

Impact of Childhood Trauma on Romantic Relationships

by

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Abstract

This capstone project explores the impact of childhood trauma on adult romantic relationship dynamics through the lens of attachment theory. By examining how early relational experiences shape emotional and psychological development, the study underscores the profound influence of childhood trauma on neurobiology, altering brain structures and functions related to stress and emotional regulation. These neurobiological changes can impair cognitive processes such as memory, attention, and executive function, while emotionally and psychologically, trauma can lead to depression, PTSD, substance-use disorders, and borderline personality disorder. This research highlights the significant challenges that childhood trauma poses to adult relationships, particularly in areas of emotional dysregulation and social cognition, which complicate conflict management. Additionally, individual attachment patterns contribute to complexities in trust, communication, and intimacy within couples. To address these issues, a workshop for couples is proposed, focusing on understanding the impact of childhood trauma, enhancing awareness and empathy, developing healthy coping strategies, and strengthening relationship bonds through the application of polyvagal theory. This capstone provides valuable insights and practical tools for counsellors, mental health professionals, and couples where one or both partners have experienced childhood trauma, aiming to foster healthier and more resilient romantic relationships.

Keywords: Adverse childhood experiences, relationship dynamics, trauma

Dedication

I dedicate this project to my partner, Naseem Jarjoura. I don't know if you realize how strong and resilient you are. I love and admire you baby bear.

Acknowledgement

Without the incredible kindness and patience of my capstone advisor, Maria Stella, I would not have been able to complete this. Thank you SO much Maria! To my second reader Kate O'Neill, Thank you!

To my beloved parents, Patricia Feeney and Drew Birkett, you have always made certain that I know I am loved—I'm tremendously grateful.

To my little brothers, Brendan and Robin—I love you and miss you a lot.

To Naseem, Janey, Zefrione, Ted, and Mitzi, thank you for doing more of everything else so I could do more of this. I love you!

Finally, to my friend Richard, thank you for always being in my corner, really, truly, thank you, love you.

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Chapter One: Introduction

Research indicates that childhood trauma can have pervasive, lifelong consequences. When it occurs early on and/or is cumulative, the impact on development can have significant psychological, physiological, neurobiological, emotional and relational implications (Dugal et al., 2016; Dye, 2020; Filetti et al., 1998, 2019). This capstone identifies the challenges faced by individuals with adverse childhood experiences (ACEs) in forming and maintaining healthy relationships later in life. It also proposes recommendations for fostering more positive relational outcomes.

Background Information

Over the past 25 years, the term adverse childhood experiences (ACEs) has been well established within the lexicon of researchers, medical professionals, educators, psychologists, counsellors and public health experts. In San Diego, California, Felitti et al. (1998) published their findings in what would become the seminal paper on the dangerous implications of childhood maltreatment and household dysfunction. The study gathered data from a group of 9508 individuals who were registered at the Kaiser Permanente Primary Health Appraisal Centre. The participants were sent a questionnaire that contained questions about their medical history and their history of traumatic experiences in childhood (1998). The questionnaire contained questions relating to emotional, physical and sexual abuse. In addition, there were questions pertaining to the emotional, physical or sexual abuse of anyone else in the home (Felitti et al., 1998).

The results of the study demonstrated a strong association between the number of ACEs an individual experienced and a range of negative health outcomes in adulthood. These outcomes included chronic diseases, mental health disorders, substance abuse, and social problems. (Felitti

et al., 1998). The results of subsequent studies have reinforced these findings and ACEs now serve as a framework through which to design, interpret and elucidate further research, not only informing policy but inspiring programs that are aimed at mitigating negative impacts before they become negative outcomes (Hoffman, 2022). Before the ACEs studies, social workers may have been the primary ones trying to sound the alarm. Now there is a collective understanding that traumatic events in childhood can significantly impact the trajectory of an individual's development over time and the kind of life they live.

Understanding the impact of trauma is important, as traumatic experiences, particularly those occurring during childhood, can profoundly influence neurobiological development, leading to alterations in brain structures and functions related to stress and emotional regulation. (Campbell, 2022; Siehl et al., 2022) These neurobiological changes can subsequently affect cognitive processes, impairing memory, attention, and executive function. Additionally, trauma can lead to a range of emotional and psychological issues, including depression, post-traumatic stress disorder (PTSD), substance use disorder, and borderline personality disorder (Dvir et al., 2014; Teicher et al., 2022). Furthermore, childhood trauma can significantly impact interpersonal relationships, as difficulties with emotional dysregulation and social cognition can hinder conflict management within couples (Dvir et al., 2014). Individual attachment patterns further complicate these dynamics, potentially leading to problems with trust, communication, and intimacy (Yilmaz, 2018).

Purpose Statement

The central purpose of this capstone project is to explore the impact of childhood trauma on romantic relationship dynamics in adulthood. The information gathered will inform the focus of a proposed psychoeducational workshop series for couples in which one or both partners are

survivors. Acknowledging that the trauma endured by children can have profound deleterious effects, this capstone will investigate the neurobiological implications of trauma and review the ways that trauma can manifest emotionally and psychologically. It will then look at the ways that these experiences often manifest in romantic relationships. Throughout this capstone, attachment theory will provide a framework for understanding how interpersonal trauma in childhood can be transmitted to interpersonal challenges in romantic relationships and the mediating variables that facilitate it. The following research questions will be used to guide my exploration of the subject and frame my writing:

- How do attachment patterns form in early life and what influence do they have beyond childhood?
- What are the potential developmental implications of trauma in childhood?
- What are some of the potential emotional and psychological ramifications of childhood trauma?
- Which aspects of romantic relationships are typically influenced when one or both partners have a history of childhood trauma?
- What variables mediate the relationship between traumatic childhood experiences and romantic relationships in adulthood?
- How can the findings of this research be used to guide the development of a psychoeducation workshop for couples with childhood trauma?

Contribution to Field

This capstone contributes to the field by highlighting the impact of Adverse Childhood Experiences (ACEs) on relationship dynamics. It offers strategies specifically designed for mental health professionals and individuals to help mitigate problematic relationship symptoms,

providing readers with practical tools (see appendix A) By exploring the factors that lead to problematic relationship dynamics, including individual symptoms, this capstone aims to provide a deeper understanding of the broader context of these issues. Moreover, it sparks an essential discussion about developing healthy relationships. With a holistic approach and actionable insights, this capstone lays the groundwork for understanding relationship dynamic issues in couples who have experienced ACEs, promoting psychological well-being, and fostering resilience in relationships.

Reflectivity and Positionality Statement

I was raised in a two-parent home in a rural part of British Columbia. As with every family, there were some difficulties but there was also a lot of joy and a lot to be grateful for. I was not abused, and I recall feeling safe and secure most of the time. My relationship to this topic is nuanced and admittedly has been unfurling and changing as I read and write. As an adolescent, I experienced a traumatic loss that has impacted me throughout my adult life in ways that I am still discovering. I have had experience with post-traumatic stress disorder, and it has been problematic in romantic relationships at different junctures. I have had the experience of dating several men with predominantly avoidant attachment patterns. While I believe I am now predominantly securely attached, I used to have a lot more anxiety, and this proved to be a difficult combination.

I would be remiss if I did not express that I am a white, middle age, straight, cisgender female. My family of origin is middle classed, as is my family with my partner. My relationship to extreme adversity has been limited. The colour of my skin, my sexual orientation, my cisgendered body and the fact that I do not have a visible disability have provided me with a certain degree of unearned privilege.

Theoretical/Conceptual Framework

This capstone includes two theoretical frameworks: attachment theory and polyvagal theory. Attachment theory explores the dynamics of long-term relationships between humans, focusing on how early interactions with caregivers shape an individual's emotional and social development. Polyvagal theory, on the other hand, examines the role of the autonomic nervous system in emotion regulation, social connection, and stress response, emphasizing the importance of the vagus nerve in these processes. Together, these frameworks provide a comprehensive understanding of the interplay between emotional bonds and physiological responses.

Attachment Theory

Attachment theory is one of the most Westerner influential theories of human behaviour and psychosocial development of all time (Thompson et al., 2022). John Bowlby and Mary Ainsworth introduced the concept of attachment to explain the bonding and proximately seeking behaviour of infant children with their primary caregiver (Bowlby, 1988). It was quickly expanded to encompass adult attachment relationships. While infant attachment is understood to be rooted in survival, adult attachment is understood to be rooted in emotional intimacy and safety (Simpson & Overall, 2014). Attachment theory is the central theoretical framework used in this capstone. A more comprehensive history and explanation of its utility will be provided in chapter two.

Polyvagal Theory

Polyvagal theory will serve as a framework for understanding the proposed emotional regulation and co-regulation exercises that will be suggested in chapter three. Polyvagal theory was developed by Dr. Stephen Porges, to explain how the autonomic nervous system uses

neuroception, a term coined by Porges to unconsciously scan the environment for threat. Polyvagal Theory posits that the autonomic nervous system is organised into a hierarchy of possible physiological states that are associated with different periods of evolutionary adaptation (Porges, 2022). The lower part of the brain is home to the well-known survival responses—fight, flight, freeze. Evolutionarily, this is the most primitive part of the brain and, according to polyvagal theory, this is why it is most adept at responding to threat. When prehistoric reptiles evolved into small mammals, they began to use social behaviour to connect and turn down the volume on threat. This is the business of what is referred to as the social engagement network, which has the responsibility of downregulating threat to return the system to homeostasis (Dana, 2020).

How quickly and effectively this system can carry out this crucial function is often dictated by an individual's trauma history. Individuals who have had significant ongoing adversity in their lives may find that their nervous systems are extremely well defended, and according to Porges (2022) this means that trauma has recalibrated their autonomic nervous system, locking it into a state of defense. When the autonomic nervous system is out of balance, the parasympathetic nervous system is not engaging the vagus nerve sufficiently to calm the sympathetic nervous system and the body goes into a state of hyperarousal (Dana, 2020). In certain situations, however, an individual may experience a reaction to stress or a threat that, rather than mobilising the body to defend, it activates the shutdown of what is called the dorsal vagal complex. When this occurs the body is said to be in a state of hypo-arousal, or what is often called dissociation or freeze (Porges, 2022). This is an adaptive state that is essential in a situation where fight or flight are not available options.

Definition of Terms

Adverse Childhood Experiences

In this capstone ACEs are defined as follows: “events during childhood that are stressful and may impact upon mental and physical health having effects in childhood and future adulthood...including abuse (physical, emotional, sexual); neglect; living in a household with domestic violence, substance or alcohol misuse, or criminal behaviour; or living with a caregiver with mental illness” (Scott, 2020, p.6)

Relationship Dynamics

Relationship dynamics are the patterns of behaviour that happen between people in the ways they relate, interact, and communicate with each other as positive and negative aspects of intimate relationships influence mental health and well-being in couples. (Brown et. al, 2024).

Posttraumatic Stress Disorder (PTSD)

PTSD is a mental health disorder that can arise following trauma (Cloitre et al., 2009). To be diagnosed according to the DSM-V, an individual must exhibit symptoms from three specific clusters: intrusive recollections, avoidance/numbing, and hyperarousal (American Psychiatric Association, 2013).

Trauma

Levine defines trauma as any experience that overwhelms an individual and their capacity to cope with the incident or experience(s) that has caused them distress (Levine, 2008). often involves a threat to one’s safety but not always. His perspective highlights the physiological and psychological components of trauma (Levine, 2008).

Outline of the Capstone Project Chapters

In chapter two, a review of the literature on attachment theory is conducted to comprehend the long-term effects of early relationships on an individual's emotional and psychological development. Recognizing the impact of trauma is crucial, as traumatic experiences, particularly during childhood, can significantly influence neurobiology, altering brain structures and functions related to stress and emotional regulation. These neurobiological changes can subsequently affect cognitive processes, impairing memory, attention, and executive function. Emotionally and psychologically, trauma can result in various issues, including depression, PTSD, substance use disorder, and borderline personality disorder. Furthermore, childhood trauma can significantly impact relationships, as emotional dysregulation and social cognition difficulties can complicate conflict management for couples. Additionally, individual attachment patterns within a couple can introduce further complexities, potentially leading to issues related to trust, communication, and intimacy. Chapter three proposes a workshop for couples that will address the following: understanding the impact of childhood trauma, enhancing awareness and empathy, developing healthy coping strategies, and strengthening relationship bonds by employing the polyvagal theory to address trust and intimacy issues.

Chapter Two: Literature Review

This literature review explores the intricate interplay between Attachment Theory and relationship patterns. By examining the neurobiological, cognitive, emotional, and psychological effects of trauma, this chapter delves into how childhood trauma specifically shapes adult relationships, manifesting in trust issues, problematic communication dynamics, social cognitive implications, and intimacy challenges. Through this comprehensive analysis, the literature review aims to illuminate the enduring influence of early traumatic experiences on relationship stability and quality, offering insights for therapeutic interventions.

Attachment Theory

Attachment theory is widely accepted as the formative authority in a Western context on the bonding needs of humans in early life. It emphasizes the importance of nurturing, creating safety and developing relationships that foster healthy psychological growth and relational patterns. It was the brainchild of British children's psychiatrist, psychoanalyst and paediatrician, Dr. John Bowlby (Lahousen et al., 2019).

While under short-term contract to the World Health Organisation, Bowlby published a paper entitled *Maternal Care and Mental Health* in 1951 (Bowlby, 1988). In it he posited that personality development may be adversely impacted by deficiencies in maternal care. His reasoning was founded on what he called social learning theory but would later become known as attachment theory. Inspired by behaviourist concepts being written about in ethology studies, Bowlby was fascinated by the concept of imprinting, which had been made popular by zoologist Konrad Lorenz (Bretherton, 1992). Lorenz had done studies that demonstrated how young animals learn and attempt to ensure their survival by imprinting on their mother. He deduced that if a mother was not available, a substitute 'mother' would be imprinted. He

demonstrated this by orchestrating a situation in which goslings imprinted on him, behaving as though he was their mother. Bowlby wondered if the attachment these goslings formed to their mother (or mother substitute) was applicable in some way to human infants and their mothers (Bowlby, 1988).

Soon thereafter Bowlby observed that behaviour exhibited by young children when separated from their mothers and determined that it must be significant. He reflected on previous observations he had made when working with delinquent children, that they had often been separated from their mothers very young. These two observations culminated in the basic tenets of what would become attachment theory.

Contrary to accepted theories of his current day psychoanalytic thinking that understood the bond an infant develops to their mother as being rooted in their drive to meet their appetite for food and for sexuality, Bowlby deduced that the bond is rooted in the child's need for love and affection (Bowlby, 1982, 1988). He identified that the relationship between infant and the primary caregiver has an essential evolutionary purpose. An infant's development, both cognitively and emotionally, is contingent upon the interactions in this relationship (Lahousen et al., 2019).

At around the same time, Mary Ainsworth and her students had been conducting compelling studies of their own that supported Bowlby's work (Bretherton, 1992). After a few years of observing and analysing the behaviour of their young subjects, Ainsworth, accompanied by her husband, ventured to Uganda where she would study infant-mother attachment. Through the mail, she and Bowlby fine-tuned their understanding of attachment theory which had become a collaborative effort. Ainsworth is credited for contributing the concept of a secure base (Bretherton, 1992). Ainsworth's secure base is understood to be a mother who is a well- attuned

to the needs of their child (1992). The other categories Ainsworth introduced were insecure-anxious and insecure-avoidant. It was not until years later that Mary Main and Erik Hesse introduced a fourth category: disorganized (Granqvist et al., 2017).

The original classifications were determined through Ainsworth's observational studies, that were carried out in a very specific way. The study was called "The Strange Situation" and it involved seeing how a child would react to changing dynamics involving a stranger and their mother. Over the course of eight different 'episodes' of about three minutes the children (between ages of nine and eighteen months) encountered a series of unfamiliar situations and familiar situations in which the mother would leave the child with a stranger and then she would return, and then the paradigm would shift to a different configuration. This was staged in a room which had been specially designed to inspire exploration by the children exploration and playing (Ainsworth et al., 1979).

The observation from the experiment measures the following four aspects:

- the amount of exploration time (e.g. time playing with new toys)
- the child's reaction to their parent's departure
- the anxiety that the child showed when left alone with the stranger and,
- the child's response when they were reunited with their parent (Ainsworth, 1979)

These aspects informed the four attachment styles: secure attachment, anxious-avoidant insecure, anxious-ambivalent/resistant and disorganised/disoriented attachment described in more details in the next section.

Attachment Styles

A secure child, or child who is securely attached to their parent will treat them like secure base from which they will explore. They will interact with the stranger while the parent is there.

When the parent leaves, the child may cry but they can be soothed and upon their parent's return they will be happy to see their parent (Ainsworth, 1979).

Anxious-avoidant insecure is the attachment pattern characterized by showing little emotion and/or being better behaved. This is thought to be in response to a parent who has continually rebuffed the child's attempts at expressing attachment needs (Ainsworth, 1979).

Anxious-ambivalent/resistant, insecure is the classification assigned to children who are clingy and visibly distressed even before the parent has separated from them. They are difficult to comfort when their parent returns and may show signs of being angry at parent for leaving or signs of passive helplessness (Bretherton, 1992).

Disorganised/Disoriented is the attachment pattern that was debated as to the span of behaviours it was thought to include. Ainsworth was concerned that it would be too all encompassing initially. It is now regarded as more extreme or urgent versions of the types of insecure attachment. Children that presented with disorganised attachment were often confused or had responses that were mismatched and behaviours that seemed to indicate desperation (Hesse & Main, 2006).

Internal Working Models

Bowlby theorized that the attachment bond that a child formed with their mother was based on the way they were cared for and interacted with (Bowlby, 1969). This attachment then formed what he called an internal working model. Much like a cognitive schema, this working model would serve as a blueprint for how to perceive the world and their place in it (Collins & Feeney, 2004).

Bowlby and Ainsworth's work demonstrated that when a child is treated with sensitivity, with kindness, love and respect, they will typically develop a secure attachment to their mother.

With secure attachment comes an internal working model that establishes boundaries and expectations that align with health, reciprocal support and respect for self and others (Handley et al., 2019). An internal working model is thought to operate outside the realm of consciousness but may have a profound impact in shaping how an individual perceives how they are received by those around them and how they interpret information about others (Collins & Feeney, 2004). Just as a secure individual is generally thought to be furnished with an aligned internal working model, so too are other attachment patterns. This will be addressed further in the following section.

Adult Attachment and Relationship Patterns

In the 1980's and 90's researchers established that attachment theory could be applied to adult love relationships (Main et al., 1985). Mary Main and colleagues introduced the Adult Attachment Interview (AAI), which is used to identify the impact that early childhood attachment experiences have had on an individual's adult relationships (1985). It also extended the concept of the internal working model to adults.

An individual's self-perception and how they perceive others are influenced by the working models that they have internalized through their primary attachment figures (Stein, 2012). Research shows that an individual's appraisal of their own worthiness for acceptance or rejection is indicated by their attachment pattern and where they fall on the spectrum relative to anxiety and avoidance (Collins & Feeney, 2004). An individual who rejects potential closeness or interdependence with others likely has an avoidant attachment pattern (Collins & Feeney, 2004). Individuals with secure attachment tend to trust their partners. They are comfortable with doing things independently and they are also comfortable with intimacy (Hazan & Shaver, 1987). Having a positive internal working model can thus be understood as an individual having

low anxiety related to their own perceived worthiness of acceptance and low avoidance of closeness or interconnectedness. Typically, a secure internal working model is developed through a healthy, supportive primary attachment relationship in childhood (Collins & Feeney, 2004). This is not always the case however, as it is possible to develop secure attachment, typically called 'earned secure attachment' in either later childhood, adolescence, or adulthood (Guina, 2016)

Parenting that is characterized by insensitivity, invalidation, rejection, intrusiveness and inconsistency has been shown to produce insecure attachment, either anxious or avoidant (Riggs et al., 2011). In adult attachment, insecure-anxious attachment is often called anxious-preoccupied and insecure-avoidant is often called avoidant-dismissive.

Anxious-preoccupied individuals typically focus their attention on the behaviours and feelings belonging to their partner. They can be said to be pre-occupied by them. An internal working model for this attachment pattern may be dominated by anxieties related to low self-worth and suspected low valuation of self in the eyes of partner. This internal sense of presumptive instability may be manifested by the performing of behaviours that were specifically deployed to do the opposite. Through their efforts to increase intimacy and interdependence, the anxious-preoccupied individual may paradoxically, inspire their partner pull away, perceiving their clinginess as stifling and their need for continual validation as needy (Fitzgerald & Shuler, 2022).

Anxiously attached individuals might be on high alert for any indication that their partner is not reciprocating their affections adequately. They may observe their partner's behaviour with suspicion or overanalyse and misinterpret what their partner says. While this hypervigilant sensitivity is likely being used to achieve a greater sense of security and control in the

relationship, it might be interpreted as neurotic or obsessive and it could have unintended consequences. Also called, ambivalent or have ambivalence is akin to holding two opposing views simultaneously or exhibiting behaviour that directly contradicts its expressed purpose.

A dismissive-avoidant attachment pattern in adults is characterized by greater focus on independence than interdependence (Simpson & Rholes, 2017). For these individuals, emotional intimacy is regarded as unfavourable and as something that should be avoided. Maintaining autonomy over one's inner world is preferable and much safer than allowing access. Individual's will thus employ strategies intended to ensure that romantic partners do not get too psychologically close to them (Simpson & Rholes, 2017).

Finally, a fearful-avoidant attachment pattern might be characterized by a disorientation around how the individual feels about their intended attachment partner. It would not be unusual for them to have developed an implicit belief they must both fear and desire their attachment partner (Widom et al., 2018) This phenomenon has been seen in adolescents and adults alike and can lead to situations that can potentially be dangerous (2018).

In Summary, attachment theory provides a useful framework for evaluating how childhood trauma potentially impacts individuals and romantic relationships (Cao et al., 2022; Fitzgerald & Shuler, 2022). An individual's relationship with their primary caregiver in infancy dictates their attachment pattern and internal working model. Anxiously attached individuals typically have higher reservations about their self-worth and prioritize their partners need above their own (Collins & Feeney, 2004). Avoidantly attached individuals experience other humans as repellant and are motivated to disconnect from others (Widom et al., 2018). Internal working models are unconsciously adopted lenses or filters that humans acquire through the learning and

safety bonds we form with our earliest caregivers. They imbue an individual's sense of the world with an imprint of their formative bond.

Understanding the Impact of Trauma

This section will begin by examining the neurobiological impact of trauma on the brain. It begins by looking at how the brain's structure can be shaped by trauma. It then addresses the cognitive effects, such as impairments in memory and attention. Finally, it explores the emotional and psychological consequences, including disruptions in emotional regulation and mental health.

Neurobiological Impact of Trauma

Childhood trauma has been found to impact the same region of the brain that is responsible for responding to threats (the amygdala). In addition, the region that anticipates rewards (the ventral striatum) may be dampened (Teicher et al., 2016). The part of the brain responsible for complex thinking and emotional regulation (the prefrontal regions) and the amygdala may be weaker in the brains of individuals who have been traumatised. Finally, the region of the brain that is responsible for memory and emotion (the hippocampus) may be smaller in size than in an individual's brain who has not been maltreated (2016).

The amygdala is predominantly concerned with fear and stress responses in the brain. Found within the part of the brain called the Limbic System, which is often referred to as the Lizard Brain. This name is in reference to its evolutionarily critical function of determining threats to survival. It assists in adaptations of behaviours that are motivational and instinctual in nature (Šimić et al., 2021). It is known as being responsible for flight, fright, freeze responses.

Ample research has shown that the brain may undergo structural and functional changes relative to different types of childhood maltreatment (Teicher et al, 2016). Higher levels of

emotional reactivity and preponderance toward mental health consequences like depression and anxiety can be associated with an amygdala that is reduced in volume resulting from the trauma for maltreatment (Teicher et al, 2016).

Compelling evidence has revealed that the amygdala is highly sensitive at certain specific developmental times in growth (Pechtel et al., 2014). One such study used Macaque monkeys in their first couple months of infancy and enabled researchers to manipulate the quality of care the monkey's received and at what time in their development. It revealed that, as hypothesised, the amygdalae of the baby monkeys who were maltreated in their first few months, were smaller and were observed to have less connectivity to their neocortex when compared to their control subject peers (Morin et al., 2020). Additionally, less developed in the maltreated Macaque monkeys were their hippocampi (Morin et al., 2020). The hippocampus is essential for learning and short-term working memory. Specifically, it is responsible for learning details like numbers and names. Furthermore, it has the job of deciphering which pieces of information are essential and need to be committed to long term memory and which pieces are not. Likewise, children's maltreatment, particularly neglect and emotional abuse, can cause long-term, critical impairment to brain development (Strathearn et al., 2020).

Additionally, long-term memory is housed in the prefrontal cortex. This region of the brain is also responsible for complex thought (Siehl et al., 2022) and is critical to decision-making (Bozzatello et al., 2023). By reflecting on past experiences, it predicts the potential consequences of choices (Bedwell & Hickman, 2023), increasing the likelihood of rumination and difficulties in interpersonal relationships.

Unsurprisingly, research has consistently shown that structural changes to these areas of the brain may manifest in cognitive deficiencies (Siehl et al., 2022; Bedwell & Hickman, 2023).

A large longitudinal cohort study by Lewis et al. (2021) however, revealed that cognitive deficits were found to be only marginally more prevalent among those who had experienced significant trauma in childhood. More concerning, according to Lewis et al. (2021) was the degree to which individuals who had experienced cumulative, complex trauma in childhood presented with psychopathology in adulthood (2021). Another cohort study in New Zealand, followed 861 individuals for fifty years and they documented consistent fMRI evidence of a reduced cortical surface area in the brains of individuals most effected by adversity (Davidson, 2021; Gerherd et al., 2021)

In a meta-analysis of brain imaging studies, Tymofiyeva et al. (2022) determined that the prefrontal lobe which houses Broca's area, the part of the brain responsible for language, showed differentiation among adolescents who had grown up with significant adversity. These differences were implicated in impairments in motor skills and sensory processing abilities (2022). In a study designed to determine whether different types of adversity impact different parts of brain, Peverill et al. (2023) found that traumatic incidents involving significant threat of physical harm were correlated with thinning in all areas of the prefrontal cortex. The same structural differences were not observed in the brains of those who had been neglected but not exposed to physical threat (2023). Similarly, Li et al. (2023) found that physical abuse had a significant effect on both the prefrontal cortex and the amygdala. Emotional abuse, on the other hand, was shown to be most associated with an underdeveloped hippocampus (2023).

Research shows that trauma-timing and trauma-type are two factors that may determine the degree to which an individual's brain is augmented by an experience or cumulative experiences (Cecil et al., 2017; Nishimi et al., 2020). Children ages three to five years old, that have been exposed to trauma, are often found to have a reduced hippocampus and this can be

linked to dissociation in adulthood. Trauma occurring in adolescence, however, is correlated with a less developed prefrontal cortex and this may impact the individual in a multitude of ways (Schalinski et al., 2016). What is most compelling about these variations in structure is that they consistently present from person to person, and they are predictive of specific emotional and physical traits. Research by Teicher et al. (2013) posited that “phenotypic expression of psychopathology may be strongly influenced by exposure to maltreatment, leading to many potential ecophenotypes” (p. 1). In genetics, a phenotype is a set of observable characteristics that result from interaction of a genotype with the environment. An ecophenotype is an organism that has grown adaptively to their environment, like the way in which in which trees in the woods develop long straight trunks, with branches crowning high in the forest canopy, while the same species, growing alone in the open, spreads out, growing low to the ground. Similarly, the child whose development is interrupted by trauma may grow differently than their peers who were not traumatised. Humans, like trees, develop adaptively to their environment. When provided with an insufficient source of light, or an insufficient source of love, both organisms are altered (Teicher et al., 2013)

In summary, neurophysiological adaptations are thought to occur when a traumatic event or ongoing events coincide with a stage in development when neuroplasticity is high (Schalinski et al., 2016). In addition to timing, ample research agrees that different types of trauma effect different parts of the brain. These differences make the individual vulnerable to deficits in cognitive functioning and processing speeds (Lewis et al., 2021), issues with impulse control and decision making (Bozzatello et al., 2023), higher rates of PTSD, anxiety, depression and problem behaviours (Hiller et al., 2018) and finally vulnerabilities in emotional regulation abilities (Yilmaz, 2018).

Cognitive Impact of Trauma

Unfortunately, traumatizing experiences in childhood can also powerfully impact a child's cognitive processes (D'Andrea et al., 2012). One of the most compelling and widely accepted theories is predicated on object relations theory. Emerging from the Freudian psychoanalytic thought, object relations theory understands objects as people and our relations to them as our internalized relationship to them (Greenberg, 1983). As such, it posits that a child's development is most heavily influenced by attachment figures and thus, abuse experienced within this relationship may become pathologically embedded within the psyche (1983). Contemporary interpretations of object relations theory may be understood as conceptually well-aligned with attachment theory; however, it is pertinent to note that within the literature there has been considerable tension between the psychoanalytic and behaviorist use of the term attachment (Ainsworth, 1969). An exploration of the ways in which these two traditions of thought converge and diverge is beyond this paper's scope; however, therein lies a rich historical account of the psychological science field.

Object relations is relevant to this discussion because it may contain one of the most widely accepted theories of what mediates the relationship between childhood trauma and psychological illness in adulthood. It assumes the abused child begins internalizing a pathological representation of themselves and deduces that they should automatically anticipate abuse because they believe they are deserving of it (Niazifar et al., 2023). This toxic feedback loop serves to embed negative cognitive schemas within the child that may inform not only how they feel about themselves, but how they perceive others life-long (Fitzgerald & Barton, 2022).

The internalisation of the self as shameful, unwanted, or unimportant is often cited by the research as a pathway enabling the transmission of trauma and abuse in childhood to pathology

and dysfunction in adulthood (Reese et al., 2022). One study that offers an insightful illustration of how this can manifest in adulthood compared pre-operational children, as defined by developmental theorist Piaget, to adults suffering chronic major depression.

It found that, in sum, both groups subscribe to the following ideas (McCullough, 2003; Niazifar et al., 2023):

- They cannot imagine feeling any other way than the way they feel now.
- They believe that they will always be treated in the same way by all people.
- They are unable to imagine an alternative.
- Their perception of the present moment is like a static replica of the past rather than the dynamic constant that it is changing all the time.

McCullough (2003) described the experience, noting that individuals recalled memories filled with harmful themes and motifs from their early family environment. This past has influenced their present social expectations and behavior, which are consistently marked by the belief that others will harm them if given the chance.

Emotional Effects: Dysregulation

Emotions are biologically based response tendencies that are triggered by environmental events or circumstances. They facilitate a complex coordination of physiological, cognitive, and neurological changes that are reflected in behavioural responses (Gross, 1998). Emotions have vitally important adaptive functions that are essential to human survival.

Emotion regulation is the process by which an individual's emotional or behavioural responses are modified according to any number of a different variables. When an emotion is triggered, variables like the location, context and who else is present will typically play a role in dictating how an emotion is responded to. An individual's capacity to appropriately, flexibly

adapt their response, both consciously and unconsciously, is indicative of their ability to regulate their own emotions (Rizeq, 2023; Yilmazer, 2018)

When an individual is adept at emotional regulation, their autonomic nervous system (ANS) has flexibility and can be moderated up or down according to context. When an individual's ANS is not flexible, however, there is an imbalance between the two systems that regulate it, the sympathetic nervous system and the parasympathetic nervous system. The sympathetic nervous system is responsible for mobilising the body to respond to threats or danger. It signals to the cardiovascular system and the digestive system to prepare the body for fleeing at any moment.

This well-known alliterative model also includes 'freeze' and the lesser known, 'fawn'. Freeze is used to identify hypo-arousal which is when the ANS shuts down. It can manifest as emotional numbing, dissociation, or a complete shutdown (see dorsal vagal response below) (Schalinski et al., 2016; Porges, 2022). 'Fawn', on the other hand, refers to behaviours that are strategically used to thwart danger. A child who is being abused, for example, may have learned that privileging the needs of their abuser is preferable to expressing their own feelings (Walker, 2022).

When an individual is in imminent danger these responses may prove essential to survival. When they are activated frequently however, they can become problematic. When trauma is cumulative, the system can become dysregulated if it cannot return to homeostasis before the next signal is sent (Schalinski et al., 2016; Porges, 2022) setting off a constellation of reactions within the body that are both unnecessary and maladaptive.

Psychological Impact

The consensus is that there is a strong correlation between experiencing trauma in childhood and developing any number of psychological issues in adulthood (Negele et al., 2015; Walker et al., 2023). This is by no means novel information. Since the end of the nineteenth century, it has been understood that trauma in childhood is a strong predictor of psychopathology in adulthood Fuchshuber & Unterrainer, 2020. The most prevalent incarnations of mental illness, borne of childhood trauma are typically depression, anxiety, PTSD, Complex PTSD substance-use disorders and personality disorders particularly borderline personality disorder (2018).

Depression. A meta-analysis of the literature undertaken by Li et al. (2016) revealed that experiencing any type of trauma in childhood increased a risk of depression and anxiety symptoms by two-fold. In a study that looked at German patients living with chronic depression, 75.6% reported clinically significant histories of childhood trauma. Of these same patients, 37% reported histories which included multiple experiences of trauma and these coincided with more extreme depressive symptoms (Negele et al., 2015). Individuals with multiple ACEs are much more likely than the general population to be diagnosed with depression and among them, some will be given comorbid psychiatric diagnoses (Docter, et al., (2018).

There is a strong correlation between complex childhood trauma and experiencing depression as an adult. There are several variables or phenomena that may mediate this connection. One of the most compelling and widely accepted theories is predicated on object relations theory and assumes the abused child begins internalizing a pathological representation of themselves and deduces that they should automatically anticipate abuse because they believe they are deserving of it (Niazifar et al., 2023). According to this conceptualisation, complex trauma leads to depression in adulthood as a function of internalized negative schemas (McCullough et al., 2003). Other studies, however, have produced alternative theories. A study in Brazil, for example, hypothesized that the

link must be mediated by personality characteristics. Researchers determined that elderly citizens who had experienced trauma in childhood became depressed as a function of them being high in the trait of neuroticism, whereas they would not, if they were high in extraversion (Jardin et al., 2019). Similarly, Chinese university students who had been traumatised as children became depressed in adulthood as a function of scoring high in neuroticism (Wang et al., 2020); however, unlike the geriatric Brazilian cohort, resilience, rather than extraversion, attenuated the likelihood of this outcome (2020).

In summary, mediation factors between childhood trauma and psychiatric outcomes in adulthood are valuable because they provide a map or pathway of cause and effect (Ledermann et al., 2010). This map is essential for planning preventative strategies and choosing therapeutic interventions. It is also a critical piece of the larger picture. While the link between childhood trauma and depression in adulthood may be neuroticism or a negative self-schema, depression itself may be one of the potential mediators linking childhood trauma to problematic romantic relationship dynamics.

Post Traumatic Stress Disorder. PTSD can be the product of a singular event or the outcome of cumulative events. Typically, PTSD is associated with exposure to trauma that overwhelms an individual's system (Van der Kolk et al., 2005). According to the American Psychiatric Association (APA, 2013) symptoms can be grouped into four categories: intrusive memories, avoidance, negative shifts in ways of thinking, moods and hyper-arousal. Additionally, PTSD is typically characterized as being in response to a traumatic experience in which the survivor believed they were in imminent danger of being gravely injured, sexually assaulted or killed (APA, 2013).

A prospective cohort study that was published in 2009 took a group of children from a midwestern, metropolitan area who had suffered serious abuse (all types) before the age of 11 years old and looked at them alongside children from the same area and socioeconomic class (Widom et al., 2009). The data was starkly revealing, indicating that 32% of the survivors of physical abuse, 32% of the survivors of neglect and 37% of the survivors of sexual abuse met the lifetime criteria for PTSD diagnosis (Widom et al., 2009). Multiple studies have revealed that PTSD is typically the result of cumulative stressful events rather than a singular event on its own (Kube et al., 2023; Su & Stone, 2020).

These levels of PTSD diagnosis are substantially higher than the seven to twelve percent lifetime prevalence of PTSD amongst adult Americans (Kessler et al., 1995). Statistics published by the Canadian government this year, revealed that the youngest segment of adults in Canada (teens to early twenties) had the highest rate of reporting PTSD symptoms at 13% (Government of Canada, 2024).

Substance-Use Disorders. An umbrella review by Grummitt et al. (2023), explored the connection childhood trauma and substance-use disorder in adulthood and found they were significantly correlated. A study by the World Health Organisation that looked at the association between traumatic experiences and later development of substance use disorders surveyed 65165 individuals from 22 different countries (Degenhardt, 2018). The participants retrospectively reported exposure to nearly 29 different types of trauma that occurred at a wide span of ages. They determined that traumatic experiences involving physical or sexual violence were the strongest predictors of a subsequent substance use disorder and correlation remained strong.

Trauma in childhood is sometimes associated with adult drug use and moderate to heavy drinking (Degenhardt, 2018). One potential function of substance use as a response to adversity in

childhood is its use as a coping tool. Substances that offer a quick shift in consciousness and mood can make a profound impact on an individual. While a reprieve from reality may be temporary, it may also be welcome and effective at regulating emotions. Firmly lodged in maladaptive behaviours, this evolved to primarily mediate the link between childhood trauma and psychopathology in adulthood (Fuchshuber & Unterrainer, 2020).

Personality Disorders. Neglect and/or abuse in childhood have also been linked to the development of personality disorders in adulthood. Studies have shown that different types of abuse and neglect are associated with different personality disorders (Dugal et al., 2016). Physical abuse, for example, was shown to be most correlated with antisocial personality disorder, whereas, psychological abuse was implicated in obsessive-compulsive, paranoid, schizotypal, borderline, avoidant, and dependency personality disorders (Waxman et al., 2014). Histrionic personality disorder, on the other hand is most highly associated with childhood neglect (Lobbestael et al., 2010).

In a recent meta-analysis, researchers sought to determine the strength of correlation between psychopathy and a history of neglect or abuse. In this case, all types of abuse and neglect were pooled together, and specific diagnoses were not identified. They deduced that there was a moderate correlation (de Ruiter et al., 2022). The personality disorders that are typically most associated with psychopathy are antisocial personality disorder, narcissistic personality disorder and in some cases, borderline personality disorder (Coid & Ullrich., 2010). It is therefore reasonable to interpret this study further supports the correlation between childhood maltreatment and personality disorders.

Borderline Personality Disorder. The degree to which childhood maltreatment is implicated in borderline personality disorder has been a fiercely debated subject for many years. A

recent paper by European researchers Turki et al. (2022), reported that childhood maltreatment was present anywhere between thirty to ninety percent of the time.

The bulk of the research looking into personality disorders and how childhood trauma may be implicated in their etiology, has largely been focused on borderline personality disorder. According to the Canadian Mental Health website, the prevalence of borderline personality disorder is between one and two percent in Canada (Borderline personality disorder, 2016). Of the patient population utilising medical outpatient services however, they represent about ten percent of the population and twenty percent of the inpatient population (Biskin, 2015).

Borderline personality disorder is characterised by emotional dysregulation, impulsiveness, suicidality, substance-use, and often tumultuous relationships (Ball & Links, 2009; Beeney et al., 2016; Gunderson et al., 2011). Anger, instability and an intense fear of abandonment are also typical features of borderline personality disorder (2011). These characteristics may impede upon an individual's ability to engage in a healthy, long-term relationship.

In summary, the correlation between mental illness and trauma experienced during childhood is backed up by abundant research (Doyle & Cicchetti, 2017; Negele et al., 2015; Li et al., 2023), mediated by variables that range from neurosis (Jardim et al., 2019) to maladaptive coping strategies and negative cognitions (Niazifar et al., 2023).

Impact of Childhood Trauma on Relationships

Problems within relationships that are rooted in a couple's childhood where one or both partners have a traumatic background, are by no means homogenous. There are, however, some common themes and the following section will examine what these are.

Emotional Dysregulation

According to Gottman and Gottman (2017) relationship well-being and longevity is dependent on a couple's ability to regulate and co-regulate. Dysregulation within a relationship has been shown to be destabilizing, potentially disrupting trust and intimacy (MacIntosh, 2023). A study by Xu et al. (2023) found that when the female partner in heterosexual relationships had limited emotional regulation strategies, their satisfaction with the relationship declined. Similarly, Spikol et al. (2024) deduced that when emotional regulation strategies were deployed with greater flexibility, resilience was greater. Conversely, lower regulation flexibility was correlated with increased psychopathy and less resilience (2024). Gender has been shown to influence these dynamics. Xu et al. (2024) found that younger males tended to have lower regulatory flexibility, lower moods, increased negative cognitions and consequently, lower resilience.

Research has shown that emotional dysregulation is one of the main areas of contention among couples where one or both partners are contending with mental illness (MacIntosh, 2023). Instability, borne out of frequent conflict and high levels of emotionality can make for very shaky ground (Ball & Links, 2009; Gunderson et al., 2011). As previously discussed, borderline personality disorder, which is characterised by extreme emotional dysregulation, is understood to be rooted in childhood trauma, has been the subject of extensive research. Studies show that there is a fundamental incompatibility between persistent emotional dysregulation and romantic relationship satisfaction (Gunderson et al., 2011).

An influential, longitudinal study looking at borderline personality disorder found that remission may be possible with the right treatment. However, it was evident that certain relational aspects of the disorder were more resistant to change, and subjects would revert to their old behaviour when in relationships (Gunderson et al., 2011). Similarly, an affiliated longitudinal study, found that remission was possible but maintaining it was arduous task when it came to relational

dynamics (Zanarini et al., 2009). Unsurprisingly, research shows that persistent emotional dysregulation is incompatible with romantic relationship satisfaction (Gunderson et al., 2011; Zanarini et al., 2009) Finally, emotional dysregulation has been shown to be transmitted intergenerationally, trapping families in repetitive cycles of conflict, abuse, maladaptive coping behaviours and dysregulated nervous systems (Dvir et al., 2014; Handley et al., 2019).

Impaired Social Cognition Implications

Social cognition is widely implicated in relational problems that emerge between romantic partners who have significant childhood trauma (Beeney et al., 2016; Fonagy, 2022 Siegel, 2024). This may be especially prominent among survivors of complex trauma as it typically relates back to development being impaired (Kim & Cicchetti, 2010). Studies have shown that individuals raised in environments characterized by pervasive adversity are more limited in their prosocial skills than their non-traumatized counterparts (Alarcon et al., 2018; Kim & Cicchetti, 2010).

As discussed earlier, a child's ability to communicate may be impacted by trauma (Hyter, 2019) The specific areas of the brain that enable humans to learn language may be impacted by trauma. Children without the ability to express themselves effectively may resort to using behaviour that is marked by aggression and is less socially acceptable (Couette et al., 2020).

Another way that impaired social cognition may be troublesome relationally is in a deficiency of empathy. Empathy is integral to interpersonal relationships, particularly romantic ones (Couette et al., 2020; Crawford et al., 2022). Additionally, effective communication, conflict resolution and caring for someone in a relationship are all core competencies of being in a relationship with someone and they all require empathy. A deficiency in this important

perceptive ability may limit an individual's ability to maintain a relationship with their significant other (Crawford et al., 2022).

Studies show that when PTSD manifests in the wake of cumulative childhood trauma, deficits in social cognition are often instrumental in mediating PTSD symptoms to the realm of romantic relationships (Couette et al., 2020; Crawford et al., 2022). Typically, less accurately attuned capacity for recognizing emotions in others and also in themselves (Crawford et al., 2022).

Couette et al. (2020), MacIntosh (2013) and Fonagy et al. (2022), further elucidate that social cognition can also be understood to be inclusive of mentalization. Mentalizing, according to Malle (2021) enables an individual to imagine the motivations, thoughts and beliefs of another person in their private mental landscape. This differs considerably from the way Fonagy et al. (2022) defines the concept's inverse. Impaired mentalization, is described as an individual with limited mental agility as it pertains to the conception of any reality that is not their own objective reality (2022). As partners, individuals with limited mentalization competencies may not be well-equipped to attune to their partner's needs and frequently, they may misinterpret their partner's needs and confuse them with their own (Fonagy et al., 2022).

Trust Issues

Research shows that greater trust is linked to greater relationship quality and greater relationship security with partners (Yilmaz, 2018). When early childhood development is impacted by an environment and/or caregiver that is not adequately equipped to support and nurture an infant, an individual's working model may be furnished with a lens of mistrust and fear. When the individual or individuals who are responsible for a child are the very same ones

that are abusing them, it is perfectly understandable that this same child, as an adult, finds themselves filled with mistrust, if not a profound sense of betrayal.

It thus follows that as adults, these individuals may be far less willing to extend trust to others. If, for example, an individual's childhood relationship with their primary caregiver was dominated by physical abuse, it is likely that they will have developed an insecure-avoidant attachment pattern. When forged amidst such treacherous interpersonal dynamics, the internal working model for this survivor may be especially reinforced with mistrust, guarded against displaying any vulnerability and wary of anyone whose boundaries are more permissive. One study that looked at PTSD, specific to interpersonal trauma, found that survivors with higher trauma scores were much less willing to trust a cooperative romantic partner than the control (Bell et al., 2019). While Bell et al. (2019) does not explicitly identify whether the participants of this study had developed PTSD because of trauma in childhood, studies show that PTSD is common when trauma has been cumulative (Su & Stone, 2020). It is likely that some of the participants with PTSD were also survivors of childhood trauma; however, it is also likely that the findings in relation to trust interpersonally, are equally applicable to all survivors with PTSD. The most significant variable relating to PTSD was the severity of the trauma connected to it (Bell et al., 2019), not the timing.

Similarly, a study that looked at the relationship between childhood maltreatment and relationship quality in adult couples, found that cooperative partners were also met with greater suspicion than controls (Vaillancourt-Morel et al., 2019). Self-disclosure on behalf cooperative partner was specifically deemed less worthy of trust by participants who had a history of childhood maltreatment (2019). Further, this study explicitly identified that among those who were survivors of childhood maltreatment, greater mistrust was experienced by those whose abusers had harmed them with the specific intent to do so (2019).

Trust is highly correlated with attachment security in relationships (Cortina & Liotti, 2021). When an individual is subject to abuse as a child, particularly sexual abuse, especially by a family member, it violates that child's trust so egregiously that it can be profoundly destructive (Larsen et al., 2011). Consequently, survivors may not only have trouble trusting their adult attachment partners, but they may also actually distrust attachment partners who are cooperative, more than individuals outside their relationship. This is because ostensibly, their partner's kind, cooperative nature may be reminiscent of their abuser's grooming behaviour. This correlation is likely the result of faulty logic; however, as Porges (2022) and Van der Kolk et al. (2005) explain, a survivor's nervous system may have become incompetent at deducing safety from threat when it has been in a state of ongoing hypervigilance.

Relationship Dynamics and Communication

In the research, childhood trauma is associated with communication problems and decreased relationship quality (Fitzgerald, 2021; Witting & Busby, 2019). Individuals who have been traumatized in early childhood may have had their development impacted and this can impede their ability to communicate effectively in adulthood. As previously discussed, this may occur when an individual has an impaired ability to regulate their own emotions (Weetman et al., 2021). Emotional dysregulation may result in communication that is highly reactive, or potentially under reactive. The former may occur as a function of hyperarousal and the latter as a function of hypoarousal.

Communication dynamics may also be influenced by attachment patterns. An individual who has secure attachment will likely be reasonably confident in expressing their own needs and thoughts. Conversely, an individual with an anxious-preoccupied attachment pattern may not be adept at expressing their own needs or belief (Stein et al., 2010; Turgeon et al., 2023). This typically

occurs because the individual is pre-occupied with their partner's needs and feelings, privileging them above their own. An avoidant attachment pattern on the other hand, may have exhibit tendencies toward being overly focused on themselves. This can be reflected in a communication style that is dismissive of their partner's thoughts and feelings and they are also less well-equipped at attuning to, and attending to, their partner's needs. Finally, individuals who have a fearful-avoidant attachment pattern (disorganized) may communicate in unpredictable ways, perhaps expressing love one moment and contempt the next (Stein, 2010) or perceiving expressions of love as negative and contempt as love.

Regardless of an individual's attachment pattern, communication that signals contempt or something similar has been shown to be incongruous with success in love relationships. Eminent social scientist, Dr. John Gottman, found that contempt is among a group of four different types of communication that are not well-aligned with a successful marriage—defensiveness, criticism, stonewalling and contempt—or as Gottman called them, The Four Horsemen of the Apocalypse (1994, p. 41).

The Four Horsemen of the Apocalypse metaphor was borrowed from the New Testament and adjusted by Gottman. The bible's Four Horsemen are generally interpreted as each symbolizing a different aspect of destruction (pestilence, war, famine, and death) that then culminates in the end of days. In Gottman's (1994) version, the four horsemen have been reimagined to depict what his research was indicating, that defensiveness, criticism, stonewalling, and contempt are highly predictive of divorce, or in following with the metaphor, they are highly predictive of the end of days, at least for the marriage.

A study designed to examine the impact of childhood trauma on communication in romantic relationships, found that communication dysfunction played an integral role in the toxic

feedback loop of intergenerational trauma (St. Pierre et al., 2023). Comparatively, Hammad et al. (2024) looked at the role of mothers in the transmission of intergenerational trauma. St. Pierre et al., (2023) found problematic communication to be the link mediating violence generationally; whereas Hammad et al. (2024) identified that ongoing violence within the family mediates the transmission of trauma intergenerationally. Communication is framed by Hammad et al. (2024) as positive relative to its use in expressing trust and conveying emotions but vulnerable to being damaged by child abuse.

Handley et al. (2019) explains that certain relational dynamics may be deeply imprinted upon an individual whose family of origin modeled interpersonal patterns characterized by violence, coercion, victimizing and anger. Dishion (2016) theorizes that these dynamics may be transmitted intergenerationally by “a grammar of coercion” (p. 56). Handley (2019) suggests that Individuals that have grown up against the backdrop of violence and chaos may have disorganized attachment and internal working models furnished with maladaptive coping habits and implicit belief systems that do not serve to improve conditions.

Intimacy Issues

Intimacy is a concept that is frequently used in day-to-day vernacular, yet it is seldom defined. This is likely because it is both difficult to explain and easy to understand at the same time. For the purposes of this discussion, however, intimacy will be defined according to a model developed by Reis and Shaver (1988) called The Intimacy Framework model.

Reis and Shaver (1988) determined that relationship interactions can be conceived of in relation to the degree which they operate either in support of intimacy or whether they inhibit intimacy (as cited in Bradbury & Karney, 2013 p. 241). It was proposed that couples either move in the direction of greater intimacy or less intimacy through the exchange of self-disclosures and

responses (2013). Intimacy is thought to grow when one partner receives the other's disclosure in such a way that feels validating. That is to say that the partner who has disclosed something of substance regarding their own beliefs, dreams or core values, feels that the recipient partner has understood and accepted their disclosure. Intimacy, therefore, can be understood as something that evolves between the partners through ongoing, dynamic reciprocity.

A more comprehensive understanding of how intimacy evolves acknowledges that these reciprocal exchanges are not necessarily verbal. Partners may come to form an understanding of one another's innermost self, through "private thoughts, feelings, or beliefs, to characteristic rhythms, habits, or routines, to private sexual fantasies or preferences" (Prager & Roberts p. 45, 2004). Consequently, intimacy requires three key elements: self-exposure, mutual understanding and positive regard (Prager & Roberts, 2004). The degree of intimacy that grows between partners can be interpreted according to the depth of their exchange in these three areas (2004).

Both emotional and sexual intimacy have been found to mediate the association between a couple's communication and their relationship satisfaction (Choi., 2017). Interestingly however, a different study identified a negative relationship between communications and relationship satisfaction when mediated by emotional intimacy because discussion of childhood trauma had occurred and this was viewed negatively (Vaillancourt-Morel et al., 2019).

In a recent study that looked at the self-disclosure tenet of intimacy more deeply, Poucher et al. (2022) found that partners with anxious attachment were more positive when they felt their partner had validated what they had disclosed to them (2022). Conversely, they felt unheard and invalidated when they perceived a lack of response (2022). It is evident that both attachment anxiety and attachment avoidance may have associated implications within this paradigm. On days marked by high partner responsiveness, anxiously attached partners were shown to have a

higher likelihood of feeling the intimacy they shared with their partner was more favourable. Avoidant partners on the other hand, experienced a lot less fluctuation in their well-being relative to intimacy. They were not thought to have benefited greatly from any perceived increases in intimacy, nor were they cognisant of any need for more (Poucher et al., 2022).

The literature largely identifies four different types of intimacy--emotional intimacy, physical intimacy, cognitive intimacy and experiential intimacy (Muniruzzaman, 2017). An essential component of sexual intimacy in a healthy relationship is sensuality; unfortunately, research shows that trauma and sensuality do not coexist well together (Das & Rao, 2022). A fundamental characteristic of sensuality is that it requires vulnerability and some degree of self-aware mindfulness (2022). For individuals who were sexually abused as children this can be challenging.

To what degree discomfort with factors like vulnerability impede a childhood sexual abuse (CSA) survivor's sexual satisfaction in adulthood is hard to determine. More than likely, there are a litany of complicated, nuanced factors and feelings involved. In a study that attempted to more specifically define what mediated the relationship between CSA and lower sexual satisfaction, anxiety and affect dysregulation were identified across the sample of 620 participants, regardless of gender or any other factors (Bigras et al., 2017). A Chinese meta-analysis found that CSA survivors reported higher rates of sexual dysfunction than the control group. More women than men cited dysfunction (Wang et al., 2022). In a qualitative study that looked exclusively at male CSA survivors by Weetman et al. (2021) the men shared that the abuse interfered with their current day experiences of intimacy whereas, Vaillancourt-Morel et al. (2019) determined that partners of child maltreatment (unspecified type of maltreatment)

were less sexually responsive with their partners, and they connected that lower to sexual and relationship satisfaction.

Some male CSA survivors in one study reported experiencing considerable sexual identity issues following the abuse and internalised shame was also prevalent outcome (Talmon & Ginzburg, 2018). Men from this study, however also reported some instances of significant post traumatic growth. Whether certain types of child maltreatment led to different adult outcomes relative to sexuality was an area of inquiry in a 10-year, longitudinal, American study. Researchers looked at four aspects of sexuality in both women and men:

- intimacy in sex,
- pain during sex,
- pleasure during sex and
- importance put on sex (Talmon & Ginzburg, 2018)

For women, emotional neglect was found to have a negative relationship with intimacy and pleasure. Physical abuse was associated with pain whereas, physical neglect was linked to placing greater importance on sex. Interestingly, women who had been emotionally abused as children, were found to positively associate emotional abuse with pleasure. Men on the other hand, did not make any significant abuse-associated attributions other than physical neglect being predictive of pain during sex (Talmon & Ginzburg, 2018)

These results were well aligned with a study that looked at whether being exposed to pornography as a child would increase sexual compulsivity amongst individuals who had survived different types of abuse. Those who were emotionally abused and had been exposed to pornography had higher levels of sexual compulsivity; whereas those who had been sexually or physically abused and were exposed to pornography, did not report sexual compulsivity

(McPherson et al., 2013). In a recent longitudinal study that investigated the relationship between child maltreatment (unspecified type) and a lack of sexual motivation among couples reported that motivation was lower among those who had been maltreated. Sex was also commonly cited as a coping mechanism to deal with a sense of personal discomfort (Kotiuga et al., 2024). Finally, Hillier (2019) conducted research that sought to shed light on to whether childhood abuse was correlated with sexual kink. While this theory seems to be widely speculated upon, there is no empirical evidence to support any association (2019). Entirely unrelated to kink is sexual deviance. Care must be taken not to confuse the two. Though neither are mutually exclusive, sexual deviance typically refers to sexual behaviours or paraphilias that are not considered acceptable or legal (Levenson & Grady, 2016). Research has shown that there is a consistent correlation between sexual deviance and violence in adulthood in survivors of childhood maltreatment. A study looking at convicted sex offenders found that the three best predictors of sexual deviance in this population are CSA, emotional neglect and having parents that were not married (Levenson & Grady, 2016).

Limitations: Intersectionality and Marginalised Communities

Notably absent from the research I have presented in this chapter is any explicit recognition of the fact that black, indigenous and people of colour (BIPOC) in Canada are as a community subject to greater adversity than white Canadians (Williams et al., 2022). Racism is embedded within societal structures as individual and collective implicit bias and may show up in the form microaggressions or outright bigotry. BIPOC individuals may live in fear of overt racism and be subject to structural racism daily and this can have lasting biological effects (Williams et al., 2022). Trauma causes damage even at a cellular level and can be passed to offspring intergenerationally through gene expression (2022). Research shows that sexual and

gender minorities have higher rates of abuse and poly-victimization in childhood (Charak et al., 2019). Children who are gender nonconforming have been found to be at increased risk of abuse in the home and at an increased risk of being bullied at school (Roberts et al., 2012). There is substantial evidence that PTSD symptoms increase in relation to number of exposures (Hinchey et al., 2023).

I considered using case studies throughout my capstone however, I decided against it because I was not confident, I could adequately give voice to the experiences of individuals whose lived experiences have been vastly different than my own. Instead, I would ask the reader to bring conscious awareness to the reality that individuals from marginalised communities are disproportionately exposed to cumulative traumas (Williams et al., 2022) and I urge the reader to consider their own social locations relative to power.

Summary

In this chapter, attachment theory was utilized to understand the long-term effects of early relationships on an individual's emotional and psychological development. Understanding the impact of trauma is essential, as traumatic experiences, particularly in childhood, can profoundly influence neurobiology, altering brain structures and functions related to stress and emotional regulation. These neurobiological changes can, in turn, affect cognitive processes, impairing memory, attention, and executive function. Emotionally and psychologically, trauma can lead to a range of issues, including depression, PTSD, substance-use disorder and borderline personality disorder. Importantly, childhood trauma can also have a significant impact on relationships. Problems with emotional dysregulation and social cognition can make it challenging for couples to manage conflict. Moreover, a couple's individual attachment patterns can add another layer of complexity and may lead to issues relating to trust, communication and

intimacy. Finally, adversity disproportionately impacts individuals in marginalised communities (Williams et al., 2022). Discrimination is structurally embedded within the economic, political, social and institutional systems that govern and organise Canadian society (Charak et al., 2019; Williams et al., 2022).

Chapter Three: Discussion and Application

The present chapter will begin by revisiting the research questions posed in chapter one, assessing whether answers can be extrapolated from the literature review provided in chapter two. This will be achieved through an analysis of the complex interplay of variables that research has shown can mediate the relationship between childhood trauma and romantic relationships. Anchoring this discussion within this framework will elucidate avenues for potential effective therapeutic intervention. This will be followed by an introduction to the application section of this capstone which will provide the broad outline for a psychoeducation workshop series designed to support couples where one or both partners have a history of childhood trauma. Finally, this chapter will culminate in a slide presentation created for the first installment of the workshop series. It will include experiential exercises to help facilitate regulation and co-regulation and it will outline the expectations of the group and confidentiality.

The central purpose of this capstone was to explore the ways in which trauma in childhood may impact romantic relationships dynamics in adulthood. This question was approached by looking at how attachment patterns are formed in infancy and are reflected in an individual's internal working model and adult attachment pattern. The following research questions guided the exploration of the subject:

- How do attachment patterns form in early life and what influence do they have beyond childhood?
- What are the potential developmental implications of trauma in childhood?
- What are some of the potential emotional and psychological ramifications of childhood trauma?

- Which aspects of romantic relationships are typically influenced when one or both partners have a history of childhood trauma?
- What variables mediate the relationship between traumatic childhood experiences and romantic relationships in adulthood?
- How can the findings of this research be used to guide the development of a psychoeducation workshop for couples with childhood trauma?

Discussion

There is substantial empirical evidence that traumatic childhood experiences can have serious implications for romantic relationships in adulthood (Cao et al., 2020; Fitzgerald, 2022; Fitzgerald & Shuler, 2023). Research indicates that this relationship is mediated by a variety of potential intervening variables (Lassri et al., 2017, Cao et al., 2022; Fitzgerald, 2022). In chapter two, attachment theory was used to interpret the significance of early relationships with primary caregivers. For example, if an individual's caregiver is not emotionally accessible to them and she is uncomfortable with physical closeness, there is a good possibility that the child's attachment to her would be classified as avoidant. Given the durable nature of attachment patterns over time, there is a good possibility that this individual's attachment with their dating and mating partners will be characterized by the same dynamics that they previously (or concurrently) shared with their primary caregiver(s) (Riggs et al., 2010). An avoidant (dismissive) pattern of romantic attachment can have many implications, potentially influencing everything from general relationship satisfaction and mood to partner selection and openness to intimacy. Fitzgerald (2022) accurately proposed that individuals with a history of emotional abuse in childhood would be more likely to mistrust their partners and misinterpret their intentions (2022). An individual's capacity to express love for their romantic partner is

proportionate to their capacity for trust and mutual intimacy. Intimacy is deeply dependent upon an individual's attachment pattern. This feedback loop can be seen in its inverse when trauma has been present in an individual's life.

Understanding the impact of trauma is crucial because traumatic experiences, especially those occurring during childhood, can significantly alter neurobiology. These alterations affect brain structures and functions that are essential for managing stress and regulating emotions. The neurobiological changes resulting from trauma can lead to impairments in cognitive processes such as memory, attention, and executive function. (Campbell, 2022) On an emotional and psychological level, trauma can result in a variety of issues, including depression, post-traumatic stress disorder (PTSD), substance use disorder, and borderline personality disorder (Arroyo et al., 2017; Negele et al., 2015). Moreover, the effects of childhood trauma extend to interpersonal relationships. Emotional dysregulation and difficulties in social cognition can create substantial challenges for couples in managing conflicts effectively (MacIntosh, 2023). Additionally, the individual attachment patterns of each partner, shaped by their own experiences of trauma, can further complicate the relationship. These patterns can lead to issues with trust, communication, and intimacy, making it difficult for couples to maintain healthy and supportive relationships.

Application

Developing a psychoeducation workshop for couples where one or both partners have experienced childhood trauma is rooted in a comprehensive understanding of the profound and enduring impacts that such trauma can have on individuals and their relationships. Below are the key rationales for this development through understanding the impact of childhood trauma, enhancing awareness and empathy, developing healthy coping strategies, strengthening relationship bonds by utilizing the polyvagal theory to work through trust and intimacy issues.

Understanding the Impact of Childhood Trauma

Trauma's long-term effects: Childhood trauma can lead to a range of long-term psychological, emotional, and behavioral issues, including anxiety, depression, PTSD, attachment disorders, and difficulties in emotion regulation.

Relationship dynamics: These individual challenges can significantly affect relationship dynamics, leading to patterns of communication, trust, and conflict resolution that may hinder the relationship's health and stability.

Enhancing Awareness and Empathy

Mutual understanding: Psychoeducation helps both partners understand the nature of trauma and its effects. This fosters empathy and compassion, reducing blame and misunderstanding.

Self-awareness: It aids the trauma-affected partner in recognizing how their past experiences influence their current behaviors and responses.

Developing Healthy Coping Strategies

Skill building: Couples can learn and practice healthy coping strategies to manage trauma-related symptoms and stressors. This includes techniques for emotion regulation, and effective communication.

Conflict resolution: Teaching constructive conflict resolution skills helps couples navigate disagreements and reduce the potential for re-traumatization.

Strengthening Relationship Bonds

Utilizing the polyvagal theory to work through trust and intimacy issues.

Attachment and bonding: Addressing trauma-related attachment issues can improve emotional intimacy and security within the relationship.

Support system: Encouraging a supportive partnership creates a stable environment where both partners feel safe and valued. This includes techniques for developing safety through polyvagal theory.

In conclusion, a psychoeducation workshop (see Appendix A) for couples with childhood trauma aims to bridge the gap between individual trauma experiences and relational health. By fostering understanding, teaching coping skills, and promoting resilience, such workshops can significantly enhance both individual well-being and the quality of the couple's relationship.

Concluding Thoughts

This project has been an incredibly valuable undertaking for my own learning, and I have no doubt that it will prove to be extremely useful in my future career as a counsellor. When I am working with clients, I foresee that there will be instances when I will be reminded to reflect on specific aspects of this project. Whether this is because I am trying to evaluate an individual's relationship patterns or because I need to be reminded to be compassionate in a moment of frustration, there is evidence to support both in this research. Finally, it has reinvigorated my desire to work with couples and spurred a new interest in possibly working with individuals specifically on parenting.

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Appendix A

Couples Workshop Series to Build Trust and Intimacy



Couple Workshop