

Impact of Childhood Trauma and Attachment Styles on Marital Satisfaction

Fizzah Shahzad¹, Ahmad Bilal², Mehak Arif³

¹MPhil Scholar, Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan.

²Professor, Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan.

³MPhil Scholar, Department of Applied Psychology, University of Management & Technology, Lahore, Pakistan.

Correspondence: ahmadbilal4@gmail.com²

ABSTRACT

Aim of the Study: This study explores the relationship between childhood trauma and attachment styles on marital satisfaction.

Methodology: 400 married people, all over 25, were chosen using a purposive sample technique to represent a range of demographic backgrounds. A number of survey questions were completed by participants in order to evaluate important variables such attachment styles, marital happiness, and experiences with childhood trauma. Extensive statistical analyses of the gathered data allowed investigation of the hypothesized correlations, providing important new understandings of the complex links between attachment styles, traumatic childhood experiences, and marital satisfaction.

Findings: The findings showed a strong positive association between the anxious attachment style and childhood trauma and a negative correlation with satisfaction in marriage. On the other hand, a negative association was discovered between closed attachment style and marital happiness as well as childhood trauma.

Conclusion: In order to better understand these complex relationships and help in the development of specific interventions targeted at improving general well-being and marital satisfaction, future studies should make use of longitudinal methods.

Keywords: Childhood Trauma, Attachment Styles, Marital Satisfaction.

Introduction

Childhood psychological abuse, sometimes referred to as childhood emotional abuse, is a kind of maltreatment that goes unreported. Unintentionally, parents may engage in it by purposefully shaming, berating, harassing, blaming others restricting, or ignoring a child. Emotional abuse typically goes unreported, in contrast to physical abuse, which frequently shows visible symptoms (Kwan & Kwok, 2021). Emotional abuse in childhood has not gotten enough attention from professionals and scholars since it is a hidden problem. It seems to be prevalent in China and has adverse impacts. Personal relationships are often associated with adolescents' assessments of happiness (Ji, 2024).

Article History

Received:
April 06, 2024

Revised:
June 16, 2024

Accepted:
June 22, 2024

Published:
June 28, 2024

Attachment styles are deeply embedded modes of social interaction that are formed throughout childhood. According to attachment theorists, a person's secure or insecure attachment is formed at childhood and often lasts a lifetime. Negative experiences in life or deficiencies in a child's primary relationship might have a detrimental effect on attachment. Secure attachment is linked to better results, while insecure attachment is thought to be an indicator of psychopathology in adulthood. A large body of research suggests that people with mental health issues have a greater likelihood of insecure attachment than people without such disorders (Crone et al., 2019).

The negative influence of a mother's insecure attachment on her children's attachment patterns is highlighted by research on the transgenerational transmission of attachment styles. However, some research indicates that in challenging mother-infant relationships, early measures can change the attachment styles of both adults involved. If their caregivers cope with stresses in a healthy way, infants can learn how to seek support and develop appropriate coping mechanisms. Secure attachment is developed as a result (Greene et al., 2020). On the other hand, if a baby expresses their concern and a caregiver responds indifferently or poorly, the baby may turn to unhealthy coping strategies, which can result in insecure attachment. Clinicians should be aware of the possibility of insecure attachment while working with moms and children who are experiencing mental health problems. Clinicians ought to use attachment-based therapies as needed.

One of the most basic and fundamental psychological joys is marital satisfaction, which is best developed in a family setting. Nevertheless, when disagreements or conflicts emerge, spouses may suffer psychologically. As a result, there may be a risk to each family member's mental health. Every member of the family could be impacted by marital dissatisfaction because marriage and divorce are not just personal but also social issues.

Therefore, it is believed that love and fulfillment are essential elements of the family structure. The satisfaction that comes from realizing an ideal situation—which is frequently linked to the achievement of particular marital goals—is what defines a happy marriage. Marital satisfaction is the result of conscious efforts and purposeful connections to emotions like attachment and concerted efforts. According to Muhammadi et al. (2016), this satisfaction is a developed feeling that is influenced by social interactions and the development of how one feels in relation to others.

The degree of love shared by spouses and their optimistic view on marriage are two factors that contribute to marital satisfaction. The couple's general level of satisfaction, contentment, and enjoyment from several elements of their marriage are reflected in this subjective score. Scholars have investigated the influence of early life events on the development of adults. Although attachment theory and individual psychology have been compared by some, the main area of agreement between the two theories is their acknowledgement of the critical influence that relationships have on the development of patterns of behavior (Nawaz et al., 2021).

Literature Review

Recent studies on child abuse demonstrate the serious and extensive harm that it can cause to kids in the short and long terms. Substance misuse, alcoholism, smoking, aggression, self-harm, suicide, and mental illnesses are some of these consequences. Alarming data from a survey given to a high-risk clinical sample in China showed: 12.5% of children reported sexual abuse, 17.8% reported physical abuse, 22.2% reported emotional abuse, and 34% reported physical neglect.

Furthermore, according to Du et al. (2022) the frequency of negative experiences included parental criminal behavior, family financial difficulties, assaults of all kinds, mental abuse, and emotional abandonment. There is a correlation between the intensity of childhood trauma and a number of adverse adult outcomes. Higher childhood trauma exposure increases an individual's likelihood of experiencing being rejected, low self-esteem, difficulty developing relationships, feeling unworthy of love and care, and increased sensitivity to others as an adult (Du et al., 2022).

Childhood trauma survivors frequently come from unhappy homes and hostile neighborhoods and schools. A child may experience a range of psychological issues when the events in their environment exceed their ability to cope, either physically or psychologically. Over time, traumatized children may show signs of withdrawal and disengagement from social interactions, including a lack of interest and hostility of intimate relationships and refusal to build close links with family members. The release of "Syndrome of Abused Children" by an American psychologist marked the beginning of a comprehensive investigation of childhood trauma, which is now highly regarded in the field. Since then, there has been a persistent focus on childhood trauma in academics and public conversation, with scholarly study on the subject growing (Wang et al., 2022).

Studies on childhood trauma have expanded to include a range of aspects of peoples' life. Research has examined its influence on personal growth, comprising academic and occupational projects, interpersonal relationships, and self-nurturing practices. Moreover, a great deal of research has looked into the connection among psychological problems like self-harming behaviors like self-abuse and self-harm, as well as emotional states like depressive, lonely, and self-sufficient feelings (Zhou et al., 2023).

It has long been known that childhood trauma and psychological difficulties can include problems like depression, assault, behavioral issues, anxiety, schizophrenia, and even abuse of the child in heterosexual parent-child relationships. These problems can have an effect on a child's sex identity and even partially perpetuate gender discrimination. Currently, mental health and related issues account for a large portion of research on children's psychological well-being (Ono et al., 2017). Numerous domestic and international researches have repeatedly shown that insecure attachment patterns significantly negatively correlate with marital satisfaction, while secure attachment styles are regularly linked to better levels of marital satisfaction.

The significance of lifestyle as a determining factor in marital satisfaction is further shown by recent studies. A collaborative lifestyle focused on common objectives is typically adopted by happily married couples, which improves marital pleasure. Childhood events have a significant influence on an individual's lifestyle, which tends to be steady into adulthood. Couples' demands and expectations from their family origins have a significant impact on how they exhibit closeness (Mohammadi et al., 2016).

It becomes clear that a couple's intimacy is greatly influenced by their personality type. Different standards about closeness and love within certain family settings are a result of differences in how people display their feelings. Married couples have longer lived, lead happier lives, and report higher levels of sexual satisfaction, according to research by Waite and Gallagher. Furthermore, research on university students' attachment styles and social abilities shows that attachment styles are a predictor of social skills. According to the theorists a child's behavioral choices that they use to try to meet their requirements within the framework of their family are the source of their lifestyle (Nawaz et al., 2021).

The frequency of emotional abuse during childhood in China has been calculated to be 19.6%, according to a meta-analysis. In addition, it was stated that 67.1% of Chinese parents have mistreated their young children psychologically. It's important to remember that emotional abuse can have serious negative consequences, even though traditional Chinese culture often accepts controlling parenting styles (Kwok et al., 2022). While social norms should be honored, emotional abuse needs to be addressed if it negatively impacts the mental health of the next generation.

Study Objectives

- To discover how closely, dependently, and anxiously attached people are correlated with marital satisfaction.
- To investigate the relationship among childhood trauma and marital satisfaction.
- To investigate the moderating role of emotional intelligence in the link between attachment types, childhood trauma, and marital satisfaction.

Hypotheses

H1: Close attachment types and marital satisfaction are expected to be positively associated.

H2: Dependent attachment types are likely to be associated with lower marital satisfaction.

H3: Anxious attachment type is likely to be connected with lower marital satisfaction.

H4: Childhood trauma is associated with lower marital satisfaction.

Rationale of the Study

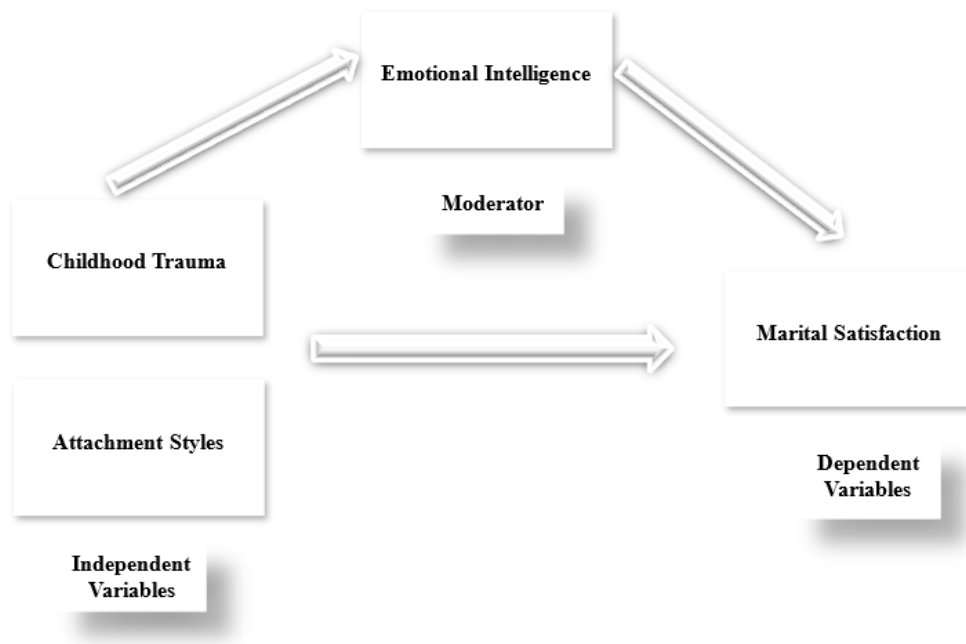
Understanding the complex relationships between attachment styles, early trauma, and emotional intelligence, as well as their overall outcomes on marital satisfaction, is important. According to attachment theory, childhood experiences have a long-term impact on adult relationships.

Forming satisfying marital relationships has been associated with childhood trauma (Briere & Runtz, 1990). Nevertheless, there isn't a thorough analysis of how these variables work together to affect marital satisfaction in the literature currently in publication.

Simultaneously, studies have demonstrated links between early trauma and difficulties forming and maintaining happy marriages. People who have experienced childhood trauma typically find it difficult to build safe and dependable relationships with their spouses, which raise the risk of marital dissatisfaction (Briere and Runtz, 1990).

While a great deal of study has been done on each of these characteristics separately, there is a lack of information in the literature about a thorough examination of their combined effects on marital satisfaction. By examining the complex links between attachment styles, early trauma, and their combined impacts on marital satisfaction, this study aims to fill this gap in the literature.

Conceptual Framework



Methodology

Research Design

Attachment types, childhood trauma, and marital satisfaction will all be assessed together using a cross-sectional research methodology.

Sample/Participants

400 married people from a range of demographic backgrounds who are at least 18 years old will participate in the study. Participants will be chosen using purposive sampling. The sample size for this study is 400 people.

Inclusion Criteria

- Participants must be married and at least 25 years old.
- Participants must be eligible if they have been married for at least two years.

Exclusion Criteria

- Individuals with mental or physical impairments will not be allowed to participate.
- Individuals who have not been married for more than two years will not be permitted to take part.
- The emphasis of this study is on the dynamics and difficulties unique to married relationships; hence, single people will not be included.

Operational Definition

Childhood Attachment

The close relationship that forms between a child and their caregiver in the early years of life is referred to as "childhood attachment" (Levy & Orlans, 1998). A child's emotional, cognitive, and behavioral development are all impacted by this relationship, which is an inborn requirement (Levy & Orlans, 1998; Stinehart et al., 2012).

Childhood Maltreatment

Children who are abused or subjected to harsh or abusive behavior by their parents or other caregivers can suffer both physical and psychological harm. It consists of five parts, according to Zhao et al. (2019): physical abuse, emotional abuse, emotional neglect, psychological abuse, and sexual abuse.

Marital Satisfaction

Happiness, joy, and contentment that a spouse experiences when thinking about all aspects of their marriage is referred to as "marital satisfaction." It is also one of the most essential measures of life happiness and family performance, according to Tavakol et al. (2017).

Instruments

Consent Document

Participants were asked to sign a consent form indicating that they were willing to participate in the study.

Table of Demographics

The first step in this research requested participants to answer a series of questions on their age, education, gender, profession, years of marriage, and place of residence. This made it possible for us to record the variety of our participation.

Questionnaire on Childhood Trauma (Pennebaker & Susman, 2013)

Utilizing the Childhood Trauma Events Scale (CTES), the self-administered survey's six items are intended to assess traumatic experiences. The perceived trauma level is measured using a seven-point Likert scale, with one representing "not at all traumatic" and seven representing "extremely severe." Each question takes about thirty seconds to answer, and the entire survey takes roughly three to five minutes. The overall trauma experienced is indicated by the score.

Collins (1996) revised Adult Attachment Scale

The close, depend, and anxiety subscales each include six items, making up this scale. A person's degree of comfort with intimacy and closeness is evaluated using the closeness scale. A person's faith in the ability of others to help them in difficult circumstances is measured by the dependability scale. The anxiety subscale assesses a person's concern about feelings of rejection or being not desired (Collins, 1996).

The scale is scored by average the ratings of each subscale's six components. Each subscale has the following items: depend (2*, 5, 7*, 14, 16*, 18*), anxiety (3, 4, 9, 10, 11, 15), and close (1, 6, 8*, 12, 13*, 17*). Prior to determining the subscale mean, items denoted by an asterisk must be reverse scored.

Kansas Marital Satisfaction Scale (KMS) (Schumm et al., 1983)

Three components make up the KMS, a short evaluation instrument used to assess marital satisfaction. Respondents assess each item on a seven-point scale, 1 (very unhappy) to 7 (highly satisfied). When utilizing the KMS scale, the initial set of seven response categories is applied.

Procedure

Important aspects like attachment styles, marital happiness, and childhood trauma will be evaluated through a series of survey questionnaires. To guarantee a thorough assessment of aspects essential to the study's goals, these tools have been carefully chosen. To assist participants in understanding the questionnaire questions, full explanations will be supplied. The privacy of respondents and their comfort level will be taken into account when administering the survey.

The data gathering procedure should take each participant about thirty minutes to finish. The duration has been carefully selected to achieve the right balance between the participants' limited time and the requirement for thorough responses.

Ethical Considerations

Following a description of the goals and methods of the research, each participant will be asked for their informed consent. The confidentiality of the data will be carefully maintained, and the identity of the participants will remain anonymous. Participants will be free to leave the study at any time and without paying any costs. Accurate reporting of the findings will guarantee openness and honesty in the research procedure.

Results

Table 1: *Frequency Distribution and Descriptive Statistics of Demographic Variables (n=404)*

Demographic Variables	Characteristics	F	%
Age Groups Age $M=38.76$, $SD=13.49$	18-25	87	21.5
	26-33	64	15.8
	34-45	152	37.6
	46-57	65	16.1
	58-66	36	8.9
Gender	Male	203	50.2

	Female	201	49.8
Education	Matric	9	2.2
	FA/FSC	54	13.4
	BS/MSc	203	50.2
	MPhil	138	34.1
Marriage Duration	2-7	144	35.6
	8-14	78	19.3
	15-21	104	25.7
	22-28	47	11.6
	29-36	31	7.6
Area	Urban	11	2.7
	Rural	393	97.3

The distribution of frequencies and descriptive statistics for the demographic factors looked at in the study—which included 404 individuals in total—are shown in Table 1. The participants were about 38 years old on average. The age group of 34–45 accounted for the biggest share (38%), followed by the 18–25 age group (21.5%). Comparable numbers were noted for the age groups of 26–33 (15.8%) and 46–57 (16.1%). There were almost equal numbers of male and female participants in the study. Of the participants, half (50%) had a BSc or MSc degree, and third (34%) had an MPhil or PhD. Of the participants, about 26% had been married for 15–21 years, and 36% had been married for 2–7 years. The great majority (97%) of participants came from rural areas.

Table 2: *Correlation among Study Variables (n=404)*

Variables	M	SD	1	2	3	4	5
Closed AS	18.12	2.94	-				
Depend AS	17.48	3.07	.005	-			
Anxious AS	21.98	3.87	-.29**	-.11*	-		
Childhood Trauma	25.13	11.24	-.17**	.06	.60**	-	
Marital Satisfaction	13.00	4.01	.03	.09	-.13**	-.04	.01

* $p < .05$, ** $p < .01$

The correlation analysis between each of the study's variables is shown in Table 2. The anxious attachment style has a significant positive link with childhood trauma but a negative correlation with marital satisfaction. On the other hand, there was a statistically significant inverse relationship between childhood trauma and the closed attachment style. The first and second hypotheses were rejected based on the findings of the hypothesis testing. A significant inverse relationship between anxious attachment and marital satisfaction, however, provided evidence in favor of the third hypothesis. The link between childhood trauma and marital satisfaction was found to be negatively correlated, but it did not achieve statistical significance, supporting the fourth hypothesis.

Table 1: *Multiple Linear Regression (n=404)*

Predictors	B	SE	t	p
Closed AS	.000	.07	-.005	.99
Depend AS	.09	.06	1.41	.15
Anxious AS	-.15	.06	-2.24	.02
Childhood Trauma	.01	.02	.64	.52
R^2	.02			
F	2.44			
Df	4, 399			
P	.04			

Outcome=Marital Satisfaction

The whole model was significant ($p < .05$) in a multiple regression analysis to predict marital satisfaction from attachment patterns and childhood trauma. To be more precise, only the anxious attachment type significantly predicted marital satisfaction ($p < .05$), suggesting that even while it is responsible for a tiny percentage of variance, it is nonetheless important in explaining changes in marital satisfaction.

Table 4: *Analysis of Variance for Age Differences in Study Variables (n=404)*

Age Groups	18-25 (n=87)	26-33 (n=64)	34-45 (n=152)	46-57 (n=65)	58-66 (n=36)	F (4, p 399)	η_p^2
Variable	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)		
Closed AS	18.87 (3.83)	17.59 (3.53)	18.46 (2.31)	17.83 (2.34)	16.41 (1.51)	5.89 .000	.05
Depend AS	16.68 (3.76)	17.67 (3.12)	17.64 (3.10)	17.56 (2.20)	18.25 (1.96)	2.20 .06	.02
Anxious AS	19.27 (3.98)	22.15 (4.66)	22.53 (3.36)	23.70 (2.73)	22.72 (2.53)	17.41 .000	.14
Childhood Trauma	15.55 (9.26)	23.16 (11.62)	28.84 (8.99)	30.03 (9.19)	27.28 (12.44)	30.87 .000	.23
Marital Satisfaction	13.71 (4.32)	12.53 (3.44)	13.06 (4.26)	12.58 (4.04)	12.69 (2.90)	1.13 .33	.01

The findings of the ANOVA used to evaluate age differences in the study variables are shown in Table 5. The majority of the factors showed significant differences, with the exception of dependent attachment style and marital happiness. In particular, compared to other age groups, those in the 18–25 age range showed higher levels of closed attachment.

Table 5: *Analysis of Variance for Marriage Duration Differences in Study Variables (n=404)*

Marriage Duration	2-7 (n=145)	8-14 (n=78)	15-21 (n=103)	22-28 (n=47)	29-36 (n=31)	F (6, p 397)	η_p^2
Variables	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)		
Closed AS	18.06 (3.65)	18.84 (2.24)	18.55 (2.36)	16.85 (1.39)	17.20 (3.50)	3.59 .002	.05
Depend AS	17.56 (3.60)	16.71 (3.04)	17.37 (2.75)	17.27 (1.66)	19.60 (2.11)	3.94 .001	.05
Anxious AS	20.59 (3.92)	22.26 (4.60)	23.09 (2.91)	23.65 (3.00)	21.60 (3.56)	6.81 .000	.09
Childhood Trauma	18.92 (10.50)	28.76 (10.43)	27.84 (9.35)	30.49 (9.60)	28.30 (12.50)	14.45 .000	.17
Marital Satisfaction	13.29 (4.01)	12.47 (4.13)	12.68 (4.11)	13.10 (3.85)	13.76 (3.64)	.93 .46	.01

The findings of the ANOVA used to compare research variables according to length of marriage are shown in Table 6. With the exception of marital happiness, statistically significant differences were detected in most of the variables. In particular, compared to other durations, people who were married for 2–7 years, 8–14 years, and 15–21 years showed higher levels of closed attachment type.

Table 6: *t Test for Gender Differences in All of the Study Variables (n=404)*

Gender	Male (n=203)		Female (n=201)		t	df	p	Cohen's d
Variables	M	SD	M	SD				
Closed AS	17.82	2.46	18.43	3.33	-2.07	368.61	.03	.20
Depend AS	17.30	2.98	17.67	3.17	-1.21	402	.22	.12

Anxious AS	22.60	3.33	21.35	4.27	3.27	377.70	.001	.32
Childhood Trauma	26.78	9.65	23.47	12.46	2.98	376.55	.003	.29
Marital Satisfaction	12.90	3.98	13.11	4.06	-.54	401.62	.58	.05

The findings of independent samples t-tests used to look at gender variations in the study variables are shown in Table 7. With the exception of dependent attachment and marital satisfaction, statistically significant differences were seen across the majority of research variables. Open attachment was more prevalent in females, while anxious attachment was more prevalent in males.

Discussion

It was shown that there was a statistically significant negative link with marital satisfaction and a statistically significant positive association with childhood trauma for the anxious attachment type. On the other hand, there was a statistically significant inverse relationship between childhood trauma and the closed attachment style.

Fears of rejection and loneliness are common among people with unstable attachment types, such as ambivalent and avoidant. Because they consider themselves lesser to others and have little hope for the years to come, their issues with poor self-esteem when dealing with adverse circumstances can cause psychological distress, feelings of embarrassment, and anxiety. Those with insecure attachment are far more likely to experience marital dissatisfaction as a result of these difficulties (Whisman, 2006).

Because of internal models that have created their unfavorable attitudes regarding their romantic encounters, insecure people frequently communicate in ways that are harmful to their interactions. Their attachment systems may become activated when under stress, leading to behaviors that are defined by intense attachment or detachment, both psychologically and physically, as well as increased responses to emotions, especially at stress or crisis moments. Aside from these difficulties meeting their partners' needs, insecure people can also have trouble establishing closeness, feel anxious or distressed, and show signs of insensitivity or lack of responsiveness. Dissatisfied sexual relations may result from their tendency for romantic partnerships lack of love (Zamir, 2021).

Insecurely attached couples frequently show aggressive and conflicting habits, which makes them unhappy in their routine interactions. Such conduct is a sign of insecurity, which is characterized by an increased capacity for failure. These people may seem insensitive to their partners' needs or only slightly sensitive to them during intimate moments, and they may experience anxiety or distress. They frequently favor romantic partnerships with shallow emotional basis, which can lead to conflicting sexual dynamics. Couples with insecure attachment patterns frequently experience conflict and unhappiness (Liu et al., 2012).

Early childhood trauma can set the stage for later mental and physical health problems. A child's early experiences can have a lasting impact on them, sometimes taking years to show up. This can result in the development of maladaptive behaviors and a range of mental and physical health issues. Those who have survived childhood trauma frequently face obstacles in many aspects of adulthood, such as trouble communicating effectively and controlling their stress without engaging in negative behaviors. Notably, according to Labella et al. (2018), there is a greater chance that these people will continue to exhibit abusive beliefs and behaviors as adults.

Studies show that early-life traumatized children frequently experience difficulties as adults in controlling their emotions, building positive relationships, and creating strong bonds in marriage (McCrory et al., 2022). In order to help young people establish "internal working models" of emotional communication, early attachment experiences are essential. As people get older, these models have an impact on how they interact with other people, control their feelings, and practice self-awareness. Parental attachment, interpersonal habits, and partner choice are all impacted by these early experiences.

Only the anxious attachment style significantly predicted marital happiness in the regression analysis, despite the fact that the entire model was significant. The anxious attachment style changed marital satisfaction in a slight but significant way. Parenting styles that are more anxious tend to result in lower marital satisfaction, according to studies. This shows that, especially when a couple enters children, an anxious attachment style is a strong predictor of marital dissatisfaction. People who experience fear, avoidance, or a combination of the two and make their attachment less secure tend to be less satisfied with their relationships.

According to Najarpourian et al. (2018), partners who exhibit anxious attachment styles together generally have poor relationship performance and significant emotional discomfort. Furthermore, studies show that couples with same attachment styles—secure, avoidant, or ambivalent—tend to be happier together than couples with different attachment patterns. Interestingly, couples with one avoidant and one ambivalent spouse report the lowest levels of marital satisfaction (Rakhshani et al., 2022).

Studies show that people who have a stable attachment type usually feel close to and comfortable in their relationships and think they deserve love. On the other hand, those with insecure attachment patterns typically show less intimacy, stability, happiness, and trust in their love relationships. Anxiety regarding affection and support is a contributing factor in the association between anxious attachment style and marital dissatisfaction. This uncertainty can cause irritability, jealousy, and ongoing concern about losing their relationship, along with distrust and fear (Martins et al., 2023).

A negative and important link in the study supports the idea that relationship dissatisfaction is usually caused by these feelings of fear and rejection, which get worse by poor self-esteem and followed by mistrust. The impact of avoidant attachment styles on marital happiness was also investigated in this research. Because they are very independent and feel awkward around others who want to be close to them, people of this type usually have difficulty forming close connections. According to Rad et al. (2023), they frequently lack confidence in their partners and have a tendency to repress or hide their feelings. The results of the current study further support the notion that traits such as suppressed emotions and mistrust are strongly correlated with marital dissatisfaction.

A sociosexual tendency that makes them more likely to commit adultery and resistant to limit their sexual interactions with their partner is frequently displayed by people with avoidant attachment styles. It's possible that their hostility to long-term commitments and need for emotional distance are the causes of their fondness for temporary sexual relationships. Avoidant people seek and benefit from intimacy and support despite their general reluctance to deep emotional attachments, however they do so in a more suppressed way, particularly during times of reduced emotional pain (Parker & Campbell, 2017). Likewise, studies have repeatedly demonstrated a link between lower levels of commitment to romantic relationships and avoidant attachment styles. According to Mosley et al. (2020), there is a greater chance that this lack of commitment will lead to people looking for other partners and having extramarital affairs.

Conclusion

To sum up, this study examined the complex links between attachment types, marital happiness, and childhood trauma in over 400 married adults who were purposefully recruited from a population of people aged 25 and above. The results showed a negative association between anxious attachment and marital happiness and a significant positive relationship between anxious attachment style and childhood trauma.

Furthermore, there were negative correlations between the closed attachment type and both marital satisfaction and childhood trauma. Although there were challenges in gathering data because there was little previous research and trouble finding a sample, this study offers insightful information about these complex methods. Further studies using longitudinal methodologies will be essential in providing more information into these correlations and developing focused interventions that aim to enhance overall well-being and marital satisfaction.

Acknowledgements

None.


Conflict of Interest


Authors have no conflict of interest.


Funding Source

The authors received NO funding to conduct this study.

ORCID iDs

Fizzah Shahzad ¹ <https://orcid.org/0009-0007-1574-3041>

Ahmad Bilal ² <https://orcid.org/0000-0002-3229-6534>

Mehak Arif ³ <https://orcid.org/0009-0000-3602-0140>

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