hard drive once a week. All physical documents and items will be stored in a locked container that only the researcher has access to.

- All names and identifying factors (e.g., geographical location, husband's name, etc.) will also be changed to protect your privacy. I will use pseudonyms to protect each participant's identity. I will also conduct interviews at the participants' homes (as opposed to a public place) to ensure privacy. If interviews are conducted via Zoom, I will avoid using personal meeting IDs to host the meetings. Instead, I will use a randomly generated ID, which will ensure that the meeting participant receives a unique link to the meeting. I will also enable the waiting room (i.e., I will personally admit the participant into the Zoom meeting room.). Once the participant has joined the meeting, I will lock the meeting.

- Data will be stored on my password-protected computer, and I will create a password for every document created for this study. These documents will be updated and stored in Dropbox daily. I will also store and update documents on an external hard drive once a week. All physical documents and items will be stored in a locked container that only I have access to.

- Zoom and Garage Band recordings will also be stored on my computer which will be password protected. SuperVoice app recordings will be stored on my phone and will be password protected. I will transcribe recordings from Zoom, GarageBand, and SuperVoice apps and store those transcriptions on my computer. The document will be password protected.

- After three years, all electronic records will be deleted.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Elizabeth Oates. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted]. You may also contact the researcher's co-investigator, Dr. William Carroll Townsend, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [redacted], or email at [redacted].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and/or video record me as part of my participation in this study.

☐ I agree that I have read this consent form in its entirety, and I am volunteering for this study on my own free will.

_____
Printed Participant Name

_____
Signature & Date

Appendix F: ACE Questionnaire Email

ACE Questionnaire Email

Dear [Participant Name]:

Thank you for agreeing to be a part of my research study. The first step in this study is to take the Adverse Childhood Experience Questionnaire, also known as the ACE Questionnaire. It should take you approximately 3 to 5 minutes to complete. Below is a link to Survey Monkey, which contains ACE Questionnaire.

[redacted]

You have five days to complete the questionnaire. If you are not able to complete the ACE Questionnaire by [insert date] or you need more time, please feel free to email me at [redacted] so we can discuss.

Thank you for your time, and please let me know if you have any questions or concerns.

Elizabeth Oates

Investigator

Appendix G: ACE Questionnaire Follow-Up Email

ACE Questionnaire Follow-Up Email

Dear [Participant Name]:

This email is regarding the ACE Questionnaire. As one of the requirements for the research study, you agreed that you would complete the ACE Questionnaire by [DATE]. I understand that life gets busy, therefore I am happy to offer you two extra days to complete the ACE Questionnaire. It should only take approximately 3 to 5 minutes to complete the questionnaire.

Please complete the ACE Questionnaire by clicking on the following link:

[redacted]

If you are not able to complete the survey by [DATE] or if you need more time, please feel free to email me at [redacted] so we can discuss. If you do not complete the ACE Questionnaire and I do not hear from you, I will need to dismiss you from the research study.

Thank you for your time, and please let me know if you have any questions or concerns.

Elizabeth Oates

Investigator

Appendix H: ACE Questionnaire Low Score Dismissal Email

ACE Questionnaire Low Score Dismissal Email

Dear [Participant Name]:

This email is regarding the ACE Questionnaire you took on [DATE]. Thank you for your willingness to participate in my research study, however, participation required a score of 4 to 10 on the ACE Questionnaire and you scored a [SCORE]. Because you did not score in the qualifying range, you are dismissed from the study at this time. Attached to this email is a formal letter dismissing you from the study.

Again, thank you for your willingness to participate. I appreciate your time and effort.

If you have any questions, you may contact me at [redacted].

Elizabeth Oates

Investigator

Appendix I: ACE Questionnaire Dismissal Email

ACE Questionnaire Dismissal Email

Dear [Participant Name]:

This email is regarding the ACE Questionnaire which I emailed you about on [DATE]. I sent you a follow-up email on [DATE] offering you an extra 2 days to complete or to contact me to discuss an extension. Today is [DATE] and I have received neither the ACE Questionnaire nor an email requesting an extension. Therefore, per my previous email, I will need to dismiss you from the study. Attached to this email is a formal letter dismissing you from the study.

If you have any questions, you may contact me at [redacted].

Thank you for your time.

Elizabeth Oates

Investigator

Appendix J: AAS Email

AAS Email

Dear [Participant Name]:

Now that you have taken the ACE Questionnaire, the next step in this study is to take the Adult Attachment Scale (AAS). It should take you approximately 5 to 10 minutes to complete. Below is a link to Survey Monkey, which contains the AAS.

[redacted]

You have five days to complete the questionnaire. If you are not able to complete the AAS by [DATE] or you need more time, please feel free to email me at [redacted] so we can discuss.

Thank you for your time, and please let me know if you have any questions or concerns.

Elizabeth Oates

Investigator

Appendix K: AAS Follow-up Email

AAS Follow-Up Email

Dear [Participant Name]:

This email is regarding the Adult Attachment Scale (AAS) I emailed you about. As one of the requirements for the research study, you agreed that you would complete the AAS by [DATE]. I understand that life gets busy, therefore I am happy to offer you two extra days to complete the AAS. It should only take approximately 5 to 10 minutes to complete the questionnaire.

Please complete the AAS by going to Survey Monkey. You can do this by clicking on the following link:

[redacted]

If you are not able to do complete the questionnaire by [DATE] or if you need more time, please feel free to email me at [redacted] so we can discuss. If you do not complete the AAS and I do not hear from you, I will need to dismiss you from the research study.

Thank you for your time, and please let me know if you have any questions or concerns.

Elizabeth Oates

Investigator

Appendix L: AAS Dismissal Email

AAS Dismissal Email

Dear [Participant Name]:

This email is regarding the Adult Attachment Scale (AAS) which I emailed you about on [DATE]. I sent you a follow-up email on [DATE] offering you an extra two days to complete or to contact me to discuss an extension. Today is [DATE] and I have received neither the AAS nor an email requesting an extension. Therefore, per my previous email, I will need to dismiss you from the study. Attached to this email is a formal letter dismissing you from the study.

If you have any questions, you may contact me at [redacted].

Thank you for your time.

Elizabeth Oates

Investigator

Appendix M: Introduction Call Script

Introduction Call Script

Hi [NAME]. This is Elizabeth Oates, the researcher for the dissertation study you agreed to participate in. How are you? [Participant responds.]

Thank you so much for agreeing to participate in my research study. I just want to spend a few minutes introducing myself and going over a few things before we meet next week and begin the actual study. Does that sound O.K. to you? [Participant responds.]

First off, I want you to know that I come from a dysfunctional family, so I understand what it's like to endure childhood trauma. My parents have both been divorced and remarried multiple times. I've watched them wrestle with addiction and mental health issues throughout my life. Overall, as a child, I experienced divorce, abuse, abandonment, addiction, and general dysfunction. This gave me the desire to help other people create stronger, more functional families of their own.

I've been married for 20 years, and my husband and I have five children ranging in ages from 5 to 16. Three of our children are biological and two we have adopted through the foster care system. Our lives are chaotic and fun and stressful and joyful and all the things. I graduated from seminary 15 years ago and since then I've done a lot of writing and speaking in the areas of marriage and family ministry and now, I am pursuing my doctorate.

So that's a little bit about me. Now I want to go over some aspects of my research study. The purpose of the study is to explore the impact of childhood trauma on women in marriage. More specifically, I'm looking at how it affects emotional intimacy and attachment style in marriage. There is a lot of research on how childhood trauma impacts women's physical health and mental health, but there is not a lot of research on how it impacts our emotional intimacy and

attachment in marriage. Hopefully, by you and other women telling your stories, we will help other people who have experienced childhood trauma and now want to build stronger, healthier marriages.

I want you to know that your name will be changed, and I will use pseudonyms for all participants to maintain privacy throughout the study. Also, all identifying details about yourself (such as where you live, your husband's name, etc.) will be changed or kept confidential. Second, you have the right to remove yourself from the study at any time with no ramifications. Next, let's talk about what you can expect over the few couple weeks. When we are done today, we will set up a time from us to meet next week. If you live within a 30-mile radius from my house, I will come to your house, and we will meet face-to-face. If you live farther than 30-miles from my house, we will meet via Zoom. Or, if you just feel more comfortable meeting via Zoom due to Covid, we can make that happen as well.

I will have a set of interview questions already prepared, but you will also have the freedom to talk about things not included in those questions if you want to. That first interview will last approximately one hour, depending on how much you have to say. At the end of the interview, we will schedule a time for us to meet again the following week (again, either at your house or via Zoom). Also, you will spend time in between the first and second interviews collecting any photos, documents (such as a wedding program or school certificates), videos, or special mementos that you feel tell your story. You will bring those to our second interview, and we will discuss. Also, each interview (including today's conversation) will be recorded using two recording devices. Do you have any questions? [Participant responds.]

Finally, I want to review the informed consent form that you signed to make sure you fully understand what you signed. The risks involved in this study are minimal, which means

they are equal to the risks you would encounter in everyday life. As for privacy, I outlined in the consent form numerous ways in which I am protecting not only your identity but also the data itself. Do you have any questions about that? [Participant responds.]

O.K., moving on. This study is voluntary, and you are always free to not answer any question or withdraw at any time without experiencing any ramifications. You can also contact me or my co-investigator, Dr. Carroll Townsend, at any time. Both of our contact information is listed in the consent form that you signed and have a copy of. That is all the information I need to review with you today. Do you have any questions? [Participant responds.]

O.K., great. Let's set up a time to meet next week. [Schedule a time for first interview.]

Thank you for your time today, and I look forward to meeting with you next week. Goodbye.

Appendix N: Questions for First Interview

Questions for First Interview

Demographic Information

1. How old are you?
2. How old is your husband?
3. How long have you been married?
4. Do you have any children? If so, how many? How old are they? Gender?

General Family History

1. Do you have any siblings?
    a. How many?
    b. Describe your relationship with your siblings.
2. Are your parents married or divorced?
    a. If they divorced, how old were you when they divorced?
    b. Describe how the divorce impacted you as a child. How has it impacted your marriage?
3. Describe your relationship with your mom when you were growing up.
4. Describe your relationship with your dad when you were growing up.
5. Describe your childhood using only three words (these words don't have to be related).
6. Was there anyone in your life who showed you what a healthy marriage looked like? If so, how has that impacted your marriage?

Emotional Intimacy

1. Describe your dating life prior to marriage.

2. Describe how your family showed love to one another.
3. Describe how you show love to your husband. Are you comfortable doing this? Why or why not?
4. Describe how your husband shows you love. Are you comfortable receiving his love? Why or why not?
5. Describe how you and your husband share your feelings, ideas, dreams, and goals. Are you comfortable doing this? Why or why not?
6. Describe your emotional connection with your husband. If you would like to feel more connected, what prevents you from being as close as you would like to be?
7. What unique challenges do you and your husband face?
8. In what areas do you and your husband find the most joy?

Communication/Conflict Resolution

a. Describe how your family of origin communicated with each other. How has that impacted the way you and your husband communicate?
b. Describe how your family of origin handled conflict. How has this impacted the way you and your husband approach conflict?

Abuse and Neglect

c. Did you or anyone else in your family experience any abuse (emotional, verbal, physical, sexual)?
    a. If so, please describe the situation.
    b. Describe how this impacted you as a child.
    c. Describe how this has impacted your marriage.

d. Did you ever feel neglected by your parent(s) (i.e., you felt you weren't important, your parents prioritized other things/people over you, you were often left alone, you often took care of yourself and/or siblings)?
    a. If so, describe what this neglect looked like in your life.
    b. How did this impact you as a child?
    c. How has this impacted your marriage?

Addiction

1. Did anyone in your family (including you) ever struggle with an addiction (e.g., gambling, pornography, drugs, alcohol, sex, shopping, food, etc.)?
    a. If so, who and what type of addiction?
    b. Describe how it impacted you as a child.
    c. Describe how it has impacted your marriage.

Mental Health

1. When you were a child, did anyone in your family (including you) struggle with mental illness (e.g., depression, bipolar disorder, narcissism, borderline personality disorder)?
    a. If so, who and what type of mental illness?
    b. Tell me how it impacted you as a child.
    c. Tell me how it has impacted your marriage.

Final Questions

1. Have you ever received professional counseling to help you process your childhood trauma?
    a. If no, why not?
    b. If yes, please explain the outcome.

2. Other than the difficult experiences we've discussed, is there anything else you want to talk about today?

Appendix O: Interview Follow-Up Email

Interview Follow-Up Email

Dear [Participant Name]:

This email is regarding the [first/second] interview we had scheduled for [DATE]. I [came to your house/tried to contact you via Zoom] as we had previously scheduled, but you were not [home/available on Zoom]. Please contact me by [DATE – three days later] so we can reschedule this interview. If I do not hear from you by [DATE – three days later], I will be forced to dismiss you from the study.

Thank you for your time, and please let me know if you have any other questions or concerns.

Elizabeth Oates

Investigator

Appendix P: Participant Dismissal Letter

Participant Dismissal Letter

Elizabeth Oates
[redacted]

[DATE]

Dear Participant,

Thank you for your interest and the time you have invested in this research study. Unfortunately, due to [insert reason], you are dismissed from this study effective immediately. There are no consequences or costs associated with your dismissal. Any information and/or data collected from you thus far will be destroyed and not included in this study.

If you have any questions, please feel free to contact me. Thank you for your time.

Elizabeth Oates

Investigator

Appendix Q: ACE Questionnaire

Adverse Childhood Experience (ACE) Questionnaire

Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?

YES
NO

Did a parent or other adult in the household often: Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

YES
NO

Did an adult or person at least five years older than you ever: Touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?

YES
NO

Did you often feel that: No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?

YES
NO

Did you often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES
NO

Were your parents ever separated or divorced?

YES
NO

Were any of your parents or other adult caregivers: Often pushed, grabbed, slapped, or had something thrown at them? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

YES
NO

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

YES
NO

Was a household member depressed or mentally ill, or did a household member attempt suicide?

YES
NO

Did a household member go to prison?

YES
NO

What is your name?

Appendix R: AAS Survey

Adult Attachment Scale (AAS)

1. I find it relatively easy to get close to others.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

2. I do not often worry about being abandoned.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

3. I find it difficult to allow myself to depend on others.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

4. People are never there when you need them.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

5. In relationships, I often worry that others do not really love me.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

6. I find that others are reluctant to get as close as I would like.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

7. I am comfortable depending on others.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

8. I do not often worry about someone getting too close to me.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

9. I am somewhat uncomfortable being close to others.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

10. I am nervous when anyone gets too close.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

11. In relationships, I often worry that others will not want to stay with me.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

12. I want to merge completely with another person.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

13. My desire to merge sometimes scares people away.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

14. I am comfortable having others depend on me.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

15. I know that others will be there when I need them.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

16. I find it difficult to trust others completely.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

17. Often, people want me to be closer than I feel comfortable being.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

18. I am not sure that I can always depend on others to be there when I need them.
    1 - Not at all characteristic
    2
    3
    4
    5 - Very characteristic

19. What is your name?

Appendix S: Sample Transcript #1

First Interview Transcript

Elizabeth OK, hold on one second. I have to record on both my computer and Zoom.

Vickie How are you feeling?

Elizabeth Good. I'm recording on both my computer and Zoom now. Good, I mean, I still have a cough and congestion, as you can hear. And I'm supposed to go to work tomorrow. So, I'm not sure they're going to want me there. But I'll just sit in my office and then, I guess when I have meetings, I'll wear a mask. Yeah, I'll see how it goes but, overall, I feel O.K.

Vickie O.K., that's good.

Elizabeth Yeah, although last night I got a migraine, and I took my migraine medicine and then I woke up and I still had it and I took migraine medicine again and it didn't go away. So, then I took Excedrin Tension, and it went away. So, I'm worried I have those Covid headaches again.

Vickie Oh yeah.

Elizabeth So, we'll see. We'll see if I wake up with a headache tomorrow. But, whatever. How are you?

Vickie I may have to eat a snack while we're talking if that's O.K.

Elizabeth Yes, go for it. You're fine. O.K., so I have a list of questions and we'll just go down those. I'm not taking notes because I'm recording, so you don't have to worry about me taking notes. I'm jotting a few things down here and there, but I'm not transcribing. I'll go back and transcribe the recording later, so I'm not typing as we go. I do have some questions, but if we deviate that's fine. If you want to add things or ask questions or whatever, feel free to do that. And I might like skip questions if you've already answered them or something. You know, I don't want to get redundant. And I might add in a question if I feel like we need to for clarification or something.

Vickie O.K.

Elizabeth Other than that, I think we're good. Do you have any questions? O.K., and I said an hour, but I did this with someone yesterday and it only took about 35 minutes, so it might not take us an hour.

Vickie O.K.

Elizabeth So, we're gonna start with some basic demographic information. Can tell me how old you are?

Vickie I'm 36.

Elizabeth O.K., and then how old is your husband?

Vickie 37.

Elizabeth And how long have y'all been married?

Vickie 14 years.

Elizabeth O.K. And then not names, but if you can tell me the ages and genders of your kids?

Vickie O.K. Boy, nine. Boy, nine. Girl, five. Boy three.

Elizabeth O.K, so your oldest two are twins?

Vickie Yes.

Elizabeth And then, do you have siblings? And if so, like how many? And what are their ages? And where are you in the lineup?

Vickie I have one bio sister and she is 35. And then I have a stepsister who is 46 and I have a stepbrother who is 43.

Elizabeth O.K., so we'll start with your sister. Tell me about your relationship with her growing up. Were y'all close? Not close? Because y'all are pretty close in age.

Vickie Yeah, we're 17 months apart. She and I have always been very close. We've had a few little turbulent times where maybe she was doing some things I didn't agree with, like running with the wrong crowd or participating in activities that I didn't agree with. So maybe we were a little bit more distant during those times. That was probably when I was in early college and she was trying to finish up high school and then I was going to community college, kind of in that time frame where I wasn't with her and she kind of did some things that I didn't agree with, like just hanging out with young people, trying drugs, drinking a lot, partying, that kind of stuff, and I definitely think it was related to me going off to college and not being there. She just kind of didn't have—I don't want to say no one took care of her but I was always there to guide her and direct her and I think it just led to some bad behaviors when I left for college. But we've always been super close. We're still very close. Our kids are close in age, so we do a lot of things together. I would definitely consider her one of my best friends.

Elizabeth O.K., and then your step siblings—they sound about 10 years older than you. Did you live with them growing up? And what was your relationship with them?

Vickie Um, I gave you the wrong ages. They're not 10 years older than me. Oh, sorry no. You said that and I was like, "That's wrong." O.K., so my stepsister is five years older than me—41. My stepbrother is 3 years older than me, so he's 39. Sorry, I said that wrong.

Elizabeth O.K. And did you grow up with them or . . .

Vickie O.K., so yes, I did. So, my stepsister lived with us on and off as I was growing up. Being five years older than me, we were definitely in different crowds and different age groups, but she lived with us for the most part. Most of the time I was five until probably when I was like 14-ish. And then my stepbrother did not live with us, so he lived with his mom and visited regularly. So, my relationship with my stepbrother was O.K. until I was about 16 and then we severed ties; I don't speak to him at all. And then my stepsister, when she moved out and got married, we were semi-close, but we've had some ups and downs and I would say at this point in our life, we'd text and occasionally talk on the phone, but I haven't seen her since probably 2019.

Elizabeth Yeah, O.K., so on the ACE questionnaire you indicated that your parents are divorced. So, how old were you when they divorced?

Vickie I was like three and half or four.

Elizabeth O.K. and describe how that impacted you as a child.

Vickie I don't remember the divorce exactly. But I do remember that my dad was given custody of us every other weekend and I think initially he started out doing that. Then he decided it was too much for him, so he quickly transitioned me and my sister to every other weekend going to his parents' house. So, we would spend most of the time with my mom and then every other weekend we were with my paternal grandparents. Occasionally he came over to their house to visit us and then that probably stopped all together when I was an early teenager, or I didn't really see him hardly at all.

Elizabeth O.K., and then are your parents remarried?

Vickie Yes, so my mom remarried when I was five and then my dad remarried when I was around 15.

Elizabeth O.K., and how did that impact you? Both of their remarriages?

Vickie I grew up mostly with my stepdad in the house and, again, I was only five when they remarried. I don't really remember them getting married. I remember my stepsister living with us and us moving out of my mom's parents' house, but I don't really remember exactly how I felt about it at that time. But I do know, as I

got older and I understood more about their relationship, it was very toxic. He worked shiftwork for the most part, so he was often asleep during the day, and we were not allowed to have friends over or be loud during the day at our house because of that. And he drank a lot, so when he was not working, he was often drunk. So, my mom and my stepdad fought constantly, and they would fight in front of us—like they didn't even try to hide it. So, that relationship was pretty rough until I moved out. When I moved out, I was ready to go. I would say their relationship has gotten better with age. I would say it was a pretty rough go when I lived at home.

As far as my bio dad and his wife, I never spent much time with them. I did go to the wedding when I was 15 per the request of my grandmother and so to please her, I went. There were a few times I remember in my teenage years and maybe even my early 20's that my stepmother approached me about reconciliation with my dad and I remember, like maybe when I was about 17, they invited me and my sister over to their house to try to reconcile and I went, and I participated, and it seemed positive. But then after we left, there was no follow through so at that point I was done. I just decided this relationship is too hurtful. I don't want any more to do with it. So multiple times my mother or my stepmother came back after that point to try to reconcile, and I just shut her down. I was like, "This has been attempted and I'm at a point in my life where I don't want that relationship and I'm just done; I've moved on." So, my bio dad and my stepmother have been around kind of on and off through my adult life, but not much interaction.

Elizabeth O.K., so how would you say watching your parents' marriage has impacted your own marriage?

Vickie I would say it has impacted my ability to trust and that's something that Greg and I have spoken about in counseling multiple times. I struggle with trusting fully and so that has led to multiple fights about even the silliest things, but also deeper things. I still feel like I can trust Greg probably more than anybody else in my life, but I still don't trust a lot of other people. I definitely feel like it has led me to not rely on him as much as I think I should. I have control issues and I definitely want to be in control. I want to handle it myself. I want to know the ins and outs. The more I know, the better I feel because I feel like I can control the situation better with the most information that I'm given, and so I feel like that's hard. At times, when we're in a relationship where he's supposed to be the leader of our house, I oftentimes try to be the leader and so we can butt heads about what that relationship is supposed to be versus what I'm trying to make it. Yeah, I think those are the biggest things I've taken from my history.

Elizabeth That's good. O.K., on the ACE Questionnaire you also indicated—which I think you just answered this—that someone was a problem drinker or used drugs, and I think you just said that was your dad.

Vickie My stepdad.

Elizabeth Or your stepdad? O.K., so how did this impact you as a child and how has this impacted your marriage?

Vickie Yeah, as a kid I was really embarrassed to have people at my house so I often sought friendships that I could escape to their house and friends that would let me stay at their house all weekend and never worry about the fact that I never invited them over. So, there was a fear of people finding out who my family was. So, I just tried my best to distance everybody from my family.

As an adult, if I notice Greg has been drinking more than usual, it leads to fights. It leads to me coming down on him or nagging him about how much he's drinking or how often he's been drinking out of this fear that it will spiral into something I can't control. So, it comes back to this controlling thing—how much of my environment can I control? Can I control how much my husband drinks? Can I control as many situations as possible? So, it has led to fights, and it has led to me tearing my husband down.

Elizabeth Yeah, absolutely. O.K., you also indicated on this questionnaire that you had a family member who was depressed or mentally ill or attempted suicide. Can you tell me who that was? And again, how it impacted you as a child and then how it's impacted your marriage.

Vickie My mom has mental illness. Not like, attempted suicide or anything like that, but a compulsive liar. I don't even know how to put my mom into words. I don't even know what to say. She's never been diagnosed with anything. I mean, she's been told she has anxiety. I don't know what all I would say she has because she's never really fully admitted to it or accepted it, but I would say, growing up, there was always, like, this breakdown. She had trouble with managing money and so that meant she tried to keep things from my stepdad. So, what she was spending money on, she was trying to hide from him which often led to fights and arguments. But it led to situations like, I was the kid that didn't have a computer growing up, so I was constantly going to my friend's house to type up my reports or use their Internet. And so, my mom finally got a computer for us. I was probably like 15 or 16 and she paid monthly for it, and I came home from school to finish a report one day and it was gone. It had been repossessed along with all of my schoolwork. She never could admit to, "Why?," you know? "I didn't pay the bill," and "I'm really sorry" and "I wish I could fix it, but I can't." I would say, "What happened?" and she took out that anger on me. Because she failed in some way and didn't handle it well, then it was my fault and I got the brunt of it, and I was stupid, and I was the issue, and how dare I question what she did or didn't do. There was no, "You know, let me help you. Let's problem solve the fact that your school report is gone." You know, it was "Too bad, so sad. You know, your life could be worse." She couldn't deal with her issues, and they were projected onto me, and it tore our relationship apart to the fact that when I left for college, I would have been content never speaking to her again. I don't know

what could have been done. And I guess lots of things could have been done and I don't know what exactly she was suffering from at the time. And I know that she's had her own trauma. But I will say, her undiagnosed and undealt with mental illness was probably worse than the divorce—worse than the fact that my stepdad drank all the time, worse than the fact that I was embarrassed to have people over. Because we had no relationship. I had nobody to go to. I couldn't rely on her. I couldn't trust her. I couldn't confide in her. Our conversations were often and always just like demeaning and tore me down.

Elizabeth That was super helpful. And you actually answered my next question too, which was, "Describe your relationship with your mom when you were growing up." So, you answered two questions. Thank you. And the next question is, "Describe your relationship with your dad when you were growing up."

Vickie So, my bio dad, really nothing. As a young kid, I would say like under 10, he showed up every once in a while. Occasionally there were Christmas gifts, occasionally a birthday card. Every once in a while, he'd get a new girlfriend and maybe that new girlfriend would inspire him to want to be a better person and he would come around and he would occasionally take us and do something fun on a weekend that my grandparents had us and then he would just disappear without any information—like, no follow up—and then we'd go through this cycle again. And that would be kind of on and off until I was like 10 or 11 years old. Then, as I became a teenager and more aware—and of course more hormonal and

everything—I just got to the point where I didn't want anything to do with him. Like, it's just hurtful, you know, to be around. So, as a teenager, I really only did what my grandmother asked me to do. So, my grandparents were pivotal in my growing up. They helped raise me. They were Christian. They were stable. And who I went to. So, in order to reward her, because she was such a great person to me, I would do things that she wanted, like go to my bio dad's wedding or invite him to my wedding and things like that. And it was just to make her happy because I felt like she deserved it. I didn't even feel like I owed it to her, she deserved it because she was just such a great person. But there was no relationship. There's still no relationship there. My kids call him by his first name on the handful of times they've ever seen him.

Elizabeth This is our last question when talking about your family of origin: "Describe your childhood overall using three words." They don't have to be related, but just use like three random words to describe your childhood.

Vickie Chaos/chaotic. Unstable. Sad.

Elizabeth Good. All right moving on. We're going to talk about emotional intimacy now. Describe how your family of origin showed loved one another.

Vickie Mom, I would say, probably, like buying stuff for us because that wasn't something that happened often, and it was always an issue. Like, we didn't have

enough, or we didn't have enough money for things so occasionally we'd get to go shopping or to Walmart or whatever and she would buy us something and I always felt like that was her way of saying like that she loved me.

My bio dad, I never felt there was any expression of love there. I mean, I can't even recall a way that he would have. I don't know, maybe showing up for Christmas Eve dinner or something like that. But again, I think those feelings toward him disappeared pretty early on in my life.

My stepdad, I mean, he would occasionally tell me that he loved me. My mom hardly ever said that. But for him it was probably also the same thing—he kept his bank account separate from my mom, which now as an adult I can see why. But he would occasionally give me gas money so that I could go to a friend's house or something like that. And that was his way of showing me love because it came from his pocket, not my mom's pocket. And then he did occasionally. I feel like maybe when he was a little tipsy, he would say how much he loved me. Am I sounding really sad right now?

Elizabeth You're doing great.

Vickie Affection was not something that was very—like it didn't happen. I will say that my bio sister and I were very affectionate. We hugged, we said, "I love you." We still do that. But, yeah, that was probably the extent of it.

Elizabeth On the ACE Questionnaire, you indicated that a parent or another adult in your household swore at you, insulted you, put you down, or humiliated you. Can you expand on that and then tell me, "How did that make you feel?"

Vickie Yeah, that was my mom. Yeah, like what I said earlier: She would just project her issues onto me and so, if the phone got turned off because she hadn't paid the bill and I would go to her and say, "Hey, the phone's not working," it would be this, "How dare you come to me and question me and say things to me!" and "You're just a kid!" and "You don't understand life!" It was very hurtful. I don't know. The one person that you're supposed to be able to rely on and confide in and even just ask a question to. It was just constant coming down on me and being negative.

I drove her car one day (I didn't have a car growing up—I didn't get a car until I was in college and so she would let me use her car sometimes) and the expiration, (the registration sticker) was expired, and I got pulled over and I got a ticket and I brought it home and I said, "I got a ticket today" and it was my fault. I mean, it wasn't my car, and I had no control over it, but it was like it was at fault. I was the issue. You know, "You shouldn't have been caught! You shouldn't have been where you were!" Just any way to make it my issue and not hers. I just remember there were times when there weren't so many insults as she just made me feel small, you know, like, condescending. Or she would like, grab me by my

face and hold my face. So, I was looking at her and I just remember there were times I just wanted to scream, like I just wanted to be away, and it tore me down. I still to this day don't accept compliments well and I question affection and all those things.

Elizabeth O.K. O.K, so we're going to shift now and talk about you and your husband. So, tell me how you show love to your husband.

Vickie I struggle. I don't know. Doing things for him, like making sure that the house is picked up. I know that he doesn't like to come home to toys everywhere, so I try to make sure that, before he gets home, I've cleaned up. I don't show affection well, I don't—I tell I love him. I have to make a very, very solid effort. If he comes downstairs and he's wearing boots that he just got, I have to literally—in my mind—say, "Those are his new boots. You should complement him." And I have to make myself do it. And he's told me before that I don't, you know, use my words well. Like, I don't tell him I love him enough. I'm not affectionate enough. And sometimes I want to tell him if I'm having a bad day but instead, I will literally come to him and just be like, "I need a hug" [*makes a motion by tilting her head*]. Like, I can't even just go to hug him. I can't tell him with my words, "I need you to hug me" because—I just don't know. I don't know. I don't show affection well and I don't even have a better answer because I don't really do it.

Elizabeth That's a good answer.

Vickie O.K., O.K.

Elizabeth Well, you just said that is your answer. My next question was, "Are you comfortable showing love to your husband?" and you said you're not.

Jackie No, no.

Elizabeth Do you know why? What makes you uncomfortable?

Vickie I think fear of rejection. Like no matter how many years we've been together, the fear that I will show love and not get loved back up. It makes me uncomfortable; I just feel uncomfortable, and I don't even know how to put words into that. It just doesn't feel natural. Yeah, and so, it feels like extra work that, I don't know. I mean, I'm already doing all these things and because it's not natural for me, it's one other thing I'm working on trying to do.

Elizabeth So how does he show love to you?

Vickie Way better than me. He's physical. I mean he hugs; he kisses. He does the husband things, you know. He walks up and it's like, you know, like those sexual

things like, “I love you,” “You’re so pretty.” And he touches my back and he’s touchy.

And he never makes me feel bad about buying myself stuff. I’ll tell him, “I spent $100 on clothes today. I’m so sorry.” And he’s like, “That’s O.K. It’s fine.” He’s very good at not putting me down or making me feel bad about a situation and that’s like the greatest way I see love—just be like accepted. He’s really good at not making me feel bad about situations. And obviously there are times he does because no one’s perfect and that’s marriage. But, yeah, I would say he shows love physically. I mean he provides for me really well. He loves to buy me gifts and so I get that he shows love through that way also. So, with his words—he tells me he loves me often.

Elizabeth Are you comfortable receiving this love, or does it make you feel uncomfortable?

Vickie Yeah, I’m uncomfortable at times, like some of it. The physical stuff can be uncomfortable for me at times. I don’t accept compliments well and I think, because I grew up where love was shown by maybe buying somebody something, that doesn’t really feel as uncomfortable as him hugging me or complimenting the way I look or saying something positive because it’s harder for me to believe the words and the physical touch than it is for him to buy me a gift. Does that make sense?

Elizabeth Yeah. O.K., so the next question is, "Describe how you and your husband share feelings, ideas, dreams, goals, things like that." And then again, "Are you comfortable doing this or does it make you feel uncomfortable?"

Vickie Sharing feelings is really hard. I'm not good at expressing how I feel. Unless it's anger, which I'm pretty good at expressing. And then I get defensive when he expresses his feelings. So, if he's saying that I've made him feel a certain way, then I'm very defensive toward that. As far as our goals and things we have, I think over time that has gotten much easier for us to do because I understand how he works, and he understands how I work. Like goals and dreams, we communicate better—I wouldn't say it's the best, but we communicate better about those things than we used to. He often times has called me, "The killer of dreams." But Greg has all of these dreams and I seek stability. So, I have to find the balance with him, and I feel like I've learned that better as we have been married longer.

Elizabeth Describe your emotional connection with your husband. Would you like to feel more connected or are you happy with the connection you have? We'll answer that first, and then I'll get to the second question.

Vickie I will say, I feel like our emotional connection has improved over time. I feel like I definitely want more because I feel like I'm never at the place I want to be because I know that I have baggage. But I definitely think it has improved over

time. I think where I see I want more is on my end—I wish that I could be more comfortable. And I wish it could be more natural for me to be affectionate because I think that would improve our relationship obviously further. But it's not something that I'm currently addressing, so it's definitely put a hindrance there.

Elizabeth So, what would you say prevents you from being as close as you want to be?

Vickie I think for me it's always about protecting myself. So, if I am vulnerable or open or let myself just be free to receive his love and give his give love back, then I'm at risk for getting hurt and I think for me, it's about needing to have a wall up at all times. So, if I have a wall up, then I don't get hurt as much if something happens. So, if I don't let myself feel as much as I think I could feel, I can't get hurt as much as I think I could be hurt. Does that make sense?

Elizabeth Yeah. O.K., so this is more of a broad question. "What unique challenges do you and your husband face?"

Vickie I would think, when it comes to money, we have a unique challenge—and maybe it's not unique. Maybe other people do too, but I think he is more like, "This is life. We have one life—let's just, you know, let's do this and that." And in my mind I'm like, "I would rather just have money in the bank. Let's just sit on it. Why can't we just have it in there in case we ever need it for something?" And

he's like, "But that's boring and that doesn't let us live the life I think we could live." So, we definitely have issues—not unique issues—but we have challenges there when it comes to how we spend our money and what we do with our money because again, I would rather just be like, "OK? Can't we just have the money in the bank and repair bills and maybe go on vacation once a year?" But he wants to open businesses and do all these things and that makes me nervous.

And then I think the model of what a relationship is—like a husband and wife—presents a challenge. I see the broken husband and wife, and he comes from a married, happily married couple/parents. And while they have their own issues, they're together and they've been together for a long time, and they raised their kids, and they still have goals and dreams and things they do; and so, he sees that family unit and I see my family unit, and so I think that brokenness versus non-brokenness presents its own challenges.

Elizabeth Yeah, O.K. In what areas do y'all find the most joy?

Vickie Life together. I mean, just being alone together. We were happy just spending time together, going to dinner, and just being together. When we don't have the chaos and the background noise of family and life and work and all of that stuff, I do find joy in being with him and I think he finds joy in being with me. I don't know if that's that too simple of answer.

Elizabeth No, that's great. Especially considering y'all have four kids.

Vickie Right?

Elizabeth I assume alone time is rare.

Vickie Yeah, yeah.

Elizabeth O.K., on the ACE Questionnaire you indicated that growing up you felt like no one in your family loved you or thought you were important or special and that no one looked out for one another or supported one another. So, my question for you is, "What steps have you taken to make sure you don't repeat that pattern in your own marriage and family?"

Vickie I try—and again, it's like a solid effort because it doesn't come naturally to me—to show my children affection. I didn't get that as a kid. But again, it's still a daily challenge for me. There are often times I tell the kids, "I need you to not touch me." And I know moms say that, but I mean it in a way like, I know oftentimes for me it's like, "I don't want to be touched and you're touching me." Like, "You're just sitting next to me," and I'm like, "No, I can't be touched. I can't be touched anymore." So, I'm trying to just make myself available to let them have my affection, let them give me affection because even my daughter likes to kiss me goodnight. And kiss after kiss and I'm like, "O.K., we're done.

You've kissed me." And she's like, "No, but I want to kiss you." I'm like, "No, no, you've given me a kiss." But that's the point, right? To take my guard down a notch and remember that she's five. She's super affectionate. I don't know anything about that and so trying to give her that, it's literally a daily thing for me. And trying to have conversations with my older ones about like, "Hey, I know I'm your mom but, you can talk to me. You can have a conversation with me," because I didn't talk to my mom and have open conversations with her growing up, so I want them to be able to say, "Hey, this happened to me at school today. I didn't like it," or "I did like it" and to be able to talk to me about that. I feel comfortable with that. And so, trying to express to them like, "You know you could talk to me, I'm open." I don't know. It's hard. I've struggled with it, you know. I wish I was better at it.

Elizabeth Alright, moving on. We're going to talk about communication and conflict resolution. The first question is: "Describe how your family communicated with each other" and then, "Describe how you and your husband communicate with one another."

Vickie I don't really know how my family communicated. My mom and my stepdad were unhappy and didn't speak. We were either not speaking or yelling at each other. My mom and I communicated if it was a very simple basic thing, then it was fine. Like, "Hey, I have a choir concert on Friday at 5:00. I need you to take me and drop me off." The simple interactions were fine but there was nothing

beyond that. The communication was pretty poor. I mean, I did not confide in her. We didn't talk about important things. We didn't talk about boys. We rarely talked about friends. It was very transactional when we did have conversations and I didn't speak to my stepdad hardly at all. I mean, he wasn't really there. I mean, he was asleep or at work and so, I don't know, we just didn't. There was not much communication. It was, you know, basic small talk and then fighting. So that's kind of what I grew up with.

I will say, communicating with Greg has had its challenges over the years. I struggle with expressing exactly how I feel. And then I'm very reactive to what he says to me. Again, I'm defensive and if he says, "Well, you yelled at me about this thing," and I'm like, "Well, I yelled at you because dot dot dot." So, projecting it back to him, like, how can it be my fault?

Communication about money, at times, has been hard because I feel maybe not heard, at times. Like, how I want our money to be dealt with is different than him and so there have been times I've thought he gets his way, but when do I get my way? But I do feel like we can sit down and have good conversations and maybe we don't always come up with a solution, but we can have a conversation and I can say, "Well, I just don't see how that benefits our family. Can you tell me how it would benefit us?" And then maybe we can talk about it differently. So, I feel as I've matured and gotten older, I can find ways to communicate. I just feel like

there's probably a more effective way, but we have gotten better. I feel like communication has improved with us over the years.

Elizabeth O.K., and then same questions about conflict: "How did your family handle conflict and then how do you and your husband handle conflict?"

Vickie Our conflict was a shouting match—like, who could yell the loudest. And so, as I got older, as a kid it was like, tearing me down. And I kind of ran away—ran away and hid. As I got older, I started standing up for myself; I would yell back. And so, with Greg, I feel like early on in our marriage it was the same way: a shouting match. Who was going to yell the loudest and who was going to have the last say? But I feel like now, longer into our marriage, while we still have times we yell at each other, those are the rare occasions. They're not the usual. And our conflicts oftentimes are just, at least for me, like taking a step back and taking some time away and cooling off and thinking about the meat of the issue and then re-addressing it. And then, while we're not perfect and we still sometimes don't even resolve the issue, I feel like at least we're not screaming at each other—I mean, I can think of maybe one time in the last year that I actually yelled at him, and he yelled at me. So dumb. I will say, when I was a younger married person, there was a lot of the similar tactics that my family did. But as we've gotten older and into our relationship, that's less of the go-to.

Elizabeth Alright, we are getting toward the end here. Did you or anyone else in your family ever experience any abuse? It could be emotional, verbal, physical, or sexual.

Vickie Verbal abuse was pretty common for my mom. The tearing down, making things my fault. Basically, you know, making her issues my issues.

Elizabeth Which we've already covered.

Vickie Yeah. There were times I had a cousin—I called him the "Kissing Cousin" and he would oftentimes, when no one was around, kiss me and try to make me feel uncomfortable, but it never moved past that. And again, because I didn't like affection, it was really easy for me to be like, "No!" Just like, "You need to go away!" So, my mom's brother actually went to prison when I was in high school because he molested his son. And so, we had some of that in the family, but it was not my direct, you know my mom or my dad. It was my mom's brother and so, I know that put a strain on my mom. And I think that was really hard for my mom to overcome. But there was really no sexual abuse. Really, it was just the verbal abuse.

Elizabeth And then we might have already covered this with your dad, but as far as addiction in your family—like drug addiction, alcohol addiction—would that fall under your dad?

Vickie Yeah.

Elizabeth O.K. So, we already talked about that. And then mental health—we already talked about this with your mom. Just final two questions, which you kind of already talked about this too, but "Have you ever received professional counseling to help you process everything you went through as a child?" which you mentioned a little bit that you and your husband went to counseling but, "Have you gone to counseling by yourself?"

Vickie No.

Elizabeth O.K. Why have you never done that?

Vickie Honestly, I think because I just don't want to talk about it. I just want to put it in a box over here and close it up where I don't have to touch it. I think that's honestly why I've never dealt with it.

Elizabeth O.K., last question. Other than everything we have talked about, is there anything else you want to say or mention to me? Anything pertaining to your childhood or anything pertaining to your marriage?

Vickie I don't think so.

Elizabeth O.K. That is all I have. You gave me some good answers. Thank you for your time.

Appendix T: Sample Transcript #2

Second Interview Transcript

Wendy Hey, hey. Good morning.

Elizabeth Good morning. O.K., well we will get started. So, I have some follow up questions based on the Adult Attachment Scale that you took . So, I'll go over those and then you can show me whatever pictures or documents or whatever you brought. O.K., so these questions were all basically statements and then you rated the statements. So, the first statement read, "I find it relatively easy to get close to others" and you rated that a 2 = "not like me." So, do you find it hard to get close, emotionally, to your husband (because I'm putting this all in the context of marriage)?

Wendy Yes, O.K., so I will over-connect with three people and then I cannot connect with anybody. I know that is not clean enough of a divide, but that's just the honesty of it. So, I think this comes from being a child of a narcissist. And Joseph is like this too, my nephew, who was raised by my sister. He is the spitting image of me as a child. He is a very kind child. I was actually a very gregarious child. I was always very interested in other people. I was always very worried about how they felt. Totally overly empathetic and empathic for other people and so he is highly attached to me, like highly.

Like, I was either in love and with two or three people or everybody else has to stay over there. So, I actually wanted to over-connect with Patrick. Like, once I decided that I was in love, then I was in all of the love in the world. But no one else was coming near me and so, because he doesn't feel safe to me anymore, I stay pretty detached. And I notice that even the people I have a genuine affection for, like I'm very close to (like my niece), as soon as she acts a little bit weird or whatever, click—I hit a switch. Yeah, I'm not gonna exist over here. Because I moved around so much, I know exactly how to interact with the world where I am friendly and I look like I'm part of it, but I am in no way emotionally a part of it.

Elizabeth O.K., that is very helpful. O.K., the second statement said, "I do not often worry about being abandoned" and you said that is not characteristic of you. So basically, you do worry about being abandoned. So, do you worry that your husband will leave you?

Wendy Yes, and I used to have a crippling fear of this. God has done a huge work in convincing me over time that He is my plenty. So, this is an area of healing, but that is only recent in the last maybe seven years and it's all God. Apart from me remembering how big He is, I would still be crippled by it. And I have been, to some degree, abandoned by every man. All of them. E very major relationship. And then of course all my daddies, so there was a time where I thought Patrick was going to leave and I would literally sleep on the couch because I was afraid he was going to sneak out in the middle of the night.

Elizabeth Oh, wow.

Wendy So, it used to be really, really bad. Yeah, and now I'm like, "He might." And I might lay there and listen all night. But, you know, I know God will be there even if that did happen.

Elizabeth Yeah wow. I'm glad you have your faith to lean on.

Wendy I can't imagine. I would be dead. Yeah, like self-destructed, I'm sure. I would be dead.

Elizabeth O.K. So, the third statement is (and some of these might be a little redundant), so if you feel like you've already answered it, feel free to move on. The third statement is, "I find it difficult to allow myself to depend on others." So, do you find it difficult to depend on your husband?

Wendy Probably this thing is the thing I noticed most when I was taking the questionnaire. I depend on *no one* [emphasis added], O.K.? Not for anything. And I know that those are brought, but I'm trying to think of a single category in which I allow myself to rely on someone and the answer is I could not think of a single place. O.K., I don't rely on people emotionally. I don't rely on them physically. I don't rely on no one, and that comes, I know it comes from my

childhood—from being forced to fend for yourself at all times and you never know if anybody—I just don't, I don't believe anybody is gonna come through for me. Yeah, I depend on that zero percent and then I'm so surprised if they—I'm always kind of shocked when someone acts like a friend. Or if someone is kind, I'm always a little bit like, "What do you want?" Or if somebody does what they say they're gonna do, that always shocks me. So, depending on other people, I always have my own plan. I drive myself my own places. I will not ride with other people. That is probably the biggest thing I noticed when I took the questionnaire: my unwillingness to depend on other people.

Elizabeth Yeah, well, if you've had a lifetime of only depending on yourself, it's hard to break that cycle. The next one: "People are never there when you need them." Do you believe this about your husband, that he's never going to be there when you need him?

Wendy For him, I believe that a lot. I mean, I wouldn't say it's an always, like he'll *never* [emphasis added]. He occasionally is, but not in an emotional way. He's not able to do that. Yeah, not really. I wouldn't say it's never, but it's close.

Elizabeth And maybe even it's not even *true*, but maybe is this just what you *believe*?

Wendy I definitely have the perception of that person, and I definitely have the perception of that. And I would say, part is his own trauma, which is very sad. And also, I

enabled the trauma. So, part of this is that I trained my own dragon. Is what I did O.K.? I looked for someone who would ask nothing of me and now I'm mad. But I'm sorry I looked for somebody. He looked for somebody who wouldn't ask anything of him, and I allowed that. And now I'm mad that he isn't willing to be asked of. But he isn't very reliable, but that's a lot of my doing.

Elizabeth That is such a good quote. "I trained my own dragon."

Wendy I did. I trained my own dragon.

Elizabeth Yeah. "In relationships I often worry that others do not really love me." Do you believe that about your husband, that he doesn't really love you?

Wendy Yes. I am at best tolerated. Tolerated and useful, but not loved. Part of that, it goes back to his trauma and his inability to love or trust. He would rate higher on all of these questions and scales than I would. His trauma goes deeper, he just never has sought any help. So, I'm not any better than him. I've just spent years in counseling untangling it, and he's not done that yet.

Elizabeth O.K. The next one, "I'm comfortable depending on others." We already kind of answered this. You wrote, "No," you're not comfortable depending on others. So, we did that one. "I'm somewhat uncomfortable being close to others" and

you were like, “Yep, uncomfortable.” Yeah, so are you uncomfortable being emotionally close to your husband?

Wendy I am so . . .

Elizabeth So, let me interject a little bit because the first time we talked, you said physically you’re fine being comfortable with your husband. So, I’m wondering . . .

Wendy I have a desire—O.K., so O.K., so it’s real tangly because, when I fell in love with him, I wanted to over-connect. I was fine being physically comfortable. What has happened since then is he has proven unsafe physically and emotionally.

Elizabeth O.K.

Wendy So now I do not like sex. I still am affectionate towards him. I like to touch his hand. I like to be near him. But now, as I healed emotionally, the sex thing became a problem because I started to see it as unhealthy and not abusive, but it’s unhealthy and it’s created a problem. So now I am not comfortable with it. I like sex; I just don’t like sloppy, icky sex, like dirty. I don’t know. I mean, I don’t have anything against it, but I don’t want that to be the only way that we connect.

Elizabeth Sure, yeah, O.K. I think we might have already answered this one. "In relationships, I often worry that others will not want to stay with me." So, we kind of already talked about that one.

Wendy Yeah.

Elizabeth "I know that others will be there when I need them," and you answered, "uncharacteristic of you." So how does this apply to your marriage? Do you believe your husband won't be there when you need him?

Wendy Yeah, just like I was going to say there's always a Plan B. No! Plan A is my plan. Plan A, and then if he shows up in that world somehow, then I'm happy to include him or let him take the lead or whatever, if he'll do that. But He doesn't normally do that, so I make plans as though it will always just be me.

Elizabeth O.K.

Wendy I see everything through the lens of, "Would I paint the house this color if I have to sell it when we get divorced?" or "If I have to live in it by myself, would I buy this? Would I do that? Is there enough money in the account for me to live if he takes everything else?" Like every decision is kind of like, "If I'm by myself, will this work?"

Elizabeth O.K., O.K, last one: “I find it difficult to trust others completely.” So, do you have difficulty trusting your husband? You indicated, “Yes.” So how does that play out in your marriage?

Wendy I don’t trust him. I don’t distrust him, like he’s going to be unfaithful. I don’t distrust that because he lives with such shame and had that done to him multiple times by his parents that he couldn’t live with himself if he did that. But I distrust him emotionally. He will, again due to the trauma, he will choose himself over me—over us—at any given time, though.

Even in the context of politics (we don’t agree on politics), and he has said to me multiple times, “You need to know if there’s a civil war, we’re on opposite sides.” And I’m like, “Are you gonna shoot me? Like what do you mean by that?” And he’s like, “You know.” He’s like, “You know when the Liberals come for us.” I know he’s like, “I’m upstairs with my gun,” and I’m like “You’re going to abandon me over Donald Trump? You would do that?” He’s a self-preservationist, physically and emotionally, and that leaves me outside the circle. So that’s where we land. Some of that is specific to the way he is, and then some of that is specific to the way that I am.

Elizabeth O.K, that is all I—oh wait. I know another thing I forgot that the recording didn’t pick up last time. How old is your husband?

Wendy He will be 50 in a couple weeks so there's a six-year spread on us.

Elizabeth O.K., 50, great. Thank you. That's just a minor detail. O.K., that is all I have. So, if you want to show me anything you brought with you, that would be great.

Wendy O.K., I went and found some pictures.

Elizabeth You're going to show me these and then tell me like why it's meaningful to you or important to you or why you brought it.

Wendy O.K., so this is my favorite wedding . . .

Elizabeth Oh, so cute!

Wendy Because Patrick hates having his picture taken. So, he normally looks rigid and won't smile. Can you see the full handsome face?

Elizabeth Yeah, got it.

Wendy We're smiling and it wasn't one of the official ones. Somebody else took this one, but this is my favorite one.

And then this is my grandma. She played an enormously pivotal role in my life. I lived with her for a time and spent every single summer with her. Everything that cost any money, my grandma provided. She possibly saved my life on more than one occasion, and she died several years ago. The first time I ever spoke in public was her eulogy and I wish that she could see me now because she always worried so much.

This is Joseph, and he's the love of my life. He is the sweetest kid in the whole wide world. He's either going to be a preacher or a politician, and of course I prefer preacher. He's just so good and he's so funny. He has the family sense of humor.

This is my PoPo. This is him taking me Easter egg hunting in the west. So, I have one of my biggest songs, actually, it's hopefully gonna get published somewhere pretty big; there's some people looking at it. It tells the story of who he was because he was a total narcissist and an alcoholic, but he was the most fun person in the entire universe. We would go dancing all night, but he would then turn into a mean drunk. And then he'd take us to the Easter egg hunt in the morning in the desert.

Elizabeth Oh my gosh.

Wendy You know, I just loved him like crazy. So, my only happy times in childhood were when we lived in the west from age five to seven. Those were good years. We were poor as heck. We lived in a barn, and I slept on the floor, but we would go to these dances and there was always music and people and that's it. That's where my love of music was born. So that's my PoPo.

This is a picture of me and my sister. See her when she was little. So, you know it was just us there for a while. It was us against the world. And unfortunately, with her right now, the world is winning.

Elizabeth Explain a couple of pictures ago. Who is Joseph?

Wendy O.K., so Joseph is my sister's son. H er first son, and because of her

Elizabeth Your nephew.

Wendy Mental illness and a lot of really bad things, we went through a really terrible, awful custody battle a couple years ago to get custody of Joseph because he was in danger with her. And so, my parents technically have him. He was spending almost all his time either here or with my mom. Then, the way it landed the time we got him, he was with my mom and the way the state's custody laws work the mom has all the rights, as it should be. So, we enrolled him in school and if you have him six months and he's in school, they'll let you keep him. So, we had to

do that. So that time he was with my mom. So, my mom technically has custody, but it's somewhat shared with me, and the parents are old. The plan always was for him to end up here. But the court says that we have to leave it the way it is right now. Joseph and I are really close because when my sister first abandoned him, she just dropped him off on my porch with a pair of underwear and a toy truck.

Elizabeth Wow.

Wendy He and I are very close. He does not count down days to Christmas, he counts down days to Nene. So, we're super close and he loves Patrick and Patrick loves him. Patrick is about to take a job just because it's gonna take him down there by Joseph. He loves him so much. So, my sister has another son too, but with another father that we don't have a relationship with.

Elizabeth O.K. O.K., that's who he is. O.K., thank you. That's awesome. Alright, you brought some good stuff, thank you. Well, that is all I have for you. O.K., thank you so much for your time. You have been a wonderful interview. You've given me a lot of good stuff, very helpful.

Wendy Sure, sure, I hope I'm helpful. It sounds like it'll help you get your dissertation done and it'll help other women too.

Elizabeth Yes, yes, yes! That is the goal, that it'll help church leaders and counselors. I don't know. I don't know. We'll see.

Wendy It will.

Elizabeth Thank you so much.

Wendy Yes, thank you. I'll talk to you later, I'm sure.

Elizabeth Goodbye.

Appendix U: First Interview (Body, Face, Voice)

QUESTION	BODY LANGUAGE	FACIAL EXPRESSIONS	VOICE INFLECTION
Demographic Information			
How old are you?			
How old is your husband?			
How long have you been married?			
Do you have any children? If so, how many? How old are they? Gender?			
General Family History			
Do you have any siblings? How many? Describe your relationship with your siblings?			
Are your parents married or divorced? If they divorced, how old were you when they divorced?			

Describe how the divorce impacted you as a child. How has it impacted your marriage?			
Describe your relationship with your mom while you were growing up.			
Describe your relationship with your dad while you were growing up.			
Describe your childhood using only three words (these words don't have to be related).			
Was there anyone in your life who showed you what a healthy marriage looked like? If so, how has that impacted your marriage?			
Emotional Intimacy			
Describe your dating life prior to marriage.			

Describe how your family showed love to one another.			
Describe how you and your husband show love to one another. Are you comfortable doing this? Why or why not?			
Describe how you and your husband show love to one another. Are you comfortable doing this? Why or why not?			
Describe how you and your husband share your feelings, ideas, dreams, and goals. Are you comfortable doing this? Why or why not?			
Describe your emotional connection with your husband. If you would like to feel more connected, what prevents you from being as close as you would like to be?			
What unique challenges do you and your husband face?			

In what areas do you and your husband find the most joy?			
Communication / Conflict Resolution			
Describe how your family communicated with each other. How has it impacted the way you and your husband communicate?			
Describe how your family handled conflict. How has this impacted the way you and your husband approach conflict?			
Abuse and Neglect			
Did you or anyone else in your family experience any abuse (emotional, verbal, physical, sexual)? • If so, please describe the situation. • Describe how this impacted you as a child. • Describe how this has			

impacted your marriage.			
Did you ever feel neglected by your parent(s) (i.e., you felt you weren't important, your parents prioritized other things/people over you, you were often left alone, you often took care of yourself and/or siblings)? • If so, describe what this neglect looked like in your life. • How did this impact you as a child? • How has this impacted your marriage?			
Addiction			
Did anyone in your family (including you) ever struggle with an addiction (e.g., gambling, pornography, drugs, alcohol, sex, shopping, food, etc.)? • If so, who and what type of addiction? • Describe how it impacted you as a child.			

• Describe how it has impacted your marriage.			
Mental Health			
When you were a child, did anyone in your family (including you) struggle with mental illness (e.g., depression, bipolar disorder, narcissism, borderline personality disorder)? • If so, who and what type of mental illness? • Tell me how it impacted you as a child. • Tell me how it has impacted your marriage.			
Final Questions			
Have you ever received professional counseling to help you process your childhood trauma? • If no, why not? • If yes, please explain the outcome.			

Other than the difficult experiences we've discussed, is there anything else you want to talk about today?			
Environmental Observations			

Appendix V: Second Interview (Body, Face, Voice)

QUESTION	BODY LANGUAGE	FACIAL EXPRESSIONS	VOICE INFLECTION
Attachment Style			
Questions regarding attachment will be individualized and based on how the participant answered the AAS.			
Follow-Up Questions			
Individualized follow-up questions will be asked.			
Questions based on photos, documents, mementos, etc.			
Item #1 Describe what was happening in this photo/video.			

Why is it important to you? What do you want people to know about this photo/document/etc.?			
Item #2 Describe what was happening in this photo/video. Why is it important to you? What do you want people to know about this photo/document/etc.?			
Item #3 Describe what was happening in this photo/video. Why is it important to you? What do you want people to know about this photo/document/etc.?			
Item #4 Describe what was happening in this photo/video. Why is it important to you?			

What do you want people to know about this photo/document/etc.?			
Item #5 Describe what was happening in this photo/video. Why is it important to you? What do you want people to know about this photo/document/etc.?			
Item #6 Describe what was happening in this photo/video. Why is it important to you? What do you want people to know about this photo/document/etc.?			
Environmental Observations			