



## Trauma, Attachment, and Intimate Relationships

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## INTRODUCTION

# Trauma, Attachment, and Intimate Relationships

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*Intimate relationships can both affect and be affected by trauma and its sequelae. This special issue highlights research on trauma, attachment, and intimate relationships. Several themes emerged. One theme is the exploration of the associations between a history of trauma and relational variables, with an emphasis on models using these variables as mediators. Given the significance of secure attachment for healthy relationships, it is not surprising that attachment emerges as another theme of this issue. Moreover, a key component of relationships is trust, and so a further theme of this issue is betrayal trauma (J. J. Freyd, 1996). As the work included in this special issue makes clear, intimate relationships of all types are important for the psychological health of those exposed to traumatic events. In order to best help trauma survivors and those close to them, it is imperative that research exploring these issues be presented to research communities, clinical practitioners, and the public in general. This special issue serves as one step toward that objective.*

**KEYWORDS** *trauma, intimacy, partner preferences, romantic relationships, family, coping*

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This year's special issue of the *Journal of Trauma & Dissociation* is devoted to understanding the associations between trauma, attachment, and intimate relationships. Although much of the focus in trauma research and clinical practice has been on trauma's impact on individual psychological functioning (e.g., posttraumatic stress disorder), traumatic experiences can also create barriers to healthy interpersonal functioning (Davis & Petretic-Jackson, 2000; Herman, 1992; Trickett & Negriff, 2011).

One area that has not been well researched is the role that trauma plays in healthy (or dysfunctional) intimate relationships. These include romantic and sexual relationships (committed or not) but also intimate connections with family members, friends, coworkers, and community members. The goal of this special issue is to showcase research that helps us to understand the effect of trauma on intimate relationships and the ways in which intimate relationships can mitigate or mediate the effects of trauma. The seven articles in this issue are some of the first trauma studies to look at variables such as partner preferences, relational health, perceptions of partner respect, and relational closeness. The articles in the special issue mostly focus on romantic relationships, but several look at other close relationships, such as those with family members, friends, mentors, and even health care providers. Several studies provide rich qualitative data, whereas most rely on quantitative analyses. The participants include U.S. and Turkish college students; a community sample of women rape survivors; and a sample of mostly poor, multiply traumatized women.

Several themes emerge in the articles. The first such theme is the exploration of correlations between trauma history and relational variables, and particularly the development of mediational models or hypotheses. Two articles (Belford, Kaehler, & Birrell, this issue; Gobin, this issue) hypothesize a relational variable (relational quality and preference for certain partners, respectively) as a possible mediator of the effect of trauma on some well-known sequelae (borderline symptoms and revictimization, respectively). The relationship in question is a romantic one for Gobin (this issue) but is conceived more broadly by Belford et al. (this issue). Another article also proposes a mediational model, but one that is upstream from the traditional trauma outcomes. Owen, Quirk, and Manthos (this issue) use trauma as a predictor and a relational variable (perception of respect by a romantic partner) as the outcome. Their findings implicate anxious attachment as a possible mediator.

Attachment is a second subtheme of the special issue, with three articles including it as one of the measured constructs. This is not surprising given the importance of attachment for healthy interpersonal functioning (Collins & Read, 1990; Mikulincer & Shaver, 2007). Like Owen et al. (this issue), Green et al. (this issue) found high levels of unresolved attachment in their highly traumatized population, and their study revealed that this style of attachment was associated with more extreme perceptions of experiences

with health care providers. Arikan and Karanci (this issue) also included attachment in their model and showed that the impact of anxious attachment on posttraumatic growth was partially mediated by fatalistic coping.

A third subtheme is a focus on betrayal trauma (Freyd, 1996; Freyd, DePrince, & Zurbriggen, 2001), which is not surprising given the role that trust plays in intimate relationships (Birrell & Freyd, 2006). Three of the articles (Belford et al., this issue; Gobin, this issue; Owen et al., this issue) specifically studied betrayal trauma and found that traumas high in betrayal led to more relationship problems, particularly if a betrayal trauma occurred more than once. These studies suggest that it is important not only to differentiate between interpersonal and non-interpersonal trauma when studying outcomes but also to differentiate between interpersonal traumas that are high in betrayal and those that are not. When these high-betrayal traumas are repeated, we expect greater negative impacts on intimate relationship functioning.

This special issue begins with several articles that investigate, at least in part, the quality of romantic relationships among trauma survivors. It is well known to both researchers and clinicians that trauma can have a negative impact on a survivor's social and interpersonal relationships (Davis & Petretic-Jackson, 2000; Herman, 1992; Trickett & Negriff, 2011), but research on trauma has tended to focus mostly on mental health outcomes such as posttraumatic stress disorder or depression. Recently, however, researchers have begun to broaden this focus to include relational outcomes (e.g., a recent special issue on emotional abuse and intimate relationships includes several such studies; Dodge Reyome, 2010) and have demonstrated that marriages and other intimate partnerships often suffer in the aftermath of trauma (Allen, Rhoades, Stanley, & Markman, 2010; DiLillo et al., 2009). The articles by Anders, Shallcross, and Frazier (this issue), Gobin (this issue), and Owen et al. (this issue) all include analyses that assess the association between the experience of trauma and the quality or functioning of intimate relationships.

Anders et al. (this issue) investigated whether trauma history is correlated with dysfunction or lowered satisfaction in romantic relationships. They found that in their sample of college students, trauma was associated with lower trust, lower security, and lower perceptions of relationship quality and partner responsiveness. More uniquely, Anders and colleagues broadened the definition of trauma to include relational trauma that was not life threatening (and therefore not diagnosable under Criterion A-1 of the *Diagnostic and Statistical Manual of Mental Disorders* definition of posttraumatic stress disorder). In a very interesting finding the relational nature of a trauma was a more important predictor of outcome variables (both those related to relationships *and* general measures of distress such as depression or well-being) than was categorization as a Criterion A1 trauma. This demonstrates how distressing relational injuries can be and suggests that the definition of trauma should be broadened.

Many studies have shown that survivors of interpersonal trauma have an increased risk of revictimization. Trauma researchers have made some progress toward understanding the causes of this relationship, with several possible mediating mechanisms hypothesized or tested. In her study Gobin (this issue) posits a novel possible mediator: Interpersonal/betrayal trauma (especially when repeated) leads to changes in a person's preferences for certain types of romantic partners (i.e., partners with characteristics that are consonant with violence and abuse). The intriguing results from this exploratory study reveal that people who had experienced more than one high-betrayal trauma reported that trustworthiness, sincerity, honesty, and loyalty were slightly less desirable to them in a romantic partner than did people who had experienced only one high-betrayal trauma; they also reported being more tolerant of verbal aggression in a romantic partner. This is the first study to test whether there is a relationship between trauma history and partner preferences, and the findings suggest that this is a plausible mediator for the path between trauma and revictimization. It is also interesting that the differences between groups were relatively small, which implies that even small levels of increased tolerance for dishonesty, hostility, and so on, might be enough to increase one's risk for revictimization.

Romantic relationship quality was further studied by Owen et al. (this issue). In their study participants reported on their perception of how much their current romantic partner respects them. Those individuals who had experienced a betrayal trauma prior to age 18 reported lower levels of respect from their partner yet were just as committed to the relationship as were those with no betrayal trauma. This relationship was mediated partially through (low) psychological well-being and anxious attachment. Consistent with the findings of Gobin (this issue), who found that people with a history of repeated betrayal trauma were more tolerant of negative characteristics in an imagined romantic partner, here individuals with a history of betrayal trauma tolerated more disrespect in their current romantic relationship.

When we think of intimate relationships we often think of romantic or sexual relationships, but there is an intimacy of sorts in many other domains as well. One interesting example is the relationship between a patient and his or her primary care physician. In their study of highly traumatized women, Green et al. (this issue) found high levels of unresolved attachment and a correlation between unresolved attachment and self-reported negative experiences with health care providers. There was also a marginally significant positive association between unresolved attachment and positive experiences with health care providers. The authors speculate that unresolved attachment results in disorientation, confusion, and dissociation, which can lead patients to display inconsistent behavior and inconsistent strategies when interacting with health care providers. This important article reminds us that trauma survivors may struggle in all sorts of relationships, not just romantic ones.

The next article broadens the scope of the special issue in yet another way. Trauma researchers are increasingly seeking to understand not just the negative sequelae of trauma but also resilience and posttraumatic growth. Here too a focus on the quality of interpersonal relationships helps to enlighten us. Arikan and Karanci (this issue) report that in their survey study of Turkish college students anxious attachment is positively associated with posttraumatic growth and that this relationship is partially mediated through fatalistic coping. Although it might at first appear paradoxical that anxious attachment leads to growth, Arikan and Karanci speculate that this pathway may be culturally specific. Fatalistic coping may be an especially attractive coping strategy for students who are devout Muslims. When one turns the responsibility for the event over to God, acceptance (and subsequent growth) may be more likely to occur.

There is a growing literature on the responses of other people to survivors' disclosure of trauma (e.g., Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001; Ullman, 2010), and the article by Ahrens and Aldana (this issue) adds to this body of work. In this study, 76 adult women rape survivors were interviewed about their disclosures of the experience to friends, family members, and intimate partners. An important contribution of this work is that the authors asked participants about the quality of the relationship prior to the disclosure (e.g., poor, friendly, close) and investigated whether relationship quality affected the type of support survivors received when they disclosed. Ahrens and Aldana found that positive support was more likely to be provided in relationships that were close before the trauma. Even more interesting, the pre-disclosure quality of the relationship appeared to influence the ways in which survivors perceived the reactions of the people they disclosed to. When pre-disclosure relationship quality was high, negative reactions tended to be overlooked or minimized, as long as some positive reactions were part of the mix. This unique study reminds us that there are many complex ways in which trauma and relationships interact. Not only does trauma affect relationships, but the quality of relationships can affect responses to trauma and trauma survivors' interpretations of these responses.

We come full circle with the final article by Belford et al. (this issue), which returns to a focus on a traditional adverse mental health outcome (borderline personality disorder) but with a relational twist. Many studies have shown that borderline personality disorder is a possible outcome of trauma (Bandelow et al., 2003; Golier et al., 2003; Grover et al., 2007). Noting the many ways in which relational difficulties are present for individuals with borderline personality disorder, Belford and colleagues hypothesized that relational health would at least partially mediate the relationship between trauma and borderline symptoms. They found that this was true when they looked at the health of a person's relationships with members of the community but was not true for friend or mentor relationships. This suggests

the crucial importance of a supportive group (rather than just one or two individuals) in healing from trauma, as suggested by Herman (1992).

Given the importance of intimate relationships of all types for psychological health it is imperative that research addressing these issues for survivors of trauma be made available to the research and clinical communities and to the general public. This special issue is a step in that direction, and we hope the articles that follow are provocative, enlightening, and useful.

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