

FOREVER IMPRINTED: UNDERSTANDING THE RELATIONSHIP BETWEEN
BETRAYAL TRAUMA WITHIN INTIMATE RELATIONSHIPS AND ATTACHMENT

by

TYANN L. MOSLEY

A Dissertation Submitted to the Faculty
in the Counselor Education and
Supervision Program of the College of
Professional Advancement
at Mercer University
in Partial Fulfillment of the
Requirements for the Degree

DOCTOR OF PHILOSOPHY

ATLANTA, GA

2022

FOREVER IMPRINTED: UNDERSTANDING THE RELATIONSHIP BETWEEN TRAUMA
WITHIN INTIMATE RELATIONSHIPS AND ADULT ATTACHMENT.

by

TYANN L. MOSLEY

Approved:

Donald Redmond, Ph.D. Date
Dissertation Committee Chair

Karen Rowland, Ph.D. Date
Dissertation Committee Member

W. David Lane, Ph.D. Date
Dissertation Committee Member

Karen Rowland, Ph.D. Date
Chair, Department of Counseling

Priscilla R. Danheiser, Ph.D. Date
Dean, College of Professional Advancement

Copyright 2022

Tyann L. Mosley

All Rights Reserved

DEDICATION

My dissertation work is dedicated to my loving and supportive family. To my husband, Wendell F. Mosley, for your unwavering love and encouragement throughout my entire journey. To my sons, Wendell Jr., Tydel and Nigel Mosley for always believing in me even when I doubted myself. To my sister, Latonya Harris for always being my lifeline and never allowing for me to settle for anything but greatness. To my parents, Larry and Gloria Harris for raising me to have a warrior spirit and allowing me to always follow my dreams. To my grandmother, Annie Stanfield, who taught me morals, values and a deep appreciation for the love of God. To my brothers, Dorrice, Dante and Dorrick who taught me to always believe in myself no matter what I come up against and to live life to the fullest.

To my circle of love-those that have always encouraged me, loved me and believed in me. I am so blessed to be surrounded by your love. Each one of you hold a special place in my heart- Aunt Beulah, Aunt Tezzie, Uncle Steve, Uncle Leon, Chanti, Carla, Amy, Nikol, Chanthini, Nikki, Jackie, Janet, Renee, Keda, Tracey, Teresa, Catherine, Angel, Mother-in-law Shirley, 2nd Mama Shelia and Mama Harris. I wish I could name everyone because my circle of love is huge but if you are in my circle, you already know the love, I have for you.

To the rest of my family, my aunts and uncles, cousins, nieces, nephews and host of friends- you all gave me inspiration, love and support to succeed. I am who I am because of the love I have been given. Thank each and every one of you for encouraging me to never give up on my dream.

Lastly to my Heavenly Father, your grace and mercy throughout my life is beyond words. You have never left my side even during my most difficult life challenges. My life has and will always be yours. I am everything because of You.

ACKNOWLEDGMENTS

I would like to express my deepest gratitude to Dr. Donald Redmond, my committee chair, for his encouragement, understanding and dedication towards me and this research. Dr. Redmond without you this work would not have been accomplished. Your ability to see beyond the limits allowed for me to be free to explore this research. I would like to thank Dr. Roland and Dr. Lane for being a part of my committee. I appreciate their patience, encouragement and commitment to my completion of this research. I would also like to thank Dr. Robinson for being in me from the beginning. There are no words to express how grateful I am to all of you. I would like to thank Dean Danheiser and Dr. Lankin for their sincere support and dedication in assisting me during my final stages of completion of my research.

To my cohort-Shatel, Jackie, Necole, BJ, Kim, Monique, Terah, Daniel, Felicia, Johnathan, Soo and Shaun- for all of the time we spent bonding, crying, learning, laughing and encouraging each other will forever be in my heart. Always remember that we were “ALL IN” from the beginning.

A special thank you is extended to my remarkable care team at Washington University Physicians which includes Dr. Dionne, Dr. Sodhi, Dr. Aleem, Dr. Goebel, Theresa-PT, Joan-OT, Debbie-OT, Jeff-PT and Robert-PT. I would like to also thank my entire Brain Trauma Support Group for safe place for me to heal. I would not have made it to this day without all of the assistance given to me so that I could have a second chance at life.

TABLE OF CONTENTS

	Page
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	x
LIST OF FIGURES.....	xi
LIST OF APPENDCIES.....	.xii
ABSTRACT.....	xiii
 CHAPTER 1	 Page 1
1. INTRODUCTION TO THE STUDY.....	1
Introduction to Betrayal Trauma (BT).....	1
Physical Health Consequences of BT.....	2
Emotional Dysregulation Caused by BT.....	2
Psychological Effects of BT.....	3
Statement of the Problem.....	4
Purpose of the Study.....	6
Research Questions.....	6
Theoretical Framework.....	8
Betrayal Trauma Theory.....	8
Attachment Theory.....	8
Narrative Therapy.....	8
Significance of the Study.....	9
Procedure.....	12
Limitations and Delimitations.....	13
Definition of Key Terms.....	14
Summary.....	15
 CHAPTER 2	 Page 17
2. REVIEW OF THE LITERATURE.....	17
The Importance of Romantic Relationships.....	17
The Importance of Trust.....	18
Attachment Theory.....	19

TABLE OF CONTENTS (Continued)

Adult Attachment Styles.....	21
Attachment Injuries.....	22
Betrayal.....	24
Trauma.....	26
Betrayal Trauma Theory (BTT).....	27
Consequences of Betrayal Trauma (BT).....	28
Reactions to Betrayal.....	28
Emotional and Behavioral Responses.....	29
Aftermath of Betrayal.....	32
Obsession and Revenge.....	33
Narrative Therapy.....	34
Betrayal’s Permanent Imprint.....	36
Summary.....	37

CHAPTER 3 Page 39

3. STUDY METHODOLOGY.....	39
Research Design.....	39
Quantitative Design.....	40
Qualitative Design.....	40
Research Questions.....	41
Submission to Institutional Review Board (IRB).....	41
Sample Description.....	42
Instrumentation.....	43
The Adult Attachment Scale-Revised (AAS-R).....	43
The Impact of Event Scale -Revised (IES-R).....	44
Demographic Questionnaire.....	45
Semi-Structured Questions.....	45
Qualitative Questions.....	46
Data Collection.....	46
Data Analysis.....	46
Quantitative Analysis.....	48
Qualitative Analysis.....	51
Summary.....	54

TABLE OF CONTENTS (Continued)

CHAPTER 4

Page 56

4. FINDING.....	56
Descriptive Findings.....	56
Data Analysis Procedure.....	58
Quantitative Analysis.....	58
Research Question One and Hypotheses.....	59
Findings.....	59
Research Question Two and Hypotheses.....	60
Findings.....	60
Research Question Three and Hypotheses.....	61
Findings.....	61
Research Question Three and Hypotheses.....	61
Findings.....	62
Qualitative Component.....	62
Research Question Four and Themes.....	63
Research Question Five and Themes.....	72
Research Question Six and Themes.....	76

CHAPTER 5

Page 80

5. SUMMARY, CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS...	
Summary.....	82
Limitations.....	87
Implication.....	88
Recommendations.....	89
Recommendations for Suggested Practice.....	90
Recommendation for Future Research.....	90

Abstract

Betrayal trauma from intimate relationships has been found to negatively affect the future intimate relationships of individuals. What is not known, however, is the detailed descriptions of individuals who have experienced betrayal trauma and how this event affected their future intimate relationships and attachment patterns. The purpose of the proposed exploratory mixed methods research study was to explore how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment. Within the quantitative section of the research the participants completed two surveys: the Impact of Event Scale – Revised (IES-R) and the Adult Attachment Scale – Revised (AAS-R). This part of the study employed a correlation design to address the quantitative research questions and test the corresponding hypotheses. The qualitative portion of the research was a qualitative description research design which was based on the straightforward description of the experiences and perceptions of individuals about a well-defined phenomenon. The qualitative portion consisted of three open-ended questions at the end of the surveys. Participants were asked to discuss the initial physical and mental impact as well as the lasting imprints of their Betrayal Trauma from their intimate relationships. On completion of the surveys all the qualitative data was transcribed. The transcriptions were transferred to the qualitative software, all data was analyzed using Braun and Clarke's (2006) thematic analysis.

CHAPTER ONE

INTRODUCTION TO THE STUDY

Background of the Study

Within the context of close interpersonal relationships, betrayal can be defined as the perceived violation by a partner of an implicit or explicit relationship-relevant norm (Sobol-Kwapińska et al., 2020). Betrayal occurs when the victim believes that the perpetrator has knowingly deviated from the norms that are believed to govern their relationship which harms the victim (Tirone et al., 2021). Norms are rule-based inclinations to respond to particular interdependence situations in a specified manner, constituting the rules by which interaction is governed, regardless of whether the rules are relationship-specific or culturally shared (Selterman et al., 2018).

Trauma is known to influence how a person's outlook on the world and interactions with others can be defined or characterized. Trauma can become a negative, central defining moment in life, marking the start of entrenched emotional distress, maladaptive behavior, and/or relational dysfunction (Lonergan et al., 2020). The closeness of the person who performed the betrayal creates a lasting imprint that influences future relationships. The reexperiences of traumatic events underscore the lasting influence of being traumatized (Gómez, 2019; Warach et al., 2018).

A specific type of trauma is called betrayal trauma, which pertains to interpersonal trauma perpetrated by individuals who are interpersonally close to the victim (Gómez, 2019). Betrayal trauma can also be defined as physical, sexual, or emotional maltreatment perpetrated by someone to whom the victim is close, such as a parent or partner. According to Gómez (2019), betrayal traumas are different from non-interpersonal traumas such as calamities or

interpersonal traumas perpetrated by strangers because both are not characterized by close personal relationships. Viewing betrayal on a continuum could assist with understanding the depth of betrayal trauma and the impact of both minor and major normative infractions that couples face when dealing with betrayal (Tirone et al., 2021). According to Lonergan et al. (2020), people who are experiencing betrayal trauma may not always be cognizant of what they are experiencing even though symptoms associated with the conceptual definition of betrayal trauma is present.

Betrayal trauma has been documented to have physical health consequences. The body's Autonomic Nervous System (ANS) shifts into high gear within a nanosecond and the body gears up into a state of threat preparedness (López-Martínez et al., 2018). The body registers danger and sends signals throughout, elevating adrenaline, cortisol, and other stress hormones that prepare the body to fight back, run away or shut down (Sutherland, 2019). The body is created to temporarily respond to stress in this way and then to calm itself down and settle back down into a balanced state of being. However, betrayed partners enter an unhealthy state of prolonged emotional threat and danger. Unfortunately, betrayed partners are often dealing with not just the first discovery but an ongoing series of discoveries that activate the threat system repeatedly, causing it to prepare to fight, flee, or shut down over and over. The body's constant response to the repeated discovery of betrayal and the very real fear of future betrayals keeps the response system activated not allowing it to reset which creates profound emotional dysregulation (López-Martínez et al., 2018). Bessel van der Kolk, one of the world's leading trauma researchers, wrote in his book, *The Body Keeps the Score*, how prolonged stress impacts health significantly. Emotional regulation difficulties play a role in multiple forms of psychological distress brought

about by changes in the physical health functioning of individuals (López-Martínez et al., 2018).

Here are a few symptoms of emotional dysregulation caused by trauma:

1. Alterations in regulation of affective impulses. The ability to remain calm and to not be swept away by heated emotions because of the chronic state of activation that your body, brain, and mind are in because of the trauma.
2. Alterations in attention and consciousness. When the body's threat response system is activated, it impacts the pre-frontal cortex- the part of the brain that helps to pay attention, focus, make decisions and assign meaning to what is happening. As a result, betrayed partners report difficulty in concentrating, remembering things, tracking information, and staying present.
3. Somatization and/or medical problems. Betrayed partners report an astonishing array of health problems surfacing after the discovery of betrayal, ranging from diagnosable ailments such as gastritis, chronic fatigue, high blood pressure, adrenal failure, and other forms of body-based pain and discomfort.

The psychological effects of betrayal trauma have also been well-established in the literature, indicating that betrayal trauma is often associated with various maladaptive psychological functioning. Several research studies have identified that emotional regulation capacities are especially compromised among survivors of BT (Klest et al., 2019; Tirone et al., 2021). Individuals who have experienced betrayal trauma have been found to exhibit symptoms of PTSD (Tirone et al., 2021). Another psychological consequence of betrayal trauma is depression (Klest et al., 2019). Betrayal trauma has been found to be associated with dissociation (Gómez, 2019).

In addition to physical and psychological consequences, betrayal trauma can also have significant effects on the quality of the interpersonal functioning of individuals. For instance, betrayal trauma has been found to be significantly associated with poor interpersonal relationships and problems with trusting other people (Klest et al., 2019). Moreover, individuals who have experienced betrayal trauma are also likely to experience detachment from their intimate partners compared to those who have no histories of being traumatized (Lassri et al., 2018).

Betrayal trauma can have implication in the attachment patterns of individuals. Betrayal within close relationships is devastating and creates an attachment injury, wherein the more intimate the relationship in which the betrayal happens, the more likely it is to create traumatic memories that alter a person's attachment (Butler et al., 2021). The development of the attachment injury concept emerged from the observation of impasses in the therapy processes of couples whose relationships improved but did not recover from distress (Warach et al., 2018; Lonergan et al., 2021). Attachment injury emphasizes the importance of the relationship in which the betrayal occurred and why re-attachment is difficult; it is a vital concept in defining relationship traumas (Warach et al., 2018). Attachment injuries also include issues of abandonment and betrayal at critical moments of need. An injured person who is unable to heal could block relationship renewal and the restoration of trust within the relationship (Butler et al., 2021; Lonergan et al., 2021).

The lack of understanding of the role of betrayal trauma in the trajectory of future intimate relationship and attachment patterns of individuals can have implications to the effectiveness of the therapeutic counseling process. Exploring how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment can lead to

information that deepens our understanding of this phenomenon. Recognizing the trauma and biopsychosocial distress caused by intimate betrayal is necessary for understanding the role of betrayal trauma on adult attachment. The findings from this study could encourage further investigation of values and emphasize the value of understanding the experience of betrayal (Tarzia, 2021).

Statement of the Problem

The physical, psychological, and interpersonal consequences of betrayal trauma from intimate relationships have been well-documented. The physical effects of betrayal trauma have implications in the functioning of the ANS (López-Martínez et al., 2018). Individuals who have experienced betrayal trauma have been found to exhibit symptoms of PTSD (Tirone et al., 2021). Another common psychological consequence of betrayal trauma is depression or depressive symptoms (Klest et al., 2019). In terms of interpersonal functioning, betrayal trauma can affect the quality of individuals' romantic relationships (Lassri et al., 2018). These research studies highlight the negative consequences of betrayal trauma in different aspects of an individual's functioning (Klest et al., 2019; Lassri et al., 2018; López-Martínez et al., 2018; Tirone et al., 2021).

The problem addressed was the lack of understanding of how betrayal trauma impacts future intimate relationships and attachment based on the descriptions of individuals who have experienced betrayal trauma in the past. Betrayal trauma from intimate relationships has been found to negatively affect the future intimate relationships of individuals (Klest et al., 2019; Lassri et al., 2018; St. Vil et al., 2021; Tarzia, 2021). What is not known, however, is the detailed descriptions of individuals who have experienced betrayal trauma and how this event affected their future intimate relationships and attachment patterns. According to Tarzia (2021), more

exploratory research is needed in order to understand the long-term experiences of betrayal trauma, particularly with regard to intimate relationships.

Purpose of the Study

The purpose of the proposed exploratory mixed methods study is to investigate how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment. While a growing body of literature supports the negative physical, psychological and interpersonal consequences of betrayal trauma (Lassri et al., 2018; López-Martínez et al., 2018; Tirone et al., 2021), little research is available about the detailed descriptions of individuals who have experienced betrayal trauma and how this event affected their future intimate relationships and attachment patterns therefore, this study draws upon the established research on betrayal trauma in order to expand the literature on its implications on intimate relationships and adult attachment patterns.

Research Questions

Based on the research problem that was identified and the purpose that was formulated, this study has attempted to answer six research questions. These research questions are the following:

RQ1: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to close attachment scale among adults in intimate relationships?

RQ2: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to depend attachment scale among adults in intimate relationships?

RQ3: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to anxiety attachment scale among adults in intimate relationships?

RQ4: How do individuals describe betrayal trauma as an impactful event?

RQ5: How do individuals describe the imprint that betrayal trauma as left on them regarding their current/future intimate relationships?

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?

Theoretical Framework

The theoretical framework of the study was informed by Freyd et al.'s (2001) betrayal trauma theory and Rholes and Simpson's (2004) adult attachment theory. The betrayal trauma theory was used as the theoretical foundation of the anticipated long-term imprints of betrayal in the psychological functioning of individuals. The attachment theory on the other hand was used to frame how adult attachment patterns can be affected, particularly in terms of romantic relationships, as a result of experiencing betrayal trauma. Background information about these two theories is provided in this section.

Betrayal Trauma Theory

Betrayal trauma theory states that interpersonal violations perpetrated by individuals who victims care for, depend on, or trust will be processed and remembered differently than violations perpetrated by individuals with whom the victims do not have a close relationship (Gobin & Freyd, 2009). The theory of betrayal trauma stated that the processing of a traumatic event is different based on the nature of the relationship between the victim and the perpetrator. More specially, high betrayal is likely to be experienced when the perpetrator is someone who the perpetrator cares for (Freyd et al., 2001). Betrayal trauma within an intimate relationship has more than one dimension and is considered a complex trauma because of the elements involved in the act of betrayal, including the nature of the relationship, the type of betrayal, the meaning of

the betrayal of the injured person, trust, vulnerability and the shock to one's core beliefs. Hensley (2009) argued that betrayal trauma is more serious than physical trauma because of the possibility of destabilizing the mental functioning of individuals. Acceptance of the intimate betrayal requires the injured partner to question, evaluate, and re-define his or her acceptable behaviors within a relationship.

The synthesized forgiveness model suggests that a major betrayal's violation of the perceived assumptions that define an intimate relationship can be catastrophic (Gordon & Baucom, 1998). The act of intimate betrayal creates a traumatic memory. The betrayal is traumatic because of the violation of the psychological contract between the perpetrator and the victim (Hensley, 2009). The injured partner's discovery of intimate betrayal causes him or her to question his or her core beliefs about the relationship. This questioning causes biopsychosocial distress, which creates a traumatic memory.

Attachment Theory

Another component of the theoretical framework is Rholes and Simpson's (2004) adult attachment theory. A brief discussion of John Bowlby's (1973) attachment theory was used to provide a foundation for understanding the importance of attachment during childhood. Rholes and Simpson's (2004) research was incorporated to explain the evolution of Bowlby's attachment theory into adult attachment theory.

Bowlby (1973) theorized that working models developed early in life guide how the attachment system functions in close relationships throughout life, an idea with important implications for effective support and maintenance processes in adult relationships (Pietromonaco & Beck, 2015). Attachment theory, now one of the most promising theories of adult love relationships (Shaver & Hazan, 1993), emphasizes human beings' propensity to make

and maintain powerful affectional bonds to significant others (Bowlby, 1988). Bowlby (1980, 1988) stressed from the start that attachments function through our “working models,” systems of meanings or sets of beliefs and expectations about how we see others and ourselves. These attachment representations or internal working models are thought to guide our actions, thoughts, and feelings and help people make predictions about behaviors in relationships to keep themselves safe and close to and loved by others (Vetere & Dallos, 2008). Virtually every aspect of human experiences is strongly influenced by the quality of these bonds (Johnson et al., 2001).

In couples, a secure attachment bond is an active, affectionate, reciprocal relationship between partners who mutually derive and provide closeness, comfort, and security (Johnson et al., 2001). This bond is not simply based on “reciprocal altruism” but rather on a “profound psychological” and “physiological interdependence” (Hazan & Zeifman, 1999, p. 351). Attachment theory offers a new comprehensive understanding of romantic love (Johnson, 2008) and a map to key pivotal emotionally “hot” events that seem to define relationships and in which individual identities are shaped (Solomon, 2009). One of the keys to assisting distressed romantic love is recognizing the attachment damage of an act of betrayal within a relationship. This research explored the effects of betrayal trauma in terms of the adult attachment patterns of individuals.

Significance of the Study

Research has historically indicated that happy couples tend to have very specific positive beliefs about each other (Cao et al., 2017; Hwang et al., 2019). These specific beliefs then support a global and evaluative schema of having a supportive and loving spouse (Cao et al., 2017; Hwang et al., 2019). Positive beliefs surround aspects of the relationship that are important to the couple. Over time, spouses adjust what they consider to be important to ensure they remain

happy (Tranca & Neagoe, 2018). Close relationships are the origin of many positive experiences and having a healthy and supportive relationship can assist one with being healthy both physically and mentally. People generally feel positive emotions when new interdependencies are developed, which can lead to celebrations of positive interpersonal events in their own and others' lives and deep gratifications of relationships that are healthy, vital, and enduring (Tranca & Neagoe, 2018). Having a healthy relationship is crucial for the well-being of a person both physically and mentally.

One key component of healthy relationships, especially intimate relationships, is trust. Trust is essential for cooperation in many ways and is vital for personal relationships (Finkel et al., 2002). Trust involves some level of risk-taking and uncertainty (Cruwys et al., 2021) and can be defined as "a state composing the intention to accept vulnerability" (Rousseau et al., 1998, p. 395). The integrity-based trust focuses on the perception that the other party adheres to and accepts a standard set of principles (Cruwys et al., 2021). Within an intimate relationship, there is an agreed-upon set of principles and assumptions, surrounded by trust, by which a person is supposed to behave. When the shattering of trust occurs and betrayal enters the relationship, all the agreed-upon principles and assumptions are questioned.

The violation of trust through betrayal trauma can cause the injured partner to endure severe damage to both the people and the relationship. Betrayal is a severe violation of trust that leaves internal scarring (Taylor et al., 2020). Betrayal elicits a range of negative emotions (Klest et al., 2019; Tirone et al., 2021). Betrayal reflects an erroneous decision to trust and often leads to a reassessment of the relationship (Taylor et al., 2020). The emotional reactions to betrayal motivate various victim behaviors that in general will help to restore a feeling of justice and sometimes make a renewal of cooperation possible (Klest et al., 2019; Tirone et al., 2021; Taylor

et al., 2020). However, the trust violation of betrayal trauma within an intimate relationship can cause emotion regulation difficulties and attachment issues. The confusion and suspicion from the betrayal contribute to a personal lack of control over one's partner and relationship and loss of predictability about the future (Klest et al., 2019; Lassri et al., 2018). The doubt from the betrayal consequently creates a great deal of confusion about what to expect from the partner in the future (Klest et al., 2019; Lassri et al., 2018). Betrayal trauma is detrimental to the foundation of an intimate relationship in part because it creates a loss of vision for the future of the relationship.

Traumatic experiences shatter assumptions, change the way people view themselves and others and induce a sense of existential vulnerability. Betrayals such as attachment injuries call into question basic beliefs about relationships, the other, and the self (Warach & Josephs, 2021). Beyond the type of relationship, other factors are likely to influence the experience of betrayal significantly, including personal traits (Guendelman et al., 2017). Among trait-like factors, value orientation offers unique insights into the motivations underlying a person's emotional, behavioral, and cognitive responses (Guendelman et al., 2017). Loving relationships are a significant part of a person's life, offering a foundation on which a person defines him or herself. Intimate betrayal causes irreparable damages to the foundation of a relationship. After the betrayal, a person struggles to process a multitude of emotions, a host of unexplainable behaviors, and racing thoughts.

Although partners may provide each other with safety and comfort, paradoxically, they may also be the source of a substantial amount of stress because of attachment insecurity and attachment injuries (Levy & Johnson, 2019). The occurrence of negative attachment-related events, defined as attachment injuries particularly abandonments and betrayals, often cause

seemingly irreparable damage to close intimate relationships (Alder et al., 2018; Levy & Johnson, 2019). The literature on couples therapy has recently attempted to address particular kinds of betrayals or relationship traumas that make relationship repair more difficult (Butler et al., 2021; Lander & Nohan, 2019).

Counselors working with distressed couples have several therapeutic approaches available, including communication skills training, cognitive/behavioral problem-solving approaches, interactional systemic therapy, insight-oriented approaches, and behavioral marital therapy (Raisi et al., 2018; Vazhappilly & Reyes, 2018). However, most models of couple therapy do not explicitly address the style of attachment (Lonergan et al., 2020) or the lasting imprint of an attachment injury like betrayal trauma (Lonergan et al., 2020). Researchers and clinicians need to acquire a greater understanding of the lasting imprint of attachment injuries so that appropriate and effective interventions can be developed.

Appropriate interventions and early acknowledgment of the significance of the relationship could assist distressed couples and decrease the physiological and physical symptoms resulting from an experience of betrayal. This research could reveal the role of betrayal trauma in the intimate relationships and adult attachment patterns of individuals. To understand the depth of the perceived relationships between these experiences could lead to practical benefits such as more informed therapeutic interventions that target individuals suffering from betrayal trauma. This research study offered therapeutic healing and assisted couples in moving beyond betrayal trauma to create new and healthy intimate relationships.

Procedures

In order to explore how individuals, describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment, an exploratory mixed methods research was

be conducted. The quantitative part of the study will employ a correlation design. The sample size for the quantitative part was 99 participants. The predictor variable was the betrayal trauma while the criterion variable was the attachment. The Adult Attachment Scale (AAS-R) (Collins, 1996) was used to measure the predictor variable betrayal trauma. The Impact of Event Scale (IES-R) (Weiss & Marmar, 1997) was used to measure the criterion variable attachment. Pearson's correlation analysis was conducted to address the quantitative research questions and test the corresponding hypotheses.

Qualitative descriptive research is a design based on the straightforward description of the experiences and perceptions of individuals about a well-defined phenomenon (Lambert & Lambert, 2012). The qualitative portion will consist of a few open-ended questions at the end of the surveys asking participants to discuss the impact and lasting imprints of their Betrayal Trauma from their intimate relationships. On completion of the surveys all the qualitative data was transcribed. The transcriptions were transferred to the qualitative software, all data was analyzed using Braun and Clarke's (2006) thematic analysis.

Limitations and Delimitations

There were a few limitations within this study. One limitation of this study was the type of sampling method that was used to select participants. Purposeful sampling to select the participants needed to complete the target sample size was conducted through social media. With purposeful sampling, there is no way to control for the demographics of the participants. The use of purposeful sampling did not allow the study to have a diverse population; therefore, the study's results were not considered representative of all individuals who have experienced betrayal trauma. Another limitation of the study was the small sample size, which means that the findings may not be generalizable outside the current setting.

There are several delimitations that define the scope of this research. The study was delimited to the participation of individuals who have experienced betrayal trauma from previous intimate partners. The study was also delimited to the collection of individual semi-structured questions, serving as the only source of data for this study. Another delimitation was the scope of the study where betrayal trauma was based on intimate relationships, excluding betrayal trauma experienced from friends or parents.

Definitions of Terms

The following key terms are defined in this section:

Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Bowlby, 1973).

Betrayal can be defined as a perceived violation of an implicit or explicit relationship relevant norm (Finkel et al., 2002).

Betrayal theory predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence how that event is processed and remembered (Sivers et al., 2002).

Betrayal trauma is trauma that occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being (Frey, 2008).

Impact has a strong effect on someone or something.

Imprint is something that leaves an inter mark on one's mind that has strong and lasting effects.

An injured partner is a person who endured betrayal within the relationship.

Interpersonal trauma is commonly committed by someone who is in a position of trust or who the individual is attached to or dependent on. Interpersonal trauma also includes prolonged and

repeated exposure to chronic, multiple, and repeated abuse within relationships, which give rise to complex PTS symptoms (Gómez, 2019).

Intimate relationships are close interpersonal relationships that involve physical or emotional intimacy (Gómez, 2019). For this current research study, intimate relationships will pertain to interpersonal relationships that have been in existence for a minimum of at least two years.

A personal narrative is a person's cohesive sense of present, future, and past (Wise & Barney, 2021).

Post-traumatic stress disorder is an anxiety disorder that develops in response to extreme psychological and emotional distress caused by a specific traumatic event (American Psychiatric Association, 2013).

Psychological trauma is the response to a deeply distressing or disturbing experience that overwhelms an individual's ability to cope, causes feelings of helplessness, and diminishes his or her sense of self and ability to feel the full range of emotions and experiences (Buchholz et al., 2020).

Summary

Not processing a traumatic memory creates a debilitating memory and places excessive demands on people's existing coping strategies (Klest et al., 2019; Lassri et al., 2018; López-Martínez et al., 2018; Tirone et al., 2021). The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma (Buchholz et al., 2020). Furthermore, it creates severe disruption in many aspects of a survivor's psychological functioning and well-being (Klest et al., 2019; Lassri et al., 2018; López-Martínez et al., 2018; Tirone et al., 2021).

The problem that was addressed was the lack of understanding of how betrayal trauma impacts future intimate relationships and attachment and leaves lasting imprints based on the data collected from the Impact of Event Scale – Revised (IES-R) and the Adult Attachment Scale – Revised (AAS-R) and the descriptions of individuals who have experienced betrayal trauma in the past. The purpose of this proposed exploratory mixed methods research study was to explore how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment as well as describe some of the lasting imprints of betrayal. The qualitative section was a qualitative descriptive research. It is a design based on the straightforward description of the experiences and perceptions of individuals about a well-defined phenomenon (Lambert & Lambert, 2012). The theoretical framework of the study was informed by Freyd et al.'s (2001) betrayal trauma theory and Rholes and Simpson's (2004) adult attachment theory. The significance of this study was the enhancement to understand betrayal trauma based on the detailed descriptions of those who have experienced the phenomenon. The study had implications for the enhancement of therapeutic interventions. The next chapter presents the results of the literature review.

CHAPTER TWO

LITERATURE REVIEW

Understanding the emotional and behavioral manifestations of trauma and the physical impact of psychological trauma within the body is essential when working with traumatized individuals (Bicknell-Hentges & Lynch, 2009). This study focused on examining the relationship between Betrayal Trauma (BT) within intimate relationships and adult attachment styles and how betrayal violates trust and causes attachment injuries. The study then discussed how attachment injuries alter attachment style. The study also examined some consequences of BT, which included traumatic memories, initial reactions, emotional and behavioral responses, and the aftermath of the betrayal. Finally, the study discussed how narrative therapy offered healing by ending the silencing of betrayal within intimate relationships and discussing the imprint of betrayal on one's life. Betrayal Trauma Theory (BTT), Adult Attachment Theory, Emotionally Focused Couples Therapy, and Narrative Therapy are the theoretical frameworks used for this study. The literature review revealed that a person's mental and physical well-being is built on healthy adult relationships. While focusing on key elements such as trauma, attachment, and trust in healthy relationships. Following an overview of Adult Attachment and Betrayal Trauma. The review includes peer-reviewed articles, books, and dissertations.

The Importance of Romantic Relationships

Romantic relationships are among the most important relationships in most people's lives, beginning in adolescence (Collins et al., 2009). Creating and maintaining intimate, stable, and mutually satisfying relationships are among the most important tasks in adult personality development (Blatt & Blass, 1995). Human intimacy is a complex combination of passion, commitment, friendship, and love in which two individuals experience a compelling desire for

ongoing close interaction with each other (Howe, 2002). Historically, research has indicated that happy couples tend to have very specific positive beliefs about each other (Dunning, 1995; Karney & Bradbury, 1995). These specific beliefs then support a global and evaluative schema of having a supportive and loving spouse (Neff & Karney, 2003). Specific positive beliefs surround aspects of the relationship that are important to the couple as a whole. Over time, spouses adjust what they consider to be important to ensure they remain happy (Neff & Karney, 2003). Having a healthy and supportive relationship can assist one with being healthy both physically and mentally, and close relationships are the origin of many positive experiences (Hannon et al., 2010). Intimate relationships have social, physical, intellectual, and spiritual dimensions and support work, leisure, and learning (Howe, 2002). People feel exhilarated when they develop new interdependencies and celebrate positive interpersonal events in their own and others' lives and are deeply gratified by relationships that are healthy, vital, and enduring (Hannon et al., 2010). Intimate relationships provide mutual support and fulfillment and promote positive growth and development (Howe, 2002). Romantic relationship quality also contributes significantly to personal well-being (Proulx et al., 2007).

The Importance of Trust

Trust is essential for cooperation in many ways and is vital for organizations (Lewicki & Bunker, 1996; Lewicki, McAllister, & Bies, 1998) and personal relationships (Finkel et al., 2002). Trust involves risk-taking and uncertainty (Mayer et al., 1995) and can be defined as "a state composing the intention to accept vulnerability" (Rousseau et al., 1998, p. 395). The integrity-based trust focuses on the perception that the other party adheres to and accepts a common set of principles (Mayer et al., 1995). The achievement of a meaningful and satisfying interpersonal life requires the development of several traits, including a capacity for trust and

cooperation (Levy & Blatt, 1999). Trust is a common ingredient in experiences of attachment and reliable alliance perceptions and is critical when accepting guidance from one's partner (Couch & Olson, 2016).

Attachment Theory

John Bowlby (1969/1997, 1973/1998, 1980/1998, 1988) originated the concept of attachment theory, which deals with the central role those early relationships with caregivers play in psychological health and in shaping how later interpersonal relationships are approached and handled (Mikulincer & Shaver, 2007). Bowlby's original attachment theory focused on the infant-caregiver bond, and not surprisingly, most of the research following from it initially examined attachment processes in infants and children (Pietromonaco & Beck, 2015). Bowlby recognized, however, that attachment processes are implicated in relationships throughout the lifespan, noting the significance of attachment processes from cradle to grave (Bowlby, 1979). He asserted that children internalize the interactions they have with their caregivers and that they maintain these interactions in cognitive structures called internal working models. As children mature into adulthood, these internal representations of relational experiences serve as road maps for interpreting and responding to others (Bowlby, 1973, 1980, 1988).

Recently, attachment theory has been applied to adult romantic relationships to explain deep affectional bonds that adults facilitate and maintain in pair-bonding (Selcuk et al., 2010). Attachment theory, now one of the most promising theories of adult love relationships (Shaver & Hazan, 1993), emphasizes human beings' propensity to make and maintain powerful affectional bonds to significant others (Bowlby, 1988). Attachment theory offers a new comprehensive understanding of romantic love (Johnson, 2008) and a map to key pivotal emotionally "hot"

events that seem to define relationships and in which individual identities are shaped (Solomon, 2009).

Attachment theory has been called a theory of trauma (Atkinson, 1997) in that it emphasizes the extreme emotional adversity of isolation and separation, particularly at times of increased vulnerability (Johnson et al., 2001). Attachment theory outlines basic human responses, especially the needs and fears that structure long-term bonds (Solomon, 2009). Researchers often use attachment theory to explain the lasting influence close relationships have on individuals' psychological well-being (Laible, 2007). Adult attachment patterns or styles are developmentally formed ways of regulating affect and processing information concerning close interpersonal relationships (Mikulincer & Shaver, 2007). Since adult attachment patterns are related to attitudes toward seeking and receiving help and to distinct ways of engaging in emotionally significant relationships, client attachment patterns are likely to affect psychotherapeutic processes (Daniel, 2010). These bonds are not simply based on "reciprocal altruism" but rather on a "profound psychological and physiological interdependence" (Hazan & Zeifman, 1999, p. 351). Attachment theorists have pointed out that, perhaps because of the interdependence, incidents in which one partner responds or fails to respond at times of urgent need seem to influence the quality of an attachment relationship disproportionately (Simpson & Rholes, 1994). According to attachment theory, seeking and maintaining contact with significant others are innate primary motivating principles in human beings across the lifespan (Bretherton & Munholland, 1999). Attachment theory is a broad, comprehensive theory that provides an evolutionary, biologically based account for why humans form and maintain close emotional bonds with others (Pietromonaco & Beck, 2015). Thus, understanding how clients develop and

maintain their attachment relationships can help therapists to enhance treatment processes and client engagement (Wallin, 2007).

Adult Attachment Styles

Studies have identified adult attachment as a strong predictor of romantic relationship quality (Butzer & Campbell, 2008; Cann et al., 2008; Collins & Read, 1990; Feeney, 1999; Simpson, 1990). Similar to attachment in childhood, adult attachment is the foundation of people's understanding and expectations about relationships and directs their social interactions (Fraley & Shaver, 2000; Hazan & Shaver, 1987). Hazan and Shaver (1987) suggested that the three-dimensional attachment model—secure, avoidant, and anxious—could also be applied to adult relationships, as people's main attachment figures would transfer from parents to peers or romantic partners during adulthood (Fraley & Davis, 1997). Erzar and Erzar (2008) state that insecure attachment functioning between parent and infant, the child is ensured a relationship in which he will be able to (1) seek closeness with a grown-up to whom he is attached; (2) preserve the feeling that he has a haven to fall back on when distressed and the confidence that the adult he is attached to will console him and soothe his anxiety; and (3) develop an internal working model of a secure base, that is, an internal schema of himself concerning his principal attachment figure(s) that provides a sense of security for exploring the world. Secure attachment offers a haven and a secure base. The haven that connects with the attachment figures offers is an innate survival mechanism. The presence of an attachment figure, usually a parent, child, spouse, or lover, provides comfort and security and buffers against stress and uncertainty (Mikulincer et al., 1993). The secure attachment also provides a secure base from which individuals can explore their universes and learn to reflect on themselves, their behavior, and their mental states (Fonagy & Target, 1997; Mikulincer, 1997). Cohn et al. (1992) found that securely attached adults were

better able to regulate effect in couple interactions and had more harmonious and less conflictual interaction. Kobak and Hazan (1991) found that a secure attachment style was associated with better marital adjustment, more open communication between partners, and more optimal emotional regulation (e.g., optimal expression and experience of emotion, particularly negative emotion).

Insecure attachment responses seem to be organized along two dimensions: anxious and avoidant (Fraley & Waller, 1998). According to Hazan and Shaver (1987), anxious attachment is characterized by the desire to be close with others and the worry of being abandoned, whereas avoidant attachment is characterized by the fear of closeness and the tendency to avoid dependence on others (Li & Chan, 2012). Attachment behavior reflects two different strategies of coping with the failure of proximity-seeking to alleviate stress. In the typical anxious style, hyper-activating attachment strategies prevail, expressed as a strong need for closeness, worries about the availability of attachment figures, and fear of rejection. In the typical avoidant style, deactivating attachment strategies prevail to maintain distance from others and promote self-reliance (Erzar & Erzar, 2008). Although anxious and avoidant attachment styles are both detrimental to romantic relationship quality, they exert the detrimental effect through two different paths: anxious attachment activates hyperactivation strategies, whereas avoidant attachment activates deactivation strategies (Main, 1990; Shaver & Mikulincer, 2002). Studies have confirmed that both anxious and avoidant attachment negatively correlates with various cognitive, emotional, and behavioral indicators of romantic relationship quality (Creasey & Hesson-McInnis, 2001; Feeney, 1999; Tran & Simpson, 2009). Adult attachment insecurity (e.g., passivity, derogation, idealization, aggression, clinging behavior) creates psychological distress (e.g., internalizing and externalizing symptoms and personality pathology), which taints the

quality of romantic partnerships (e.g. by causing poor conflict resolution, enmeshment, or fear of intimacy, or sexual problems) (Riggs, 2010). Bowlby also identified four phases of mourning that occur when an attachment has been broken or ended: (a) numbing, (b) yearning for the lost figure and anger, (c) disorganization and despair, and (d) reorganization (Pelling & Arvay-Buchanan, 2004).

Attachment Injuries

Johnson et al. (2001) was the first to identify the construct of an "attachment injury" that occurs in some couple relationships. The concept of attachment injury emerged from the observation of impasses in the EFT process of couples whose relationship improved but who did not recover from distress in emotionally focused couples' therapy (Greenberg & Johnson, 1988; Johnson, 1996). Attachment injury is a construct that may be useful in understanding impasses and repair processes in attachment relationships (Makinen & Millikin, 2001). An attachment injury is an intense trauma or "violation of trust that brings the nature of the whole relationship into question and must be dealt with if the relationship is to survive" (Johnson, 2005, p. 19). An attachment injury is then a specific type of betrayal that is experienced in couple relationships. It is characterized as an abandonment or a violation of trust (Johnson & Whiffen, 1999). Attachment injury is also defined by the absence of comfort in a high moment of need, which can be experienced as a relationship trauma in which one's basic assumptions about the partner and the relationship are shattered, leaving the spouse profoundly vulnerable (Johnson et al., 2001).

The concept of attachment injury does not focus so much on the specific content of a painful event but the attachment significance of such an event and arises out of a specific theoretical perspective on close relationships (Johnson et al., 2001). An attachment injury can be

understood as a critical incident, a trauma, or a rupture in the relationship that involves both interpersonal and intrapersonal factors (Pelling & Arvay-Buchanan, 2004). Johnson (2002) reported that when an attachment injury is uncovered during couples therapy, there is a noticeable change in affect, language, and responsiveness relating to a specific past incident or event. These events damage the attachment bond between the partners and, if unresolved, can prevent the repair of this bond. Attachment injuries, particularly abandonment and betrayals, often cause seemingly irreparable damage to close relationships (Makinen & Millikin, 2001).

Betrayal

Betrayal is an intense violation of trust that leaves internal scarring. Betrayal elicits a range of negative emotions (Fehr & Baldwin, 1996; Jones & Burdette, 1994) and may even evoke a variety of aggressive behaviors (Haden & Hojjat, 2006). Betrayal reflects an erroneous decision to trust and often leads to a reassessment of the relationship (Finkel et al., 2002; Lewicki & Bunker, 1996). Betrayals are common experiences (Feldman & Cauffman, 1999) that involve violations of expectations, commitment, and trust within a given relationship (Jones & Burdette, 1994). A common theme victims report, which may be key in understanding why betrayal is so distressing, is that something of value in the relationship can no longer be counted upon (Jones & Burdette, 1994).

Flanigan's (1992) clinical observations suggest that betrayal can be organized into several categories: physical or emotional abuse; abandonment; infidelity; loss of money, job, or reputation; and loss of health, life, or freedom (e.g., forced hospitalization) (Schratter, 2000). Betrayal can be defined as a perceived violation of an implicit or explicit relationship relevant norm (Finkel et al., 2002). Individuals experience betrayal when they believe that a partner has knowingly departed from the norms of decency and fairness that are assumed to govern a

relationship, thereby causing harm. Given that betrayals are harmful to victims and violate morality-based expectations, victims typically experience righteous indignation, believe that the perpetrator has incurred an interpersonal debt, and perceive that such incidents turn out poorly for their relationships (Leary et al., 1998). Other forms of betrayal include persons engaging in behaviors that they believe violate their partner's expectations, such as trying to keep a relationship secret from their partner (Whisman & Wagers, 2005). Few things can affect couples as strongly as a betrayal. Bischoff (2003) suggests that infidelity "hits at the core of relationship integrity" (p. 73). When a couple has experienced a betrayal, there is an important and specific aspect of the relationship by which one spouse is not abiding.

Understanding why BT is a subcategory of trauma is crucial. The fact that the BT was perpetrated by someone to whom the victim was close intensifies the level of trauma (Freyd, 1996). BT is significant enough to affect the foundational structure of the couple's relationship and change each individual within the relationship in which the betrayal occurred. Even though the research is limited, studies state that the relationship between the victim and the perpetrator matters (Goldsmith et al., 2013). Betrayal aggravates posttraumatic symptoms, impairs cognitive functioning, and negatively affects physical health beyond the impact of traumas perpetrated by less close others (DePrince & Freyd, 1999; Freyd et al., 2005; Goldsmith et al., 2012). Romantic betrayal is often associated with relational dissolution (Jones & Burdette, 1994) and significant (usually negative) changes in the quality of relationships (Feeney, 2004). As Wood stated in *The Gift of Betrayal*, "In fact, betrayal may well be the cruelest and most painful relationship challenge you'll ever face. It's devastating. And it has the potential to undermine and destroy you forever" (p. 2). The synthesized forgiveness model suggests that the violation of the perceived assumptions that define an intimate relationship due to a major betrayal can be catastrophic. A

person begins to doubt his or her whole system of beliefs about his or her partner and relationship. The doubt from the betrayal consequently creates a great deal of confusion about what to expect from the partner in the future (Gordon & Baucom, 1998). The confusion and suspicion from the betrayal further contribute to a subjective lack of control regarding one's partner and relationship and a loss of predictability about the future (Gordon & Baucom, 1998). The cognitive disruption created by the acknowledgment that such a betrayal is possible can be too painful for people to accept immediately. As a result, they may attempt to deny memories of its occurrence until they can more easily absorb this information (Gordon & Baucom, 1998). Beyond the type of relationship, other factors are likely to influence the experience of betrayal significantly, particularly personal traits (Joskowiez-Jablonek & Leiser, 2013).

Betrayal blindness is the denial of the betrayal because the injured partner either still needs the other partner for survival or the pain is too intense to accept at the discovery of the betrayal. Betrayal blindness can create a sense of emotional numbness and shock. As with most reactions to traumatic experiences, these emotional states of numbness and periods of intense affect fluctuate (Gordon & Baucom, 1998).

Trauma

Pierre Janet, who wrote the first book on what is now known as PTSD, *L'automatisme psychologique*, argued that trauma is located in procedural memory—in automatic actions and reactions, sensations, and attitudes—and that trauma is replayed and reenacted as body movements, anxiety, panic, nightmares, or flashbacks. Janet also stated that an event only becomes traumatic when overwhelming emotions interfere with proper memory processing. Wright, in *The Complete Guide to Crisis & Trauma Counseling*, defines trauma as the response to any event that shatters one's safe world so that it is no longer a place of refuge. Wright stated

that trauma is more than a state of crisis; “it is a normal reaction to abnormal events that overwhelm a person’s ability to adapt to life—where you feel powerless” (p. 189). Exposure to trauma is strongly associated with psychological difficulties, such as anxiety, depression, and posttraumatic stress (Coker et al., 2002; MacMillan et al., 2001). Many individuals exposed to trauma struggle with chronic physical and mental health conditions (DePrince & Freyd, 2004). The type of trauma to which an individual is exposed influences mental health outcomes (Copeland et al., 2007; Green et al., 2000). Trauma becomes a negative, central defining moment in the lives of others, marking the start of entrenched emotional distress, maladaptive behavior, or relational dysfunction (Bicknell-Hentges & Lynch, 2009). In addition, the relationship between the victim and the perpetrator matters. BT (Freyd, 1996) is more strongly related to anxiety, depression, and posttraumatic stress than trauma perpetrated by someone to whom the victim was not close (Atlas & Ingram, 1998; Freyd et al., 2005; Leahy et al., 2004; Lucenko et al., 2000).

Betrayal Trauma Theory

BTT (Freyd, 1996) seeks to explain the mechanism behind the cascade of negative outcomes evident after violation by a close or trusted other. BTT holds that certain traumas should be uniquely categorized as betrayal traumas, a subcategory of trauma in which the violation of trust within a close relationship occurs in the context of a traumatic event (Lindblom & Gray, 2008). BTT indicates that trauma high in betrayal intensifies the inherent interpersonal violation of many traumatic experiences by shattering a victim’s trust in his or her closest relationships (Rosenthal & Freyd, 2017). BTT, founded in attachment theory, suggests that trauma that is perpetrated by a trusted or depended-upon other is more psychologically damaging than trauma perpetrated by a non-close other or non-interpersonal trauma (Martin et al., 2014).

BTT (Freyd, 1994, 1996) is a theory of psychological response to trauma that proposes that an individual's response to trauma depends on two independent features of the trauma: the degree to which it involved social betrayal and the degree to which it induced terror or fear (Bernstein et al., 2015). BTT suggests that trauma involving abuse perpetrated by a caregiver or someone close to the victim results in heightened distress compared to abuse perpetrated by someone less central to the victim's well-being (Edwards et al., 2012). BT (Freyd, 1996), abuse that violates trust or dependency, predicts numerous negative outcomes, including dissociation and revictimization (DePrince & Freyd, 2007; Gobin & Freyd, 2009; Goldsmith et al., 2012). BTT predicts that dissociating information from awareness is mediated by the threat that the information poses to the individual's system of attachment (Freyd, 1994, 1996, 2001).

Consequences of Betrayal Trauma

Romantic betrayal may occur in many ways, and it has been linked extensively to negative psychological states, including hurt (Leary et al., 1998), distress (Fehr & Baldwin, 1996), sadness, depression, anxiety (e.g., Goldsmith et al., 2013), anger, hostility, vengefulness (Shackelford et al., 2000), repulsion, insecurity, fear (Humphrey, 1987), humiliation, embarrassment (Fitness & Fletcher, 1993), and even trauma experiences such as dissociation or intrusive thoughts (DePrince & Freyd, 2004).

Reactions to Betrayal

The initial reaction to betrayal is often shock, repression, anger, and denial (Enright et al., 1991; Rosenak & Harnden, 1992). The emotional reactions to betrayal motivate different kinds of behaviors by the victim (Fitness & Fletcher, 1993), which in general will help to restore a feeling of justice and sometimes make a renewal of cooperation possible (Bies & Tripp, 1996; Fehr & Gächter, 2002; Lewicki & Bunker, 1996). BT perpetrated within intimate relationships

by romantic partners may involve continued contact or other environmental constants that trigger trauma-related symptoms and associated emotion regulation difficulties (Bownes et al., 1991). Non-interpersonal trauma exposure may also explain why traumas that are not perpetrated by someone to whom the victim is close to involve fewer psychological symptoms and emotion regulation difficulties. Non-interpersonal traumas seem to be easier for survivors because they can separate the trauma from their daily lives (Goldsmith et al., 2013). The majority of people who have discovered betrayal within their intimate relationships have feelings of being deceived. Feelings of deception are likely to result in disillusionment and further relationship problems (Whisman & Wagers, 2005). Research has stated that clinicians should assess the emotional and behavioral function of each individual involved in BT and should especially assess for depression and PTSD (Whisman & Wagers, 2005). Not surprisingly, survivors of trauma high in betrayal experience more depression, dissociative tendencies, and posttraumatic stress (Freyd et al., 2005; DePrince, 2005; Tang & Freyd, in press). Women who experienced their husband's infidelity or threats of marital dissolution were six times more likely to be diagnosed with a major depressive episode (Cano & O'Leary, 2000). To obtain basic needs (e.g., food, shelter, or attachment), the victim will attempt to maintain a relationship with the perpetrator, potentially resulting in unawareness of the trauma or self-blame. This puts the victims at long-term risk for mental health problems.

Emotional and behavioral responses. BTs also have emotional consequences (Rosenthal & Freyd, 2017). Empirical support for the impact of betrayal on emotional and behavioral responses is plentiful. Indeed, a large and growing body of work has shown that betrayal—not fear—is strongly associated with dissociation (see DePrince & Freyd, 2007 for review). Betrayal has also been connected to shame, depression, inexplicable somatic symptoms (e.g., intermittent

paralysis), and substance abuse—all of which are at least marginally related to the concept of dissociative unawareness (Freyd, 1996; Goldsmith et al., 2012; Hailey, 2014; Martin et al., 2013). Avoidance of stimuli associated with the affair is also common. If the betrayed spouse's emotions during this initial phase of treatment are avoided and unexpressed, there is a risk of long-term resentment and hostility (Gordon & Baucom, 1999; Gordon et al., 2004). When people are without physical or emotional support, they are at their most vulnerable and have the most difficulty regulating their emotions (Johnson et al., 2001). Avoidance and numbing are natural self-protective responses to the barrage of intrusive symptoms that arise from traumatic experiences (van der Kolk & McFarlane, 1996). The betrayal research reveals that knowing about the different emotional responses and behavioral reactions can elevate the negative effects associated with betrayal. Developing an understanding of how emotional responses and behavioral reactions are connected can reduce the negative emotional reactions induced by betrayal and help to identify actions to relieve the emotional reactions to the betrayal (Bies & Tripp, 1996, 2005; Fitness, 2001; Fitness & Fletcher, 1993; Ohbuchi et al., 1989). Researchers identified emotional reactions that include indignation, anger, sadness, hurt, disappointment, and regret (Finkel et al., 2002; Jones & Burdette, 1994; Stouten et al., 2006). The relief actions identified were desiring to take vengeance, expressing anger, receiving an apology, receiving monetary compensation, and receiving monetary hyper-compensation (compensation above and beyond the monetary damage inflicted) (Bies & Tripp, 1996, 2005; Finkel et al., 2002; Lewicki & Bunker, 1996; Stouten et al., 2006). Injured partners often feel deluged with mixed emotions, such as hurt, anger, guilt, shame, anxiety, and depression (Enright et al., 1991; Rosenak & Harnden, 1992; Rowe et al., 1989; Smedes, 1984). Goldsmith et al. (2012) found that significant BT predicts alexithymia (trouble labeling and expressing emotions and emotional experiences). Cognitive confusion includes feelings of anxiety,

depression, and shame in the injured partner. Injured partners may feel intense anger toward their partners because they feel that causing them so much pain was unjust (Gordon & Baucom, 1998). Additional research indicates that abuse perpetrated by close or trusted others predicts more dissociation and other posttraumatic symptoms than abuse perpetrated by strangers or acquaintances (DePrince & Freyd, 2007; Freyd et al., 2005; Goldsmith et al., 2012).

In the article “The Role of Cumulative Trauma, Betrayal and Appraisals in Understanding Trauma Symptomatology,” Martin et al. (2013) examined links between cumulative trauma exposure as a function of the level of betrayal (measured by the relational closeness of the survivor and the perpetrator), trauma appraisals, and gender and trauma symptoms. The study included 273 college students who reported experiencing at least one traumatic event on a trauma checklist. Three betrayal categories were created to assess the number of different types of traumas: low BT, moderate BT, and high BT. Greater trauma exposure was related to more symptoms of depression, dissociation, and PTSD.

Whisman and Uebelacker (2003) have indicated that particular psychiatric disorders are more likely in people who are experiencing marital distress than in those who are not. Research explains the role of emotion regulation difficulties in multiple forms of psychological distress. Studies identify emotion regulation capacities as especially compromised among survivors of BT perpetrated by someone to whom the victim is close, such as a parent or partner (Goldsmith et al., 2013). Whisman and Uebelacker’s (2003) community survey in the United States noted that people who live in distressed and troubled relationships are three times more likely to suffer from mood disorders, two and a half times more likely to suffer from anxiety disorders, and twice as likely to suffer from substance use disorders as those who are not experiencing marital distress. Whisman and Uebelacker (2003) also suggested that improving the quality of the couple

relationship is of value in a range of cases where there are coexisting mental health disorders and relationship distress, saying that the treatment of relationship distress could alleviate up to 30% of cases of major depression (Whisman & Bruce, 1999).

Aftermath of betrayal. The reaction to the aftermath of betrayal is similar to the emotions felt when people confront any great loss or trauma (Horowitz, 1985; Kubler, 1970; McCann et al., 1988; Stinson & Field, 1991). According to Levine and Heller (2010), the response to BT parallels the symptoms of PTSD. Betrayal damages the trust and safety of the relationship and calls one's bond with a partner into question. While betrayal may not result in death or visible physical injury, many emotional, physical, and psychological difficulties have been correlated with BT (Freyd et al., 2005). These confusing emotions and thoughts connected with erratic and uncontrollable behaviors are closely tied to the betrayal experienced (Gordon & Baucom, 1998). The acknowledgment and assessment of the betrayal can lead to recognition of a power imbalance in the relationship. Through the perceived loss of power, the violation gives the injured partner a sense of helplessness and victimization that can lead to cognitive and emotional disequilibrium (Murphy, 1982; Rowe et al., 1989).

Studies are clear in stating that there is no guarantee that forgiveness will produce successful betrayal resolution and return the couple to full functioning. Even with genuine forgiveness, partners may find they cannot forget the betrayal incident or fully leave the betrayal in the past (Hannon et al., 2010). When these assumptions are violated, as in major betrayal, it also calls into doubt a person's whole system of beliefs about his or her partner and the relationship, creating a great deal of confusion about what to expect from the partner in the future. This confusion and suspicion of the future further contribute to a subjective lack of

control regarding one's partner and relationship and loss of predictability about the future (Gordon & Baucom, 1998).

Obsession and revenge. Cognitive disruption can result in an obsession with the betrayal, often evidenced by an intense need to know all details of the event, intrusive imagery about the event (particularly if it was an affair), and rumination (Brown, 1991; Enright et al., 1992; Rosenak & Harnden, 1992; Rowe et al., 1989). The majority of betrayal obsessions start with questioning the partner as an attempt to regain cognitive equilibrium. The injured partner is trying to make sense of the betrayal event to understand him or herself, his or her partner, and the relationship, thus decreasing the confusion the betrayal generated (Gordon & Baucom, 1998).

In addition to becoming obsessed with the betrayal, the injured partners could also have a deep desire to seek revenge. The injured partners seeking revenge may experience intrusive thoughts and uncharacteristic acts of revenge, accompanied by overwhelming anger and rage (Murphy, 1982; Rowe et al., 1989). The strong need to punish the partner is most likely to teach the participating partners that betrayal will have serious negative consequences and prevent future betrayals. Furthermore, these acts of punishment or revenge allow injured partners to regain their power. Within the relationship, injured partners are driven to attempts to "even the score" against their partner for the betrayal (Gordon & Baucom, 1998).

In betrayal situations, the victims' transformation from vengeful impulses to pro-relationship motives may not be effortless, uncomplicated, or automatic. The impulse toward negative reciprocity is strong people are inclined to fight fire with fire, responding in kind to a partner's real or imagined negativity (Gottman, 1998; Rusbult et al., 1991; Yovetich & Rusbult, 1994). Remembering betrayal-inspired moral outrage and perceived hurt may keep betrayal incidents alive and feed the flames of revenge. The injured partner may reflect on the betrayal

and its implications, and continual reflection on the betrayal may allow vengeful impulses to remain for a considerable period (Fincham, 2000; McCullough et al., 2007). Following exposure to a traumatic event, most individuals experience temporary preoccupation and involuntary intrusive memories (Bicknell-Hentges & Lynch, 2009).

Narrative Therapy

In essence, BT has a silencing effect—to stay safe, the victim cannot know and thus cannot speak about the betrayal perpetrated against him or her. Chronically suppressing one's needs and emotions instigate emotional disconnection (Rosenthal & Freyd, 2017). It is therefore necessary to revise the personal narrative to incorporate the trauma and its future implications in a way that “promotes a sense of coherence, coping, and adaptation” (Borden, 1992, p. 136). However, in the process of putting the experience in the form of a story, certain parts are left out because they are less attended to than other parts (Petersen et al., 2005). These become neglected pieces of their stories (Dwivedi & Gardner, 1997). As people remember these neglected parts of their experiences, they can formulate a more complete story (Petersen et al., 2005). As patients are encouraged to attend to the neglected parts of their experiences, referred to by White (1989) as “unique outcomes,” they can create whole stories and see new meaning in their experiences.

Narrative therapy is based on the principle that people categorize their experiences through language (Petersen et al., 2005). Narrative therapy interventions promote a beneficial meaning-making and integrative process of including traumatic experiences into one's life story, thereby constructing a narrative that connects emotion and cognition shattered by trauma and supporting health by offering physical benefits and emotion regulation (Boals, 2012; Boals et al., 2011; de Campora et al., 2014; Freda et al., 2015; Martino et al., 2013; Schutte et al., 2012; Vrielynck et al., 2010). The narrative is a space for transformation and resignifies the traumatic

experience; through it, the narrator reconstructs a broken self-narrative after a traumatic experience (Angus & McLead, 2004; Hermans, 2003; McAdams, 2008; Neimeyer, 2002). The narration serves as a semiotic device whereby the traumatic experience is actualized in the here and now of the narrative setting. Through plot development, the author sets up processes of semiotic connection that can promote change and knowledge as he or she strives to find a configuration for an event in the discourse that can make sense of the experience, even if temporarily, and thus promote the integration of the trauma (Freda & Martino, 2015; Greenberg & Paivio, 2003; Margherita et al., 2014; Margherita et al., 2015). Therefore, the narrative allows us to understand these changes and the subjective way in which people understand and connect with these transformations, observe how these transformations are constructed, and emerge in the stories of the subjects (Pals & McAdams, 2004).

In these narratives, the use of emotional words proved to be a predictor of health benefits, particularly the progressive increase of cognitive words (cause and intuition) (Pennebaker et al., 2007). The use of certain words, with particular reference to the emotional and cognitive matter, reflects that the person is starting to build a coherent story, putting his or her thoughts and emotions into words, and trying to find causes and make sense of the event, beginning a health-promoting reflexive and meta-reflexive process (Pennebaker et al., 2010). Specifically, narrative therapy is characterized by telling one's story; examining the roots of that story; seeking aspects of the story previously overlooked; exploring how incorporating new aspects of the story changes the meaning attributed to different events; anticipating how self-image, priorities, and relationships change as a result of the new meanings; and finding an appreciative audience for the new growth (White, 1989). Therapeutically telling one's story sheds light on other aspects of the story. These new aspects can allow for a more complete story that enhances self-appraisals

and self-image. The more complete picture is easier to integrate into one's life in a meaningful way (Petersen et al., 2005). In Levine's book *Trauma and Memory*, he states, "In order to resolve trauma a person must deal with the physical paralysis, agitation, and helplessness, and find some way of taking bodily action to regain ownership of his/her life." Levine discusses how a person can get stuck in trauma if he or she does not have a chance to develop an essential narrative and states that telling the story of what has happened is a form of effective action that creates an essential narrative and allows the person and those around him or her to know what has happened and process the traumatic memory.

Betrayal's Permanent Imprint

In *Trauma and Memory*, Levine defines the difference between ordinary memories—stories that change and fade with time—and traumatic memories—recurring sensations and movements that are accompanied by intense negative emotions of fear, shame, rage, and collapse. Levine states that traumatic memories are fixed, static, harsh, and frozen imprints that neither yield to change nor readily update with current information. He says traumatic memories are imprints from past overwhelming experiences, deep impressions carved into the sufferer's brain, body, and psyche. Levine continues by saying that traumatic memories tend to arise as fragmented splinters of inchoate and indigestible sensations, emotions, images, smells, tastes, thoughts, and so on. Comparisons of the features of traumatic memories with those of other emotional memories have indicated that traumatic memory narratives are more detailed and vivid (Bohanek et al., 2005; Porter & Birt, 2001). Under some circumstances, personally traumatic memories (such as violent victimization) may be "superior" to other memories (Porter & Peace, 2007). James (1890) argued that an event could be sufficiently stressful to "leave a scar upon the cerebral tissues" (p. 670). Similarly, field studies suggest that traumatic experiences may be quite

well remembered, or at least those memories of such experiences may be unimpaired by the effects of trauma (Wagenaar & Groeneweg, 1990).

Relational patterns are imprinted parts of implicit memory, the effects of which are cumulative across the lifespan (Kahn, 1963). When emotions controlled by precortical centers in the brain become imprinted, they can arise later through limbic responses, without any thought or impulse control (Neborsky & Solomon, 2001). Theorists have proposed that memory impairment for trauma-related information involves avoidant processing (e.g., people may disengage attention from threatening information and thus fail to that dissociation may help to keep threatening information from awareness) (DePrince & Freyd, 2004).

While there has been controversy about memory's role in trauma, researchers have increasingly applied cognitive psychology to the study of various forms of posttraumatic distress, including acute stress disorder (e.g., Moulds & Bryant, 2002), PTSD (e.g., Brewin et al., 1996), and dissociation (e.g., DePrince & Freyd, 1999). Dissociation—the breakdown of normally connected processes of consciousness and memory—is of particular interest to both trauma researchers and cognitive scientists (DePrince & Freyd, 2004). Dissociation has been associated with trauma exposure (see Putnam, 1997) and involves the alteration of fundamental cognitive functions. More studies should be conducted on the motivation to use certain actions to repair the damage inflicted by betrayal (Stouten et al., 2005).

Summary

Relationships are the core foundation for a human's mind, body, and psyche. The attachment between a parent and child is crucial in the child's developmental years because these are the most formative years and the years in which the child is most vulnerable. However, the need for attachment to others does not just stop after childhood but continues throughout one's

life. Adult attachment is vital to maintaining healthy mental and physical functioning in the adult years. Intimate relationships are among the major relationships that impact adult attachment. People can find themselves as vulnerable as children within a romantic relationship if an attachment injury such as betrayal should occur. Betrayal comes in many forms and is viewed as a traumatic event for a couple. The violation of relationship-relevant norms by engagement in acts of deception or disloyalty against one's partner can produce irreversible damage.

Recognizing the relationship between BT and adult attachment in intimate relationships is of high importance to the field of counseling. Understanding this relationship can lead to lasting therapeutic healing that could create secure adult attachment. Awareness of the traumatic imprint of betrayal on relationships is key in treatment. Knowledge about the benefits of use of both EFT and narrative therapy when treating distressed couples or individuals following betrayal has proven beneficial. The findings have encouraged further investigation of values and emphasize the explanatory weight of values on the experience of betrayal.

CHAPTER THREE

METHODOLOGY

The purpose of the proposed exploratory mixed methods study was to investigate how individuals describe betrayal trauma as an impactful event and to describe the lasting imprints in terms of their intimate relationships and attachment. This chapter outlined the methodology that was applied in this study, which utilized mixed methods with exploratory design. This chapter included the following segments: research design, research questions, sample description, instrumentation, demographic questionnaire, qualitative questions, data collection, and data analysis. The chapter concluded with a summation of the most important and significant components of the research methodology.

Research Design

A mixed methods design was used to present both a subjective and objective analyses of how individuals describe betrayal trauma as an impactful event and to describe the lasting imprints in terms of their intimate relationships and attachment. A mixed methods approach was helpful in understanding the dynamics and complexity of the problem from multiple viewpoints. Fetters et al. (2013) explained that the investigation about human relationships were typically multilevel processes that were complex investigations and required both forms of data to be collected and analyzed, qualitative and quantitative. If only the quantitative approach used, the results may be too general as opposed to the qualitative approach that presents a more particular and exploratory perspective. It is essential to be precise and analytical when dealing with human relationships. A mixed methods research approach combines both details and generalizations about the subject, so a broader perspective on the issue is realized (Zhang & Creswell, 2013).

The mixed method approach helped guide the general problem to a specific population while examining a more detailed perspective from individuals.

Quantitative Design

The quantitative part of this study employed a correlational research design. The objective of the quantitative part of this study determined how betrayal trauma related to attachment among adults in intimate relationships. A correlational approach determined the degree to which there was a relationship between the set of paired variables (Curtis et al., 2016; Gaskin, 2014; Hoe & Hoare, 2012). The variables for this study are betrayal trauma (predictor variable) and attachment (criterion variable). The betrayal trauma and attachment were numerically measured by reliable and validated instruments and were operationalized as interval variables. The betrayal trauma was measured using three scales from the IES-R which are intrusion, avoidance, and hyperarousal. Meanwhile, the attachment was measured using three scales from AAS-R which are close, depend, and anxiety. Pearson's correlation analysis was the best measurement to determine the strength and direction of the relationship between the variables, as well as the best statistical technique to answer the research questions of this study. Therefore, a correlational design was appropriate for this study.

Qualitative Design

The research method that was adopted in this study was qualitative in nature. The qualitative descriptive research approach was based on the exploration and understanding a social phenomenon using methods that would allow individuals to share their experiences with as much detail as possible (Silverman, 2020). Hence, qualitative researchers favor rich descriptions over generalizations derived from numerical and statistical techniques. The emphasis of qualitative research was also on subjective experiences and perceptions, with the

goal of searching for commonalities among different individuals in order to make sense of a phenomenon (Silverman, 2020).

The research design was qualitative descriptive study. Qualitative descriptive research was a design based on the straightforward description of the experiences and perceptions of individuals about a well-defined phenomenon (Lambert & Lambert, 2012). The qualitative descriptive research design is informed by other qualitative design traditions such a phenomenology but is somewhat smaller in scope in terms of research questions, sample size, and data interpretation (Magilvy & Thomas, 2009). However, qualitative descriptive research designs provide a robust and acceptable design in terms of the generation of a comprehensive summary of experiences (Lambert & Lambert, 2012).

The selection of a qualitative descriptive research design is appropriate because the aim of the current study was to explore how individuals describe betrayal trauma as an impactful event and to describe the imprint in terms of their intimate relationships and attachment. The selection of a qualitative descriptive research design was to facilitate the straightforward description of the experiences of participants (Magilvy & Thomas, 2009). The clear and comprehensive summary of experience that was acquired using the qualitative descriptive design was consistent with the goal of the current research study in terms of providing an in-depth description of the research phenomenon of betrayal in intimate relationships.

Research Questions

Based on the research problem that was identified and the purpose that was formulated, this study attempted to answer six research questions – three quantitative (RQ1, RQ2, RQ3) and three qualitative (RQ4, RQ5, RQ6) research questions. These research questions are the following:

RQ1: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to close attachment scale among adults in intimate relationships?

RQ2: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to dependent attachment scale among adults in intimate relationships?

RQ3: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to anxiety attachment scale among adults in intimate relationships?

RQ4: How do individuals describe betrayal trauma as an impactful event?

RQ5: How do individuals describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships?

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following their betrayal?

Sample Description

The population of this study included men and women who have an experience of betrayal from an intimate relationship. In order to be eligible to be part of the research study, several criteria need to be satisfied by the prospective participants. The participants in the sample included individuals who have encountered and experienced betrayal within their intimate relationships. The participants must be 20 years or older and currently or previously involved in an intimate relationship for longer than two years (either dating or married) in which they have experienced at least one type of intimate betrayal.

Participants were selected through purposeful sampling, which is a technique that selects participants based on the careful examination of their eligibility and ability to provide the most useful information regarding the phenomenon of betrayal in intimate relationships (Ghaljaie et al., 2017). Individuals were recruited online through Facebook and the Counselor Educators and

Supervisors Network (CESNET), a national online network of counselors, educators, and students. Those who satisfy the eligibility criteria based on the self-assessment of the prospective participants were instructed to contact the researcher through email in order to express their intent to be part of the study.

For the qualitative part of the study, it consisted of three semi-structured questions. The qualitative questions asked the participants to describe the betrayal as an impactful event. Then to discuss their attachment style in future intimate relationships after the betrayal trauma. Lastly, to disclose the lasting imprint of the betrayal.

Instrumentation

The Adult Attachment Scale – Revised (AAS-R)

The Adult Attachment Scale – Revised (AAS-R) (Collins, 1996) was used to assess participants' attachment style through 18 items (three subscales), each rated on a 5-point Likert scale ranging from 1 (not at all characteristics) to 5 (very characteristic) (see Appendix B). Consistent with attachment theory, two subscales assess avoidant attachment: comfort with being emotionally close to others (close subscale) and ease with trusting and depending on other people (depend subscale). The third subscale reflects anxiety about abandonment (anxiety attachment subscale). Each subscale is rated based on the average rating of six items. Survey items for close subscale are 1, 6, 8*, 12, 13*, and 17*. Survey items for depend subscale are 2*, 5, 7*, 14, 16*, and 18*. Lastly, survey items for anxiety subscale are 3, 4, 9, 10, 11, and 15. Survey items on asterisk will be reversed coded before computing the subscale mean. The AAS-R yields subscale score ranging from 5 to 30, where higher score indicates higher attachment. According to Collins (1996), the AAS-R was developed based on the theoretical assumptions of child attachment theory and has shown adequate reliability and validity. The Cronbach's alpha coefficients of each

subscale for three samples of undergraduates ranged from .80 to .82 for close subscale, .78 to .80 for depend subscale, and .83 to .85 for anxiety subscale, which indicates high internal consistency.

The Impact of Event Scale-Revised (IES-R)

The IES-R (Weiss & Marmar, 1997) is a 22-item self-report measure developed for the DSM-IV that assesses subjective distress caused by traumatic events. It is a revised version of the older version, the 15-item IES (Horowitz et al., 1979). For the purpose of this study, the wordings of the IES-R were revised to align with topic of the study which is betrayal trauma from intimate relationships. Respondents were asked to identify a specific stressful life event and then indicate how much they were distressed or bothered with respect to the betrayal from their intimate relationship (see Appendix C). The IES-R contains additional items related to the hyperarousal symptoms of PTSD, which were not included in the original IES. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. The IES-R is a 22-item scale that is rated on a 5-point scale ranging from 0 (not at all) to 4 (extremely). The IES-R yields a total score ranging from 0 to 88. Scale scores are formed for the three subscales, which reflect intrusion (8 items), avoidance (8 items), and hyperarousal (6 items), and show a high degree of intercorrelation ($r_s = .52$ to $.87$) (Creamer et al., 2003). Higher score indicates higher impact of the stressful life events. High levels of internal consistency have been previously reported (intrusion: Cronbach's $\alpha = .87-.94$; avoidance: Cronbach's $\alpha = .84-.87$; hyperarousal: Cronbach's $\alpha = .79-.91$) (Creamer et al., 2003; Weiss & Marmar, 1997). Test-retest reliability collected across a six-month interval ranged from .89 to .94 (Weiss & Marmar, 1997). Similar internal consistency and test-retest values have been reported with a Japanese translation of the IES-R (Asukai et al., 2002).

Because qualitative research involves significant amount of effort from the researcher, the researcher was considered as a primary instrument of a study (Malagon-Maldonado, 2014). The researcher used a demographic questionnaire and three semi-structured questions as the instruments for the study. The purpose of the demographic questionnaire was to gain an overview of the characteristics of the sample. The three semi-structured questions served as the main instrument of the qualitative study for data collection. These three methods of instrumentations are described in this section.

Demographic Questionnaire

All research participants were asked to complete a demographic questionnaire that requested the following information: age, sex/gender, sexual orientation, race/ethnicity, education level, religious preference, annual household income, marital status, if there were children from the relationship, and length of the relationship in which the betrayal discussed in this research occurred. Demographic information was collected to illustrate the diversity of those who encounter betrayal within intimate relationships.

Semi-structured Questions

The main instrument of the qualitative descriptive research study are the three semi-structured questions for the data collection. The advantages of using semi-structured questions included the in-depth and personal nature of the interviewing, flexibility, and versatility (Whiting, 2008). For the current research study, the qualitative portion contained three open-ended questions about the experiences and perceptions of men and women regarding betrayal in intimate partnerships. The open-ended nature of semi-structured questions gave the participants the opportunity to speak about their experiences with as limited prompts and constraints as

possible. To enhance the quality and overall credibility of the semi-structured questions the three semi-structured questions were adapted from the McGill Illness Narrative Interview (MINI).

Qualitative Questions

The three semi-structured questions are as follows:

#1: Briefly describe how has the betrayal has impacted you?

#2: Tell me the one thing you will always remember after going through your betrayal.

#3: Can you briefly describe how your attachment to others within intimate relationships changed after your betrayal?

Data Collection

Quantitative/ Qualitative Data Collection

Due to the inclusion of human participants in this study, some ethical considerations were addressed. The researcher did not screen, recruit, or collect any data until the Mercer University Institutional Review Board (IRB) approval was obtained. No site authorization was necessary because surveys were completed online, and participants responded as individuals, as opposed to representing any organization. SurveyMonkey Audience were employed to identify and recruit study participants that meet the inclusion criteria. To qualify for inclusion in the Survey Monkey Audience database for use in commercial and academic research studies, individuals completed a demographic form that was verified using public and private databases to ensure accuracy. Based on the rigorous SurveyMonkey Audience standards for data accuracy, SurveyMonkey Audience is widely accepted for dissertation sample recruitment (Survey Monkey, 2018). It was not known how Survey Monkey Audience contacts participants.

Potential participants were required to complete inclusion survey items on the inclusion assessment form to indicate they meet participation requirements: (a) must be 20 years old, (b)

must have intimate relationship for longer than two years (either dating or married) in which they have experienced at least one type of intimate betrayal, and (c) must understand the English language. Once they met the inclusion criteria the next step was to agree to the Informed Consent Form (Appendix E). The Informed Consent Form includes assurance of anonymity, and that no personally identifiable information was collected. Individuals that agreed to the provisions of the Informed Consent Form by selecting “I agree” proceed. Those who declined informed consent were thanked for their interest in the study and redirected away from the survey’s page.

After acceptance of the informed consent form, participants were directed to the survey hosted by SurveyMonkey, which contains three components: the AAS-R, IES-R and the three semi-structured questions. Responses to these items were recorded anonymously, with data collection continuing until the minimum sample was met and potentially somewhat past it toward at least 100 participants.

All data was pre-processed using SPSS. Responses to the online survey was exported to SPSS. Pre-processing aims to ensure a clean data set by excluding data outliers and missing data. Only those participants who have complete information on both the demographic data needed for the study and data on survey questions were included in the data analysis. Once a complete, clean data set was prepared within SPSS 28® it was ran for statistical analyses.

The participants were given a chance to withdraw from their participation in the study at any time with no risk and consequences. The results were anonymous because no personal identifying information such as names, social security numbers, etc. was collected. Only pseudo-codes were used to identify each participant, i.e., P01 for Participant 1. The soft copies of data was stored in a data-encrypted laptop/hard drive/thumb drive for the safety of the participants. Hard copies of the data were stored in a password-protected file in a locked drawer in the

researcher's home for 3 years, and the physical media was destroyed. Soft copies were deleted from the computer/hard drive/thumb drive while hard copies were shredded. Only the researcher and appropriate Mercer University personnel have access to study data.

Data Analysis

Quantitative Analysis

The quantitative data analysis for this study was performed using the Statistical Package for the Social Sciences (SPSS) for Windows Version 28, to provide a range of descriptive as well as inferential statistics, including statistical correlations. Researchers in the educational as well as social and behavioral sciences (Hinton et al., 2014) use SPSS software extensively. The advantage of using SPSS is that it is user friendly and enables the researcher to export data from Microsoft Excel easily (Kulas, 2009). All required statistical tests for this study could be easily conducted in SPSS.

The quantitative research question and hypotheses for this study are:

RQ1. To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to close attachment scale among adults in intimate relationships?

H1₀: There is no significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to close attachment scale among adults in intimate relationships.

H1_A: There is a significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to close attachment scale among adults in intimate relationships.

RQ2. To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to depend attachment scale among adults in intimate relationships?

H2₀: There is no significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to depend attachment scale among adults in intimate relationships.

H2_A: There is a significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to depend attachment scale among adults in intimate relationships.

RQ3. To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to anxiety attachment scale among adults in intimate relationships?

H3₀: There is no significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to anxiety attachment scale among adults in intimate relationships.

H3_A: There is a significant relationship betrayal trauma (intrusion, avoidance, and hyperarousal subscales) relate to anxiety attachment scale among adults in intimate relationships.

Descriptive analysis was conducted first in order to characterize the demographics of the participants as well as their responses to the survey. Descriptive statistics such as frequency, percentage, mean, and standard deviation was computed. Charts such as pie charts and histogram were generated to accompany the descriptive analysis.

The main part of the quantitative data analysis plan included inferential analyses, specifically Pearson's correlation analysis. The Pearson product-moment correlation coefficient or Pearson's correlation was a measure of the strength and direction of association that exists between two variables measured on at least an interval scale (Creswell, 2013). Since Pearson's correlation analysis is considered as a parametric test, certain assumptions must be met. There

are five assumptions of Pearson's correlation analysis which include: (a) The variables should be measured at the interval or ratio level, (b) There are two variables being paired. In the study, the variables are investigated by pairs, (c) There is a linear relationship between two variables, (d) There are no significant outliers, and (e) The variables should be approximately normally distributed (Laerd, 2015).

Assumption one is that the variables should be measured at the interval or ratio level (Laerd Statistics, 2015). This assumption can be tested by examining the composite scores of the participants for each variable. All variables in the current study were continuous. This means that they were measured using the average of item responses to calculate for the composite scores, which justifies the first assumption. Assumption two is that there are two variables being paired. In the study, the variables were investigated by pairs. Assumption three is that there is a linear relationship between two variables (Laerd Statistics, 2015). The third assumption can be tested through a scatter plot. Assumption four is there should be no significant outliers, which can be tested through the use of scatterplots as well (Laerd Statistics, 2015). Assumption five is that the variables should be approximately normally distributed (Laerd Statistics, 2015). This can be tested through statistical software by running a Shapiro-Wilk test of normality (Laerd Statistics, 2015). If any of the assumptions were not met, Spearman's correlation analysis instead of the Pearson's correlation analysis, was conducted to test the relationships between two variables. Spearman's correlation analysis measures the strength and direction of association between two ranked variables.

Hypothesis testing was done with a 0.05 level of significance (Weakliem, 2016). This means that a p -value of the Pearson's correlation analysis was assessed using a 0.05 alpha level. A p -value of less than 0.05 dictates that there was a statistically significant relationship between

the two variables (betrayal trauma and attachment) and that the null hypothesis was rejected, whereas a value of greater than 0.05 dictates that there is no statistically significant relationship between the two variables being examined.

Qualitative Analysis

All qualitative survey responses were transcribed. To protect the participants' confidentiality, all data set did not include personal information such as their names. The researcher assigned a number to represent each participant in the data set. A document was created that contained the key for the assigned code names and the source of data.

After all the qualitative survey responses were transferred to the qualitative software, all data was analyzed using Braun and Clarke's (2006) thematic analysis. As a data analytical strategy used in qualitative studies, the basis of thematic analysis was to search for patterns in the data so that key elements of the experiences and perceptions of the sample are represented in several themes. The specific steps for conducting thematic analysis are described in the following sub-sections.

Data Familiarization

The first step was what Braun and Clarke (2006) described as the process of data familiarization. This step simply means that the researcher needs to achieve a level of familiarization with the data set before proceeding with the coding. To facilitate data familiarization, multiple rounds of reading the transcripts will be made. Some notetaking can be performed to highlight specific aspects of the data that stand out and have particular relevance to the research questions of the study.

Data Coding

The second step of thematic analysis was the coding of the data (Braun & Clarke, 2006). Performing a line-by-line inspection of the interview transcripts, the researcher will assign a label that captures the meaning of a specific portion of text. For organizational purposes, the researcher assigned one-word codes in order to facilitate a more organized and streamlined coding process. The coding of the interview transcripts was performed for every participant, until all the data have been analyzed. The culmination of this stage of the thematic analysis was a complete list of all the codes that have been generated from all the participants.

Determination of Themes

The third step in conducting thematic analysis entailed examining the codes so that themes can be developed (Braun & Clarke, 2006). More specifically, the researcher organized and reorganized the codes into several groupings based on their similarities. Based on each grouping, the researcher determined the themes that are most reflective of the experiences and perceptions of the entire sample. The themes reflected the research questions, which means that there was an alignment between each theme and the research questions of the study. For each grouping where the theme was extracted, a table listing all the codes was provided. The table included frequency counts of the occurrences of the codes and their corresponding percentages.

Validation of the Themes

The fourth step of thematic analysis was the validation of themes in order to finalize the results of the data analysis (Braun & Clarke, 2006). This step was necessary in order to ensure that the themes truly reflect the experiences and perceptions of the participants as a group. The validation process entailed going back to the raw data and evaluating if the themes can be

supported by specific quotes from the participants and the corresponding codes that were previously created.

Another aspect of the validation process of the themes was by going back to the framework and the literature in order to ensure that the themes fit within the conceptualization of the study. Those themes that cannot be supported by the framework or the literature were revised. Finally, the validation process also entailed ensuring that every theme provides insights into the research questions of the study.

Defining the Themes

The fifth step entailed defining what each theme means or represents, particularly within the scope of the research questions (Braun & Clarke, 2006). Each definition needed to be clear and succinct in order to capture its most elemental essence. A sentence was sufficient in capturing what a theme was about. The definition highlighted the most unique aspect of the theme, while also differentiating how one theme differs from the other themes to avoid unnecessary overlaps.

Summary of Themes

The final step is the generation of an in-depth description of the themes (Braun & Clarke, 2006). More specifically, a detailed description of how men and women describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment was provided. This composite description was a culmination of the previous stages, presenting the results in a rich descriptive format that captures the essence of the experiences and perceptions of the participants regarding betrayal in intimate partnerships.

The summary of themes was written within the framework of the research questions of the study, ensuring that all of the research questions were answered in the composite description.

Extraneous information was not part of the composite description of the experiences of the participants. However, discrepant themes were included in order to make the discussion of the findings more complete, balanced, and nuanced. To further strengthen the presentation of the composite description, direct and exemplar quotes from specific participants were interspersed with the descriptions. This composite description served as the main findings of the research study.

Summary

The purpose of the proposed exploratory mixed methods study was to investigate how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment. In order to explore how individuals describe betrayal trauma as an impactful event and describe the imprint of the betrayal in terms of their intimate relationships and attachment, both quantitative correlational design and qualitative descriptive research were conducted. A correlational approach was used to determine the degree to which there is a relationship between the set of paired variables (Curtis et al., 2016; Gaskin, 2014; Hoe & Hoare, 2012). Qualitative descriptive research was a design based on the straightforward description of the experiences and perceptions of individuals about a well-defined phenomenon (Lambert & Lambert, 2012).

The quantitative sample consisted of 99 participants. The predictor variable betrayal trauma was measured using IES-R and was operationalized into three scales: intrusion, avoidance, and hyperarousal. The criterion variable attachment was measured using AAS-R and was operationalized into three scales: close, depend, and anxiety attachment scales. SurveyMonkey Audience was used to identify and recruit participants for the quantitative part of the study. Participants were asked to respond to an online survey hosted by SurveyMonkey.

Pearson's correlation analysis was conducted via SPSS to address the quantitative research questions.

The qualitative sample was 99 participants. Data was collected using three semi-structured questions collected on the surveys conducted through Survey Monkey. All the semi-structured questions were transcribed. Then all data was analyzed using the six-step thematic analysis proposed by Braun and Clarke (2006). The next chapter gives a detailed presentation of the results of the data analysis.

CHAPTER FOUR

RESULTS

The purpose of the proposed exploratory mixed methods study was to investigate how individuals describe betrayal trauma as an impactful event and to describe the lasting imprints in terms of their intimate relationships and attachment. For the quantitative part of the study, the variables were total betrayal trauma and total attachment. The Impact Event Scale- Revised (IES-R) (Weiss & Marmar, 1997) was used to measure betrayal while the Adult Attachment Scale-Revised (AAS-R) (Collins, 1996) was used to measure attachment. Correlation analysis was conducted to examine the relationship between the two variables. This chapter presents the descriptive findings and data analysis procedures conducted. After which, the results of both the quantitative and qualitative analyses from the collected data are presented. A summary of the key themes identified and findings from the qualitative analysis concludes the chapter.

Descriptive Findings

There was a total of 99 participants in the study. The majority of the participants was female ($n = 87, 87.9\%$). Most of the participants had a bachelor's degree ($n = 28, 28.3\%$), followed by those participants with master's degree ($n = 27, 27.3\%$) and high school diploma ($n = 18, 18.2\%$). Half of the participants did not have any child/children with their partner that betrayed them ($n = 50, 50.5\%$). Table 1 presents the demographical information of the participants.

Table 1*Descriptive statistics of the demographical information of participants (N = 99)*

	<i>n</i>	%
Gender		
Male	12	12.1
Female	87	87.9
Highest Educational Attainment		
Some high school	1	1.0
High school	18	18.2
Bachelor's degree	28	28.3
Master's degree	27	27.3
Ph.D. or higher	15	15.2
Trade school	8	8.1
Prefer not to say	1	1.0
Missing	1	1.0
Child/Children with Partner		
Yes	48	48.5
No	50	50.5
Missing	1	99.0

Data Analysis Procedures

Quantitative Analysis

The two variables under consideration for the quantitative analysis part of this study were betrayal trauma and attachment. The betrayal trauma was measured using IES-R (Weiss 7 Marmar, 1997), a 22-item self-report measure developed for the DSM-IV that assesses subjective distress caused by traumatic events. The responses on this scale were rated on a 5-point scale ranging from 0 (not at all) to 4 (extremely). The IES-R yields a total score ranging from 0 to 88. Higher score indicates higher impact of the stressful life events. The average for the total betrayal trauma among the participants of this study was 61.76 ($SD = 18.76$). Meanwhile, the attachment was measured using AAS-R (Collins, 1996), an 18-item scale developed to assess participants' attachment style. The responses on this scale were rated on a 5-point scale ranging from 1 (not at all characteristics) to 5 (very characteristic). The scale contains negatively worded items and therefore reversed scoring was conducted on these items. The AAS-R yields subscale score ranging from 5 to 30, where higher score indicates higher attachment. The average for the total attachment among the participants of this study was 53.05 ($SD = 10.95$).

The pre-processing the data and the data analysis was conducted in SPSS. Then the Pearson's correlation analysis was conducted to examine the relationship between the variables. The use of Pearson's correlation is also aligned with the use of correlation research design which aims to determine relationship between variables. The use of Pearson's correlation analysis, as a parametric test, requires data to meet five assumptions. These five assumptions are as follows: (a) the variables should be measured at the interval or ratio level (i.e., they are continuous), (b)

variables are investigated in pairs, (c) there is a linear relationship between the two variables, (d) there should be no significant outliers, and (e) the variables should be approximately normally distributed. Each of these assumptions was tested before conducting the statistical test, and the results are shown in the ensuing discussion.

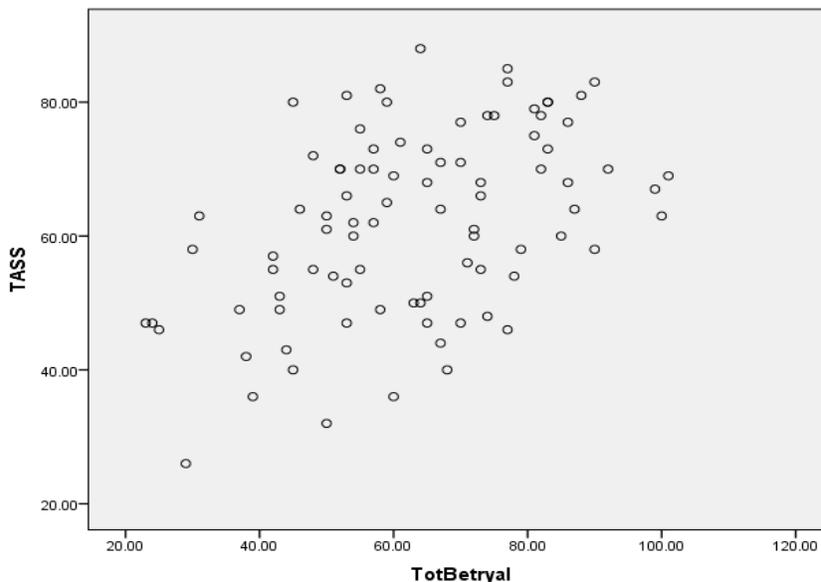
Assumption 1: The variables should be measured at the interval or ratio level (i.e., they are continuous). In this study, there were two variables of interest: betrayal trauma and attachment. Both variables were measured using a Likert-type scale, which produces interval scores. Specifically, both variables were measured using a 5-point Likert scale. The score for each variable was calculated by the summation of survey item responses which makes the scores continuous. Therefore, the assumption the variables should be measured at the interval or ratio level was met (i.e., they are continuous).

Assumption 2: Variables are investigated in pairs. The research question for this study only contains two variables. Also, it must be noted that all variables are matched based on individual participant who completed your instruments Therefore, the assumption that the variables are investigated in pairs has been met.

Assumption 3: There is a linear relationship between the variables. The linearity assumption refers to the linear relationship between two variables. This assumption can be tested visually through scatterplots or using the linearity test in SPSS that compares the means of any two variables. Figure 1 shows the scatterplot of the paired variable that corresponds to the research question. The scatterplot shows the paired variable did not exhibit any non-linear relationship. Therefore, it was concluded that the linearity assumption was met.

Figure 1

Scatterplot of variables



Assumption 4: There should be no significant outliers. Outliers are single data points within the data set that do not follow the usual pattern of the bulk of data. Outliers can have a negative effect on the Pearson’s correlation analysis therefore reducing the validity of the results. It must be noted, however, that not all outliers are bad— only those that can significantly change the relationship between the variables to be tested. The scatterplot shown in Figure 1 was generated to test for any significant outliers. It can be observed that although some points are individually outliers, but when considering the relationship, these points do not significantly change the direction of the relationship. Therefore, the assumption that there were no significant outliers was met.

Assumption 5: The variables should be approximately normally distributed. To make valid inferences from the Pearson’s correlation analysis, the residuals of the model should

follow a normal distribution. Skewness and Kurtosis tests suggest that all of the variables were approximately normally distributed (see Table 2). The skewness for a normal distribution is zero, and any symmetric data should have a skewness near zero (Field, 2017). The skewness for all variables was near zero; thus, skewness was acceptable for a normal distribution. Furthermore, a Kurtosis test was conducted to determine whether the data were heavy-tailed or light-tailed relative to a normal distribution. For a normal distribution, the Kurtosis Test should be lower than 3 (Field, 2017). Based on Table 2, the skewness and Kurtosis of all variables were within the acceptable range of +/-3.00. Therefore, the assumption of normality was met.

Table 2

Skewness and Kurtosis of Variables

Variable	Skewness	Kurtosis
Betrayal Trauma	-0.15	-0.46
Attachment	-0.27	-0.66

All five assumptions were met; therefore, Pearson’s correlation analysis was an appropriate statistical test to address the research questions. The SPSS has a function to conduct Pearson’s correlation analysis, which was utilized in the current study. With the uploaded dataset, the Pearson’s correlation analysis was conducted by clicking ‘Analyze,’ then ‘Correlate,’ and finally ‘Bivariate’ in the menu bar. Once the bivariate correlations windows were revealed, the two variables being compared for each research question were chosen. The ‘Pearson’ and two-tailed checkboxes were clicked before running the analysis. Analysis outputs were generated and analyzed.

Hypothesis Testing

Hypotheses were tested using Pearson's correlation analysis through SPSS. A significance level of 0.05 was used in the hypotheses testing. The result of the Pearson's correlation analysis for the main research question is presented in Table 3. The results showed that there was a significant positive low correlation between betrayal trauma and attachment ($r = 0.51, n = 94, p < .01$). This indicates that as the value of betrayal trauma increases, the value of attachment increases as well. Therefore, the null hypothesis was rejected, and it was concluded that there was a significant relationship between betrayal trauma as measured by IES-R and attachment as measured by AAS-R.

Table 3

Pearson's correlation analysis

	<i>r</i>	<i>N</i>
Betrayal Trauma - Attachment	.651**	94

** Correlation is significant at the 0.01 level (2-tailed).

Qualitative Component

This section of the research contains the thematic analysis of the answers of the respondents to the open-ended or qualitative questions. Following the quantitative results above, the researcher analyzed the qualitative responses to address the other three research questions of the study. The following were:

RQ4: How do individuals describe betrayal trauma as an impactful event?

RQ5: How do individuals describe the imprint that betrayal trauma as left on them regarding their current/future intimate relationships?

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?

The abovementioned research questions will be addressed using the themes uncovered from the thematic analysis. The themes permitted the researcher to uncover the most common but meaningful experiences of the study respondents. The research questions below will be answered using the generated themes and the supporting verbatim responses of the respondents.

Findings

The three research questions had a number of underlying themes that describe the respondents' experiences on betrayal trauma. The fourth research question resulted in six themes, the fifth research question had four themes, and the sixth and final research question had four underlying themes. The following themes are described and discussed in detail below.

RQ4: How do individuals describe betrayal trauma as an impactful event?

The fourth research question explored how individuals describe betrayal trauma as an impactful event. From their responses, six themes were formed. First, betrayal trauma led the respondents to become distrustful of others. Another, respondents always felt on guard and watchful of other words and actions. For some respondents, they also doubted themselves and questioned their self-worth. There were also respondents who shared that they felt rage and anger for self and/or their children. They also felt hopeless about life and future relationships, and some had intense feelings of emotional and physical pain. These themes will be discussed in detail below.

Theme 1: Becoming distrustful of others. The first theme under the fourth research question was the effect of betrayal trauma in the lives of the respondents, in general. The majority of the respondents shared how the event led them to becoming distrustful of others or

the people around them. One respondent admitted that she doubts the trust of the people around her, especially her relationships with those close to her. The respondent stated: "I now doubt the trust of all close relationships past and present." Meanwhile, one respondent strongly commented that her ability to trust has been ruined, saying: "My ability to trust has been destroyed." Another respondent stated that she is now: "doubtful of trust," indicating how she finds it difficult to trust others after experiencing betrayal trauma. For another respondent, she has suffered much from betrayal, saying that she cannot trust men anymore. To add to this, the respondent shared: "I don't trust men and I believe that all men cheat. After 30 years of marriage, I am not interested in having another relationship."

Following the responses above, another respondent noted how: "I had hard time trusting people who genuinely cared for me." Further, another participant shared how aside from low trust issues, she also lost her confidence in herself, saying: "It has made me have low confidence and trust issues." Another respondent echoed that with the lack of trust, her relationships with her friends and family have also been negatively affected. The respondent explained:

I trust no one and now am depressed and don't even leave my house I am still married vows really mean nothing to anyone anymore, yet he may be cheating on me, but I'm crippled now and it's between with my own family and friends, so I have no one.

For one respondent, "it's made me harder to open up my heart and trust people." Similarly, the respondent shared that: "The betrayal made it hard for me to trust others." A respondent noted that aside from the difficulty of trusting others, she has learned more about managing and being aware of relationships. The respondent stated: "It made me extremely guarded and I found it hard to trust others. However, being in that relationship taught me to recognize red flags in other relationships."

A number of participants also narrated their experiences in detail. A respondent explained how she can never trust anyone anymore due to her fear of being betrayed and lied to. The respondent discussed:

I feel like I can't trust anyone ever, I have constant paranoia that everyone is lying to me all the time. I get very easily attached to the opposite sex, but they never seem to reciprocate. I tend to do things that I don't want to or don't enjoy just to keep the other person happy and from looking elsewhere for anything else.

Another respondent added that from experience, she has then lost her trust especially to her partners. The participant stated:

I don't always believe what partners say to me. I understand how people can lie to keep you close, so I am always prepared for something bad to happen. I have a hard time trusting and believing that things are good and going well.

For another respondent, the experience was "devastating" and could not even believe that it was happening to her. Aside from her personal issues due to the betrayal experienced, other problems and difficulties emerged as well, saying:

The partner who had betrayed me and I broke up after a significant, long relationship. I was devastated and couldn't believe this was real life. I began putting pieces together after the fact, and I could see where there had been things, he kept from me that I suspected, but never confronted him about. I was also in the middle of some of the most difficult times of my PhD program, so I became consumed with finishing my studies, so my future didn't become derailed. I'm now in another relationship and there are times I have fleeting thoughts of the betrayal and how I was possibly too trusting of my partner, but I usually don't dwell on them too much. In many ways, the betrayal set me free to be

in a much happier and fulfilling relationship with a new partner rather than trying to make the old relationship work because we had put so much effort into it after 5 years. For another respondent, her inability to trust men led her to question relationships in general. However, her experience also taught her valuable lessons in life. The participant narrated:

I really lost trust in men and romantic relationships in general. I have not been in a committed relationship for 6 years because I think I am pickier now. I refuse to be in a relationship with someone who is not sound in their identity and emotional maturity. On the positive end, I will not be dependent on anyone. I know that when entering a new relationship, I am fully comfortable with myself, who I am, and what I am capable of. I know I do not need a partner. I think too much attachment could be unhealthy now. After the betrayal, I felt emotions at levels I never had before. I did sort of distrust myself because I “picked the wrong person” or “didn’t see the signs.” I also felt isolated in that people did not want to consistently support me in my grief/trauma. It made me question unconditional love because a person I thought loved me unconditionally betrayed me so badly.

Table 4 below contains the breakdown of the other interrelated responses shared during the data collection of the qualitative component.

Table 4

Breakdown of the Other Responses Related to Theme 1

Theme	Other Related Responses
Becoming distrustful of others	<p>“It was hard to trust again in my next relationship.”</p> <p>“Paranoid about trusting men.”</p> <p>“My trust level has shifted tremendously, but I am constantly working on it.”</p> <p>“I am fiercely independent. I don’t trust anyone completely.”</p> <p>“Not to trust anyone”</p>

“I am unable to fully trust anyone enough to build a stable relationship with. It has given me countless commitment issues.”
“It’s made me question what people say and rarely believe them.”
“I don’t give people the benefit of the doubt.”
“It makes me lose faith in people.”
“I have a very hard time trusting men.”
“I don’t trust men when I’m in a relationship, I don’t depend on nobody for nothing. It’s hard for me to take a man’s word and believe it.”
“Trouble trusting in relationships again. Often doubted and accused subsequent partners of betrayal.”
“I don’t trust men at all. I think that all men are not telling the truth. I get angry when someone lies to me.”
“I find it hard to totally trust people or their intentions.”
“I have extreme trust issues because it had me questioning reality.”
“I have trust issues and I think people only want to use me. People’s love for come with conditions.”
“I no longer trust my mate.”
“I had to work really hard to trust people again. It empowered me to be independent and successful.”
“Expectation to be betrayed in all relationships”
“I am not as willing to be emotionally close with my husband as I was before the betrayal. I am also no longer worried about being alone and sometimes wonder if it would be better if I was. My husband and I were friends for 15 years before dating. I considered him my best friend. The betrayal shattered my foundation and had made it extremely difficult to trust anyone.”
“It briefly impacted my trust in others. It also forced me to realize a pattern of how “feeling loved” or what love looked like was distorted by childhood experiences.”
“I am not as willing to be emotionally close with my husband as I was before the betrayal. I am also no longer worried about being alone and sometimes wonder if it would be better if I was. My husband and I were friends for 15 years before dating. I considered him my best friend. The betrayal shattered my foundation and had made it extremely difficult to trust anyone.”

Theme 2: Being on guard and watchful of other’s words and actions. The second theme that followed was the experience of becoming on guard and needing to be careful of others. According to the study participants, their experience traumatized them and made them more protective of themselves as well as careful of their actions and decisions in general. According to one respondent, she is: “guarded and protective of my heart.” Further, another respondent admitted that her experience changed her views in relationship indefinitely, stating: “The betrayal has impacted how I approach relationships indefinitely. Any slight characteristic

observed that correlated to the person that betrayed me I would abruptly cut contact and have anxiety.” Similarly, another respondent echoed: “made me be careful who I choose to be with.” Meanwhile, one respondent commented: “I often feel as if my current partner is trying to control or manipulate me.”

For one participant, she has become more guarded especially in relationships, saying: “The betrayal made me examine the reasons I was attracted to the person from the start. I also began to examine the relationship, take mental notes, so that I could learn from the experience.” As for another respondent, she has also learned from experience and became: “more careful about tell-tell signs that I missed before.” Similarly, another respondent added: “I’m cautious of others.” A respondent shared how her experience led her to realize many valuable lessons and enlightened her, stating: “It enlightened me to the deceptive nature of humans. I no longer accept what is presented at the surface level. I look for the lie.” Finally, one respondent highlighted how: “The betrayal has made me become more aware of the actions and words of others. Not to overlook things for the sake of the relationship or the feelings of the other person, while ignoring my own.”

Theme 3: Doubting oneself and questioning one’s self worth. The third theme that followed was the experience of betrayal trauma leading to constant doubts and even one’s questioning of self-value and worth. The participants shared how the betrayal experience made them feel insecure and unconfident. One respondent stated: “It has made me have low confidence and trust issues.” Another participant explained how she struggled after experiencing betrayal. She needed to work hard to renew herself, saying:

I was in my doctoral program when I found out and it felt like a derailment in many ways. It caused me to question my reality, what I thought was true, my relationship, and

my spouse. I felt like a total joke; like I was made to be the fool. It also caused me to struggle in my program as I was unable to concentrate and focus on the many demands of graduate work. Now, there is not a day that I don't think of it and feel foolish. I am able to concentrate, eat, and feel joy again, since it's been a few years, but it still breaks my heart and brings bouts of tremendous sadness.

Another participant shared her betrayal experiences by both her husband and family members. As a result, she became independent but also admitted that she doubted herself and felt indifferent, stating:

I have been betrayed multiple times. Not only by my husband but also my family. It has caused me to only depend on myself, be very independent and feel a lack of self-worth.

My body image has been impacted the most.

For another participant, the betrayal led to their broken family. She then questioned herself and her decisions in the past. However, the experience also taught her valuable lessons in life, narrating:

It resulted in divorce and the dissolution of our family. I questioned myself, felt like something was wrong with me, felt like I had been too trusting, and just had a lot of regret about the whole relationship, completely surprised by the betrayal, and can never see him in the same way or trust him again in any aspect. Also made me more understanding for people in similar situation and helped me connect to other people, big struggles with forgiveness.

Similar to the perceptions of self-worth above, one participant commented: "I feel insecure about my beauty and decisions value." Another one admitted how: "It has made me more guarded in relationships. It took a toll on my self-esteem as well." For one respondent, she needed to seek

help and guidance from God about her insecurity, saying: “I had to talk to God about me being insecure.” Meanwhile, one participant continuously questions her value or worth as a woman. This participant honestly shared: “I feel like damaged goods. Like I can never be “normal” in a relationship again. And that makes no one want to be with me. And then I further want to be with no one.” Further, another participant added: “The betrayal impacted me physically, emotionally, and cognitively. It also has impacted my sense of self in terms of security in other personal relationships (I.e., friendships). I have felt more insecure in relationships in my personal life.” Finally, one participant lost confidence in both herself and her ability to start and sustain a relationship, saying:

I lost confidence in myself and in my ability to trust in a relationship. I find it difficult to engage emotionally in current relationships. I am always afraid there will be a “gotcha” in relationships, that there is something going on that I’m unaware of.

Theme 4: The rage and anger felt for self and/or our children. The fourth theme that emerged from the analysis of the qualitative data, in response to the fourth research question was the feelings of rage and anger for self and their children. One participant admitted that: “For a long time, I was cautious and angry.” Another respondent explained that the trauma made her stronger but also firmer and more straightforward when dealing with people. The participant commented:

I’m harder, blunter and angry. But it doesn’t control me. I just call BS better. I believe that most are full of it. Only nice to you to get sex and benefits of lifestyle. I still believe in true honest love though.

A participant shared how it took some time to heal from the trauma. She emphasized how she needed professional help as well as her faith to move forward with life, saying:

This happened 34 years ago, so healing has occurred. Initially, I experienced all physical symptoms of depression and anxiety, but because I had 2 small children, life, and responsibility to them had to go on. Initially, I was distrustful in my second marriage, but due to counseling and my faith, I never experienced detachment from any other relationship.

As for one participant she admitted that: “I feel hurt and anger. I wasted my youth on a negative relationship.” Meanwhile, one participant also expressed how: “Over 10 years later it is still causing significant distress emotionally. Experiencing intrusive thoughts and excessive worrying.”

Theme 5: Feelings of hopeless about life and future relationships. The fifth theme under the fourth research question was feeling hopeless with life and relationships in the future. The theme received limited references, but the experiences of the participants imply the impact or gravity of trauma in their lives. One participant expressed how: “My desire for other relationships is nearly nonexistent.” Another participant has developed: “Fear of relationships.” Finally, another one echoed that she is: “Not interested in future relationships - decided to focus on me.”

Theme 6: Intense feelings of emotional and physical pain. The sixth and last theme under the fourth research question was the strong feelings of emotional and physical pain. For these participants, betrayal trauma was physically and emotionally painful for them. One participant expressed that it: “Caused a great deal of distress, depression and some anxiety.” Another one participant added that the trauma caused her to develop depression, saying: “I trust no one and now am depressed and don't even leave my house I am still married vows really mean nothing to anyone anymore, yet he may be cheating on me, but I'm crippled now.” One

respondent shared the direct impact of the person who betrayed her, saying: “I made my anxiety flare up... I dislike the person...I was ready for him to go. His scent sickens me....” According to one participant, the trauma left her stuck and somehow unable to move forward with life. She went on to share the different effects, both physically and mentally:

I have 1 yr. old twin daughters by the betrayal, so not much time has passed. It remains hard for me to focus, I'm emotional, and I constantly relive moments. I have been able to build any significant romantic relationships since, though I've tried. I don't get enough sleep; I still feel pain physically. At moments the trauma seems to begin to heal, but it easily comes back with the slightest memory. I feel like I am unable to live to my full potential because the heavy sorrow overwhelms my heart making the smallest things difficult. I am stuck.

Similarly, another participant experienced the same feelings, stating: “The betrayal impacted me physically, emotionally, and cognitively. It also has impacted my sense of self in terms of security in other personal relationships (I.e., friendships). I have felt more insecure in relationships in my personal life.” Finally, another one participant shared how the trauma resulted in an intense feeling of: “It has left me wishing I was never born.”

RQ5: How do individuals describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships?

The fifth research question asked how individuals describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships. Under the research question, four themes were uncovered. In particular, due to betrayal trauma, their physical and emotional pains have been engraved within them already. Again, they highlighted how they have since found it difficult to trust others, especially partners in relationships. Another important

theme was the realization that they must value themselves and learn how to trust their instincts based on their past experiences. Finally, a number of participants admitted that they still could not forget the gaslighting that they experienced, impacting their current and future intimate relationships.

Theme 1: Experiencing physical and emotional pain. The first theme under the fifth research question was the unforgettable physical and emotional pain that the participants had to go through from their betrayal trauma. One participant could not forget the: “physical sensation of being kicked in the stomach and of screaming from emotional pain.” Another participant shared that although she has forgiven the parties involved, the physical and emotional pain are still present, stating:

That even though I have forgiven the parties involved, (I cannot carry that anger towards them anymore). But I will NEVER forget the pain and whole in my heart, trust, and love that still resides here today 15 years later.

Similarly, another participant echoed how the pain has already been marked within her: “The pain it caused.” Another participant described the: “overwhelming anger, I had never experienced that level of emotion before in such a constant and sustained way, I continue to experience a lot of anger.” One participant narrated the physical pain and trauma she experienced, saying: “How it affected my body. I had internal bleeding and eventually cracked every tooth in my mouth. The dentist said that my X-rays looked like I had clenched my teeth in a collision accident.”

According to one participant, she could feel: “The way my heart physically ached.” Another participant indicated how the pain she was feeling felt heavier over time, saying:

The lies, the level of betrayal, and the many opportunities I had to leave the situations, but I chose not to, so the pain just became heavier and heavier. I will remember the feeling I felt when I was at my darkest places.

One participant described the pain as “a gut-wrenching pain.” Meanwhile, the last respondent admitted that the intensity of pain was extreme and made her feel scared at times, saying: “The physical reactions I had were something I didn’t expect to be so intense. The actual, physical pain I was in was overwhelming and scary at times.”

Theme 2: Becoming distrustful of others. The second theme that followed was the impact of trauma wherein participants have found it difficult to trust and be in relationships again. The participants of the research admitted that the betrayal has greatly impacted their ability to find new relationships, to stay in relationships, and to trust their partners fully. One participant commented: “Trusting is hard to get back and it will never be 100%.” Another respondent realized how: “I guess that you never know what anyone is thinking and feeling. Even if they say it out loud, you can never be certain it is honest or real.” One participant shared how she learned that she cannot depend on anyone but herself, stating: “That I can’t trust or depend on anyone. That no matter how loyal I am, I can still be screwed over and lied to and betrayed again.”

For the participants, they learned that “people cannot be trusted anymore.” A participant emphasized how one must: “Never trust someone 100%.” Another participant added how: “The gut-wrenching sick feeling that I couldn’t stop it happening that leads me to not trust others.” Lastly, another commented that: “You can never fully know or trust anyone.”

Theme 3: Needing to value and trust self. The third theme that emerged was with the betrayal experienced, they learned how to value and trust themselves especially in relationships.

One participant shared her realization and how she was enlightened after experiencing such trauma: “Don't let your love for someone blind your judgment.” Another participant questioned herself, saying: “How could I be so blind, I am a smart person. Why didn't I see it?” Further, one participant realized that one must: “Never settle for an unhealthy situation.” In relationships, one participant also found that she must: “Always trust my instincts and remain true to myself.” Finally, another participant always reminds herself: “To trust my intuition, and to know that if I choose to let someone go that is not matching my energy or what I am providing to them, that it does not mean that I will never be loved.”

Theme 4: Being gaslighted. The fourth theme was another experience that the participants found to be crucial as they felt that the words of and feelings from being gaslighted also affected their relationships. One participant shared and could not forget what her partner said to her. The participant stated how she could not believe it when her partner directly looked at her and told her: “The look in his eyes when he asked me, "what did you think you were special?”

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?

The sixth and last research question asked the participants to describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal. For the research participants, trust was again the biggest impact to adult attachment. Another major difference was how the participants described the struggle to attach to others within intimate relationship after the betrayal. A recurring theme of doubting oneself and questioning one's self-worth as they tried to recreate or build new relationships with was also identified. The participants highlighted how they have become extra cautious and careful as they deal with

people. Finally, participants admitted that in general, they have tried to limit their closeness and attachment to others.

Theme 1: Becoming distrustful of others. The first theme generated under the sixth research question was the impact of trauma to the participants where they admitted that they now find it difficult to believe or even trust others. An example was shared by one participant where she noted how she can never trust or more so, be in a relationship with a male again. The participant narrated:

I am now divorced. I have close relationships with my two children, and I have wonderful female friends to go out with. Although I am heterosexual, I have no desire to date or have an intimate relationship with a male. I feel that if a male is in a relationship and he treats the female well, he is only doing that to get her to have sex with him. I come from a family where my father cheated on my mother and my brother cheated on my sister-in-law, so I am jaded. I don't feel that I could ever trust a man to have my best interest in mind.

Further, another participant echoed how it has become more difficult for her to trust others and express her thoughts and feelings to them, saying: "I have a very hard time trusting others and always find myself doubting their feelings for me. I also find myself to be very private in relationships. I have a hard time sharing my thoughts and feelings." Another participant echoed how:

I didn't trust other people very quickly. Sometimes I think I have a guard permanently placed around my heart. Because I was betrayed by an intimate sexual partner, I was also betrayed by a female family member. So just because we're blood related, I don't automatically trust them. I will forever be changed and hurt by this extreme betrayal.

For another participant, the experience has: “made it difficult to allow myself to trust people and believe they are genuine.” Similarly, another participant commented that she: “would not let guard down completely. Never trust fully. Allowed certain levels not to happen again for a long time.” Finally, another participant admitted that she does not trust others easily and has since questioned other’s intentions toward her. The participant stated:

I do not trust easily. I trust but verify. I no longer expect perfection. At times I’m not trustworthy. I recognize that we all fall extremely short of a morally perfect God. I’ve learned to give the grace that I want to receive. But that doesn’t mean that everyone who wants it gains access to me.

Theme 2: Doubting oneself and questioning one’s self worth. A second theme that followed was the impact of betrayal on the confidence of the participants as they deal or relate with others. One participant shared how she has lost the ability and confidence to be in a relationship, saying: “I no longer feel that I am a person of enough emotional and intellectual substance to be a contributing half of a two-person relationship.” Further, another participant would ask many questions to herself as the betrayal resulted in emotional and mental distress, saying:

I have questioned my standing with people more - did I say that wrong? Did I upset them? How much longer will this relationship really last? The betrayal has created an overall sense of insecurity that is not supported in other relationships I have. It has also triggered more shame and avoidance in my relationships. Since the betrayal, I have had three friendships also end.

Theme 3: Being on guard and watchful of other’s words and actions. The third theme was the impact of becoming more cautious in dealing and relating with others. One participant

admitted that she: “always feels like betrayal is inevitable. It’s very hard to even allow a healthy relationship to develop.” Similarly, another participant added that she: “felt guarded within my Intimate relationship, difficulty trusting other’s intentions.” Another participant shared her journey after experiencing betrayal trauma:

I was pretty guarded for quite a while after that. It has taken me years to sort through my feelings on this, but I can see how I subconsciously blamed myself a lot in those first few years which is why I either tried to shut down my emotions before I even explored them fully or love my partner harder so they wouldn't leave me. I think I am finally healed enough to see the betrayal in a more objective way rather than place blame on him or myself.

Further, one respondent noted that she is “always on guard.” While another participant admitted she has become “very guarded” towards others, saying: “I became very guarded and found it difficult to trust anyone to let them close enough to me.” Similarly, a participant was both guarded and vigilant to others, stating: “I remained myself but was more vigilant of those around me.”

Theme 4: Limiting closeness to others. The fourth and final theme of the last research question was the participants’ experience of limiting their overall closeness and interaction to others. As one participant stated:

I refused to allow anyone to get close to me for a while. I ignored the opposite sex and viewed everyone as complete liars. Most of the males I encountered had a lot of relationship baggage or were just seeking someone to be intimate with.

Further, another respondent stated that she has: “Less attachment. I don’t want to deal with anyone.” A participant would keep her thoughts and feelings to herself, noting that she is:

“Closed off, very compartmentalized.” According to another participant, she believes that she has already lost her emotions and the feeling of wanting to be intimate. The participant stated: “I no longer have emotions towards certain things/people. Intimacy is never intimate to me anymore; it just doesn't feel the same.” Similarly, another one echoed: “I can never get too close.” While another one can “easily disconnect.”

For one participant, she can take better care of herself and has since detached herself from any type of intimate relationship: “I have detached myself from any type of intimate relationship. I am taking care of myself at the moment, so that I may become a better me for myself.” Further, another participant echoed: “I only have a few friends; I don't hang out with others because I don't want to be close to new people.” A participant explained how she would always want to be realistic, saying:

I am detached from them for a while at the beginning. I am more realistic that they might abandon or betray me unexpectedly. I'm not sure that I fully trust their commitment to the relationship long-term. I also sometimes compare what they do or say to my ex as a way to be cautious to red flags.

Finally, a participant discussed how: “It takes a long time before I'm comfortable being vulnerable and I've learned that there are people with whom I'm safe and can be accepted, loved and vulnerable.”

CHAPTER FIVE
DISCUSSION, CONCLUSIONS, AND IMPLICATIONS

Introduction

The fifth chapter contains the presentation of the interpretation of study findings, conclusions, and implications of the research. Again, the purpose of the proposed exploratory mixed methods research study was to explore how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment. The researcher performed a mixed methods approach to address the purpose and research questions below:

RQ1: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to close attachment scale among adults in intimate relationships?

RQ2: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to depend attachment scale among adults in intimate relationships?

RQ3: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to anxiety attachment scale among adults in intimate relationships?

RQ4: How do individuals describe betrayal trauma as an impactful event?

RQ5: How do individuals describe the imprint that betrayal trauma as left on them regarding their current/future intimate relationships?

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?

With the quantitative (Pearson's correlation analysis) and qualitative (Thematic analysis) analyses of the data collected, the researcher successfully answered all six of the research questions of the study. In response to the relationships of betrayal trauma to close, depend, and anxiety attachments, it was found that as the value of betrayal trauma increases, the value of

insecure attachment increases as well. Therefore, the null hypothesis was rejected, and it was concluded in the quantitative component of the research that there was a significant relationship between betrayal trauma as measured by the Impact of Event Scale-Revised (IES-R) and attachment as measured by the Adult Attachment Scale- Revised (AAS-R). Meanwhile, individuals who participated in the current research described betrayal trauma as an impactful event through six meaningful experiences, these were: (1) becoming distrustful of others; being on guard and watchful of others' words and actions; (2) doubting oneself and questioning one's self-worth; (3) feelings of rage and anger for self and/or our children; (4) feeling of hopelessness about life and future relationships; and (5) intense feelings of emotional and physical pain. Regarding how the individuals describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships, four themes were formed. Participants of the study shared how they have experienced physical and emotional pain leading to them being more distrustful of others. From their betrayal trauma, they have also learned how to value themselves. Further, several participants could not forget the feeling of being gaslighted by their partners. The sixth and last research question explored how individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal. The majority of the participants again highlighted how they have become distrustful of others and have had a difficult time becoming intimate and attached to others. They have also started to doubt and question their self-worth. Meanwhile, as they related to others, they have also become guard and watchful of others' words and actions. Lastly, they emphasized how they limited their closeness to others due to the betrayal event they experienced in the past.

In this chapter, the researcher discussed the key findings of the study, this time, in relation to the earlier reported literature. The researcher updated the limitations of the research as

presented in the first chapter of the study. The researcher provided the conclusions based on the quantitative and qualitative findings. Finally, the implications and recommendations for future research will close the research study.

Summary and Discussion of Major Findings

The completion of the quantitative and qualitative analyses led to the discovery that indeed betrayal trauma is significantly related to the attachment of adults in intimate relationships. This straightforward finding was supported by the qualitative findings of the research where the participants provided detailed and informative explanations of how and why betrayal trauma has impacted their desire to enter and ability to stay in intimate relationships. For the participants, their trust was greatly affected and is the main reason as to why their intimate relationships after the trauma event have changed. The other important themes are presented in detail below. The researcher will first discuss the quantitative findings, followed by the qualitative themes or results.

RQs1 to 3: To what extent does betrayal trauma (intrusion, avoidance, and hyperarousal) relate to close, depend, and anxiety attachment scales among adults in intimate relationships?

From the result of the Pearson's correlation analysis performed on the answers of the respondents, the researcher was able to reject the null hypothesis and concluded in the quantitative component of the research that there was a significant relationship between betrayal trauma as measured by IES-R and attachment as measured by AAS-R. In the literature, betrayal was defined as a powerful violation of trust that leaves inner scarring and damages within a person or individual. For researchers such as emotions Fehr and Baldwin (1996) and Jones and Burdette (1994), betrayal provokes a range of undesirable emotions and could even induce a

variety of hostile behaviors (Haden & Hojjat, 2006). Meanwhile, the attachment of an individual to another person or other persons may be affected by events that could damage and could even be unable to repair the bond or relationship built between the said people or parties. According to Makinen and Millikin (2001), attachment injuries such as abandonment and betrayals, often cause outwardly permanent and irreversible damage to close relationships. These statements and findings reported in the literature were corroborated by the statements and answers of the respondents of the current study. Specifically, it was revealed in the current research that as betrayal trauma increases, the value of attachment increases as well. It could then be reported that as individuals experience betrayal and develops trauma, their attachment is impacted. This indicates the close relationship between the two variables and that in intimate relationships, once betrayal happens; attachment of the victim becomes affected.

Given that the quantitative results of the study were direct and straightforward, noting the actual and existing relationship between betrayal and attachment; the researcher found the need to perform a qualitative analysis of the open-ended responses of the participants. By doing so, the researcher discovered the actual connection and meanings behind the said relationship between the two variables. As seen in Table 1 below, the themes designate the actual descriptions of the individuals or participants as to how betrayal trauma impacted them and their attachment or closeness to others such as in intimate relationships, their partners, families, or other people in their lives.

Table 1

Breakdown or Summary of the Major Findings of the Qualitative Component

Research Questions	Themes
RQ4: How do individuals describe betrayal trauma as an impactful event?	Becoming distrustful of others Being on guard and watchful of others' words and actions Doubting oneself and questioning one's self worth Feelings of rage and anger for self and/or our children Feeling of hopelessness about life and future relationships Intense feelings of emotional and physical pain
RQ5: How do individuals describe the imprint that betrayal trauma as left on them regarding their current/future intimate relationships?	Experiencing physical and emotional pain Becoming distrustful of others Needing to value and trust self Being gaslighted
RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?	Becoming distrustful of others Doubting oneself and questioning one's self worth Being on guard and watchful of other words and actions Limiting closeness to others

RQ4: How do individuals describe betrayal trauma as an impactful event?

The fourth research question explored the general descriptions of the participants with regard to betrayal trauma as an impactful event in their lives. Based on the qualitative responses of the participants, their experiences could be summarized into betrayal trauma as having a

negative or an adverse impact in their lives. The participants shared how betrayal trauma destroyed their ability to trust; made them more careful as they relate with others; doubted and questioned their value as persons; felt rage and anger for self and children; felt hopeless about life and relationships; and had intense feelings of emotional and physical pain.

It is important to give value and attention to betrayal trauma as when such traumatic experiences occur especially within intimate relationships, one's views and perceptions become fragmented. Traumatic experiences may change the manner in which people see themselves and others which may then lead to a sense of existential helplessness. In particular, betrayals such as attachment injuries may change one's basic beliefs with regard to relationships, the other, and the self (Warach & Josephs, 2021). Hence, it was not surprising that the current research repeatedly found trust as the number one aspect or area affected by the trauma experienced by the participants. This is especially crucial as according to Lewicki and Bunker (1996), Lewicki et al. (1998) and Finkel et al. (2002), trust is vital for cooperation both in organizations and personal relationships. The connection between the two implies that when trust is broken, relationships could be difficult to build and even repair. Another long-term impact of betrayal trauma is one's protectiveness and cautiousness of themselves after experiencing traumatic experiences, this is another important effect participants of the study shared how they have changed their views and practices in dealing with people after the traumatic event. As Freyd et al. (2005) noted, while betrayal may not result in death or observable physical injury; countless emotional, physical, and psychological complications have been correlated with betrayal trauma (Freyd et al., 2005). This finding was again corroborated in the current research as participants shared how they started to look at themselves differently, become more prone to developing feelings of rage and anger, and even the feelings of intense emotional and physical pain. Finally, a general impact was the

admission of the participants that due to betrayal trauma, they have started to lose hope and have given up on life and future intimate relationships.

RQ5: How do individuals describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships?

When participants were asked to describe the imprint that betrayal trauma has left on them regarding their current/future intimate relationships, similar findings, or themes from the fourth research question emerged. Under this research question, participants also provided unique realizations and lessons from the traumatic experience that occurred both negative and positive. Some of the negative implications included extreme physical and emotional pain, the inability to trust others, and the disbelief and loss of confidence as they were repeatedly gaslighted by their partner. Some of the positive implications shared by individuals where they learned to stand up for themselves and find meanings from their traumatic life experience.

With regard to their current and future intimate relationships, again participants of the study highlighted how their trust has been deeply impacted. They shared how they have found it more difficult to give their trust to their partners as well as the people around them. To add to the reoccurring broken trust theme, participants also reported how the physical and emotional pain they felt after the betrayal trauma event occurred continue to remind them of their betrayal experience even up to the present. To further solidify that betrayal trauma leaves a lasting imprint, the report that when a person or individual experiences a betrayal of emotion; and such trauma remains unresolved, untreated, and unexpressed there are risks of long-term resentment and hostility (Gordon & Baucom, 1999; Gordon et al., 2004). The participants in the study all experience some type of betrayal within their intimate relationships that left lasting imprints. As they shared their experiences a number of participants expressed how after years of the betrayal

trauma, they continue to remember the feelings they felt during the betrayal and the specific details of the betrayal event. Even the participants that have admitted to forgiving their partners were still very clear that they will never forget the actions of their partners and the painful feelings they felt during the betrayal.

RQ6: How do individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal?

The final research question centered on how individuals describe the role of their betrayal trauma event as impacting their intimate attachment to others following the betrayal. Similar to the fifth research question, themes discussing distrust, questioning one's self worth, and becoming more cautious of others were uncovered. These themes were noted as effects of betrayal trauma in relation to the intimate attachment of individuals to others. The participants in the study have also admitted how they have limited their closeness to others due to their traumatic experience of betrayal. This is a crucial finding as individuals or participants in the current study demonstrate the lasting and unsettled impacts of betrayal trauma years after, even decades upon experiencing the betrayal.

Limitations

As mentioned in the first chapter, one limitation of this study was the type of sampling method used to select and recruit the participants. Purposeful sampling was employed by the researcher to select the participants, conducted through social media. However, with purposeful sampling, there was no way for the researcher to control the demographics of the participants. Hence, the use of purposeful sampling did not allow the study to have a diverse population. Instead, the researcher found that despite the lack of generalizability, through the purposive sampling approach, the researcher was able to uncover targeted and meaningful perceptions and

experiences as shared by the said population. Purposeful sampling permitted the researcher to expand the knowledge about the phenomenon being explored, based on the firsthand perceptions and experiences of those who have actually faced and went through betrayal trauma.

Conclusions

In conclusion, the researcher successfully addressed all six research questions of the study. The researcher found the relationship and connection between betrayal trauma and attachment after experiencing the betrayal. Through the qualitative component of the study, the researcher was also able to explain and describe the meanings behind the association between two variables-betrayal trauma and adult attachment. From the study findings, it can be reported that there must be an increased attention given to the victims of betrayal trauma within intimate relationships. As reflected in the current study, the impacts and effects of a single betrayal event within an intimate relationship does lead to a long-term or lasting change in individuals lives. Hence, the current research study could serve as an eye-opener or awareness that there must be concrete actions to allow victims of betrayal trauma to have a platform to discuss and process their hurt they have endured. With the physical, mental, and emotional distress shared, appropriate interventions, especially early acknowledgement and treatment of the betrayal trauma experience must be present. By doing so, therapeutic healing is still possible and achievable to assist couples or individuals in moving beyond betrayal trauma in order for them to forgive others as well as themselves so that they can have the opportunity to have new and healthy intimate relationships.

Implications

The current findings of the research study could be beneficial to the key policymakers and stakeholders interested in exploring the impact of betrayal trauma in the adult attachments of

individuals in intimate relationships. At the same time, the research study could provide targeted findings on how early acknowledgement, treatment, and intervention after the traumatic betrayal event could assist or change the long-term effect or impact to both individuals and couples. As stated by Johnson et al. (2001), when people are deprived of physical or emotional support, they are found to be at their most helpless state and have the most difficulty regulating their emotions. Hence, both the literature and findings of the current study imply the need for greater support and assistance to the couples and victims of betrayal trauma. It is vital to give attention to the feelings and experiences of the said population given their vulnerability as well as the potential damaging long-term effects that the betrayal event or events may have on them. Findings of the current research study solidify the need for awareness and attention, that when left untreated or unaddressed, betrayal trauma individuals and couples may continue to suffer from the psychological and emotional symptoms caused by the betrayal trauma.

Recommendations for Future Research

The researcher also developed two key recommendations for future research based on the findings of the current research study. First, the researcher recommends that there must be an end to the silencing of betrayal trauma within intimate relationships so people can freely discuss what they have endured. In the current study, the researcher focused on giving a voice to those who have encountered betrayal trauma within intimate relationships. By doing so, the said population spoke up and eagerly shared their stories of betrayal. Their stories brought life to a historic issues-betrayal and attachment that has existed throughout the time of relationships. Freely examining the relationship between the two issues will help to break the silence and open doors throughout the field of counseling. Becoming more vocal about the relationship between betrayal and attachment is vital in the healing of individuals and couples. Giving people the permission to

have a voice about their betrayal will allow people to manage their trauma symptoms more effectively.

Another recommendation to assist with ending the silence of betrayal is to try to prevent betrayal trauma from occurring by spreading awareness about the value of healthy relationships between couples. Creating an awareness and knowledge of the impact of betrayal trauma would start by informing men and women of dating age the repercussion of experiencing betrayal from within an intimate relationship. Some of the awareness could start in targeted schools, churches and local communities. The early acknowledgement or intervention of the betrayal trauma could assist in decreasing the heart breaks as well as the divorce rates. The researcher also found it crucial to provide helpful and informative conversations and dialogues to young males and females about the value of maintaining healthy relationships, built on trust and respect. By becoming more visible in the schools, churches, and communities, men and women may find the knowledge they need to understand the value of trust and honesty needed to maintain a healthy an intimate relationship. So, the experiences of the participants in the current study will be avoided in the future where long-term and painful effects were reported by the majority of the participants because of betrayal and broken trust that cause self-doubt. Early interventions may be used to repair the trust of the victims toward their partners and other individuals and avoid the long-term personal doubts and questions they may arise from the betrayal.

References

- A., V. D. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Aimone, J., Ball, S., & King-Casas, B. (n.d.). The betrayal aversion elicitation task: An individual-level betrayal aversion measure. *PLOS One*.
- Alder, M. C., Yorgason, J. B., Sandberg, J. G., & Davis, S. (2018). Perceptions of parents' marriage predicting marital satisfaction: The moderating role of attachment behaviors. *Journal of Couple & Relationship Therapy, 17*(2), 146-164.
- American Psychiatric Association (2013). DSM 5. *American Psychiatric Association, 70*.
- Amir, N., Stafford, J., Freshman, M. S., & Foa, E. B. (1998). Relationships between Trauma Narratives and Trauma Pathology. *Journal of Traumatic Stress, 11*(2).
- Assessment of Marital Discord (Psychology Revivals). (2013).
- Attachment-based interventions with adopted children and youth and their families. (2016). *The Center for Adoption Support and Education*.
- Attwood, J. D. (2012). Couples and Money: The Last Taboo. *The American Journal of Family Therapy, 40*, 1-19.
- Babbie, E. R. (2013). *The practice of social research*. Belmont, CA: Wadsworth Cengage Learning, c2013.
- Babones, S. J. (2014). *Methods for quantitative macro-comparative research*. Thousand Oaks, California: SAGE Publications.
- Bailey, G. (n.d.). Marital Discord as Pathway to Healing and Intimacy Utilizing Emotionally Focused.
- Beck, J. G., Grant, D. M., Read, J. P., Clapp, J. D., Coffey, S. F., Miller, L. M., & Palyo, S. A. (2008). The impact of event scale-revised: Psychometric properties in a sample motor vehicle accident survivor. *Journal of Anxiety Disorders, 22*(2), 187-198.
- Beck, J. G., Grant, D. M., Reed, J. P., Clapp, J. D., Coffey, S. F., Miller, L. M., & Palyo, S. A. (2008). The impact of event scale-revised: Psychometric in a propertive in a sample of motor vehicle accident survivors. *Journal of Anxiety Disorder, 22*(2), 187-198.
- Bell, D. C. (n.d.). Next Steps in Attachment Theory. *Journal of Family Theory & Review*.
- Berger, J., & Bayarri, M. J., & Pericchi, L. R. (2013). The effective sample size. *Econometric Reviews, 33*(1-4), 197-217. <http://dx.doi.org/10.1080/07474938.2013.807157>

- Bernstein, R. E., Delker, B. C., Knight, J. A., & Freyd, J. J. (2015). Hypervigilance in college students: Associations with betrayal and dissociation and psychometric properties in a Brief Hypervigilance Scale. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(5), 448–455.
- Bicknell-Hentges, L., & Lynch, J. L. (2009). Everything Counselors and Supervisors need to know about treating trauma. *American Counseling Association Annual Conference and Exposition*.
- Bies, R. J., & Tripp, T. M. (1996) Beyond distrust: “Getting even” and the need for revenge. *Trust in Organizations: Frontiers of Theory and Research*, 246–260.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Ppsychology*, 3(2), 77-101.
- Buchholz, K. R., McCaughey, V. K., & Street, A. E. (2020). What Is Psychological Trauma?. *Sexual and Gender-Based Violence*, 3-18.
- Butler, M. H., Gossner, J. D., & Fife, S. T. (2021). Partners taking turns leaning in and leaning out: Trusting in the healing arc of attachment dynamics following betrayal. *Journal of Couple & Relationship Therapy*, 1-25.
- Byrne, M., Carr, A., & Clark, M. (n.d.). The Efficacy of Behavioral Couples Therapy and Emotionally Focused Therapy for Couple Distress.
- Cao, H., Zhou, N., Fang, X., & Fine, M. (2017). Marital well-being and depression in Chinese marriage: Going beyond satisfaction and ruling out critical confounders. *Journal of Family Psychology*, 31(6), 775.
- Clulow, C. (2007). John Bowlby and couple psychotherapy. (9), 4th ser., 343-353.
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.), New York, NY: Academic Press. Retrieved from <http://www.utstat.toronto.edu/~brunner/oldclass/378f16/readings/CohenPower.pdf>
- Courtois, C. A., & Ford, J. D. (2016). *Treatment of complex trauma: A sequenced, relationship-based approach*. New York, NY: The Guilford Press.
- Crawley, J., & Grant, J. (n.d.). Emotionally Focused Therapy for Couples and Attachment Theory.
- Creswell J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

- Crowell, J. A., & Treboux, D. (n.d.). A Review of Adult Attachment Measures: Implications for Theory and Research.
- Crowell, J. A., & Waters, E. (n.d.). Bowlby's Theory Grown Up: The Role of Attachment in Adult Love Relationships.
- Cruwys, T., Greenaway, K. H., Ferris, L. J., Rathbone, J. A., Saeri, A. K., Williams, E., ... & Grace, L. (2021). When trust goes wrong: A social identity model of risk taking. *Journal of Personality and Social Psychology, 120*(1), 57.
- Curtis, E. A., Comiskey, C., & Dempsey, O. (2016). Importance and use of correlational research. *Nurse Researcher, 23*(6), 20-25. doi:10.7748/nr.2016.e1382
- Dagleish, T. L., & Johnson, S. M. (2015). Predicting change in marital satisfaction throughout emotionally focused couple therapy. *Journal of Marital and Family Therapy, 41*(3), 276-291.
- Daniel, S. F. (2011). Adult Attachment Insecurity and Narrative Processes in Psychotherapy: An Exploratory Study. *Clinical Psychology and Psychotherapy, 18*, 495-511.
- Daniel, S. F. (n.d.). The Development roots of narrative expression in therapy: Contributions from attachment theory and research.
- Dankoski, M. E. (2001). Pulling on the Heart Strings: An Emotional Focused Approach to Family Life Cycle Transitions. *Journal of Marital and Family Therapy, 27*(2), 177-187.
- Davis, K. E. (1996). The relationship rating forms a measure of the characteristics of romantic relationships and friendships.
- Davis, T. J., Morris, M., & Drake, M. M. (2016). The Moderation effect of mindfulness on the relationship between adult attachment and well-being. *Personality and Individual Differences, 96*, 115-121.
- Deblinger, E., Mannarino, A. P., Cohen, J. A., & Runyon, M. K. (2011). Trauma-Focused Cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length. *Depression and Anxiety, 28*, 67-75.
- Douglas, A. N., Binder, K. S., Kajos, J. H., Hyde, J., & Li, Y. (2013). Reading relationships but seeing betrayal: Impact of relational health schemas on the processing of interpersonal conflict. *Journal of Social and Clinical Psychology, 32*(9), 964–988.
- Eggerichs, E. (2010). *Love and respect: The love she most desires, the respect he desperately needs*. Detroit: Christian Large Print.
- Eldredge, J., & Eldredge, S. (2010). *Love & War: Finding the marriage you've dreamed of*. London: Hodder & Stoughton.

Europe's Journal of Psychology, 11(4), 651-665. (2015).

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G* Power 3.1: Tests for correlation and regression analyses. *Behavior research methods*, 41(4), 1149-1160. Retrieved from <http://explore.bl.uk>

Feiring, C., Heleniak, B., & Jashar, D. (2010). A narrative approach to understanding young women's schemas of power in romantic relationships: Links to negative emotions and dating aggression. *Journal of Aggression, Maltreatment & Trauma*, 19, 540-564.

Finkel, E. J., Rusbult, C. E., Kumashiro, M., & Hannon, P. A. (2002). Dealing with betrayal in close relationships: Does commitment promote forgiveness? *Journal Personality and Social Psychology*, 82(6), 956-974.

Fitness, J., & Fletcher, G. J. (1993). Love, hate, anger, and jealousy in close relationships: A prototype and cognitive appraisal analysis. *Journal of Personality and Social Psychology*, 65(5), 942-958.

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and Health*, 25(10), 1229-1245.

Freyd, J. J., Kiest, B., & Allard, C. B. (2003). Betrayal trauma: Relationship to physical health, psychological distress, and written disclosure intervention. *The American Journal of Family Therapy*, 31, 179-199.

Gaskin, K. (2014). Qualitative and quantitative research methodology, their uses and the skills you need to use them. *Nursing Children and Young People*, 26(4), 12.

Ghaljaie, F., Naderifar, M., & Goli, H. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3).

Gobin, R. L., & Freyd, J. J. (2009). Betrayal and revictimization: Preliminary findings. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(3), 242-257.

Goldsmith, R. E., Chesney, S. A., Heath, N. M., & Barlow, M. R. (2013). Emotion regulation difficulties mediate the association between betrayal trauma and symptoms of posttraumatic stress, depression, and anxiety. *Journal of Trauma and Stress*, 3, 376-384.

Gómez, J. M. (2019). What's in a betrayal? Trauma, dissociation, and hallucinations among high-functioning ethnic minority emerging adults. *Journal of Aggression, Maltreatment & Trauma*, 28(10), 1181-1198.

- Gordon, K. C., & Baucom, D. H. (2003). Forgiveness and Marriage: Preliminary support for a measure based on a model of recovery from a marital betrayal. *The American Journal of Family Therapy*, 31, 179-199.
- Gordon, K. C., & Baucom, D. H. (1998). Understanding betrayals in marriage: A synthesized model of forgiveness. *Family Process*, 37(4), 425-49.
- Gottman, J. M., & Levenson, R. W. (2002). A two-factor model for predicting when a couple will divorce: Explanatory analysis using 14- year longitudinal data. *Family Process*, 41(1), 83-96.
- Gottman, J. M., & Schwartz-Gottman, J. (2013). The Empirical basis for Gottman Couples Therapy.
- Greenberg, L. S., & Goldman, R. N. (n.d.). The Dynamics of Emotion Love and Power in an emotion-focused approach to couple therapy.
- Greenlee, D. (2007). Maps of Narrative Practice.
- Greenman, P. S., & Johnson, S. M. (2013). Process Research on Emotionally Focused Therapy (EFT) for Couples: Linking Theory to Practice. *Family Process*, 52, 46-61.
- Greenman, P. S., & Johnson, S. M. (n.d.). United We Stand: Emotionally Focused Therapy for Couples in the Treatment of Post-Traumatic Stress Disorder.
- Haas, J.P. (2012). Sample size and power. *American Journal of Infection Control*, 40(8), 766 – 767. doi: 10.1016/j.ajic.2012.05.020
- Haden, S. C. (2006). Aggressive responses to betrayal: Type of relationship, victim's sex, and nature of aggression. *Journal of Social and Personal Relationships*, 23(1), 101-116.
- Hamon, P. A., Rusbult, C. E., Finkel, E. J., & Kamashiro, M. (2010). In the wake of betrayal: Amends, forgiveness and the resolution of betrayal. *Personal Relationships*, 17, 253-278.
- Hazan, C., & Shaver, P. R. (1994). Attachment as an Organizational Framework for Research on Close Relationships. *Psychological Inquiry*, 5(1), 1-22.
- Hendrick, C., & Hendrick, S. S. (n.d.). Attachment Theory and Close Adult Relationships. *Texas Tech University*.
- Hendry, A., & Hasler, J. (2017). *Creative therapies for complex trauma: Helping children and families in foster care, kinship care or adoption*. London: Jessica Kingsley.
- Hilal, A. H., & Alabri, S. S. (2013). Using NVivo for data analysis in qualitative research. *International Interdisciplinary Journal of Education*, 2(2), 181-186.

- Hinton, P. R., McMurray, I., & Brownlow, C. (2014). *SPSS explained* (2nd ed.). East Sussex: Routledge.
- Hoe, J., & Hoare, Z. (2012). Understanding quantitative research: Part 1. *Nursing Standard*, 27(15-17), 52.
- Howell, A., & Conway, M. (1992). Mood and the suppression of positive and negative self-referent thoughts. *Cognitive Therapy and Research*, 16(5), 535–555.
- Huber, M., & Melly, B. (2015). A test of the conditional independence assumption in sample selection models. *Journal of Applied Econometrics*, 30(7), 1144-1168. doi:10.1002/jae.2431
- Hwang, W., Yoon, J., Silverstein, M., & Brown, M. T. (2019). Husband–wife religious discordance, marital satisfaction, and risk of marital dissolution in two generations. *Journal of Family Issues*, 40(9), 1201-1223.
- Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples' therapy. *Journal of Marital and Family Therapy*, 27(2), 145–155.
- Johnson, S. M. (2002). Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds. 228.
- Johnson, S. M., & Greenman, P. S. (n.d.). The Path to a Secure Bond: Emotionally Focused Couple Therapy.
- Joskowicz-Jablonek, L., & Leiser, D. (2013). Varieties of trust-betrayal: Emotion and relief patterns in different domains. *Journal of Applied Social Psychology*, 43, 1799-1813.
- Kipris, L. (2005). Beyond the Trauma of Betrayal: Reconsidering Affairs in Couples Therapy. *Family Practice*, 44, 227-244.
- Klest, B., Tamaian, A., & Boughner, E. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(6), 656.
- Koran, J. (2016). Preliminary proactive sample size determination for confirmatory factor analysis models. *Measurement and Evaluation in Counseling and Development*, 49(4), 296-308. doi:10.1177/0748175616664012
- Knudson-Martin, C. (n.d.). Attachment in Adult Relationships: A Feminist Perspective. *Journal of Family Theory & Review*.

- Kuckhurst, R. (2018). Narrative Matters: Trauma paradigms and the role of popular culture. *Child and Adolescent Mental Health, 23*(3), 295-296.
- Kulas, J. T. (2009). *SPSS essentials: Managing and analyzing social sciences data*. San Francisco, CA: Wiley Imprint.
- Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research, 16*(4), 255-256.
- Lander, N. R., & Nahon, D. (2019). Personhood of the therapist in couples therapy: An Integrity Therapy perspective. In *The personhood of the therapist* (pp. 29-42). Routledge.
- Lander-Row, K. A., Younger, J. W., Piferi, R. L., & Jones, W. H. (n.d.). The Role of Adult Attachment Style in Forgiveness Following an Interpersonal Offense.
- Lassri, D., Luyten, P., Fonagy, P., & Shahar, G. (2018). Undetected scars? Self-criticism, attachment, and romantic relationships among otherwise well-functioning childhood sexual abuse survivors. *Psychological Trauma: Theory, Research, Practice, And Policy, 10*(1), 121-129.
- Levy, K. N., & Johnson, B. N. (2019). Attachment and psychotherapy: Implications from empirical research. *Canadian Psychology/Psychologie Canadienne, 60*(3), 178.
- Lewicki, R. J., & Bunker, B. B. (n.d.). Developing and maintaining trust in work relationships. *Trust in Organizations: Frontiers of Theory and Research, 114-139*.
- Lewicki, R. J., McAllister, D. J., & Bies, R. J. (1998). Trust and distrust: New relationships and realities. *The Academy of Management Review, 23*(3), 438.
- Lindblom, K. M., & Gray, M. J. (2010). Relationship closeness and trauma narrative detail: A critical analysis of Betrayal Trauma Theory. *Applied Cognitive Psychology, 24*(1), 1-19.
- Lonergan, M., Brunet, A., Rivest-Beauregard, M., & Groleau, D. (2020). Is romantic partner betrayal a form of traumatic experience? A qualitative study. *Stress and Health*.
- López-Martínez, A. E., Serrano-Ibáñez, E. R., Ruiz-Párraga, G. T., Gómez-Pérez, L., Ramírez-Maestre, C., & Esteve, R. (2018). Physical health consequences of interpersonal trauma: A systematic review of the role of psychological variables. *Trauma, Violence, & Abuse, 19*(3), 305-322.
- Madigan, S. (2010). Narrative Therapy. *Journal of Marital & Family Therapy*.
- Magilvy, J. K., & Thomas, E. (2009). A first qualitative project: Qualitative descriptive design for novice researchers. *Journal for Specialists in Pediatric Nursing, 14*(4), 298-300.

- Malagon-Maldonado, G. (2014). Qualitative research in health design. *HERD: Health Environments Research & Design Journal*, 7(4), 120-134.
- Martin, C. G., Van Ryzin, M. J., & Dishion, T. J. (2016). Profiles of childhood trauma: Betrayal, frequency, and psychological distress in late adolescence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(2), 206–213.
- McCann, I. L., Sakheim, D. K., & Abrahamson, D. J. (1988). Trauma and victimization: A model of psychological adaptation. *The Counseling Psychologist*, 16(4), 531–594.
- Merscham, C. (2000). Restoring Trauma with narrative therapy using the Phantom Family. *The Family Journal Counseling and Therapy for Couples and Families*, 8(3), 282-286.
- Mikula, G., Scherer, K. R., & Athenstaedt, U. (1998). The role of injustice in the elicitation of differential emotional reactions. *Personality and Social Psychology Bulletin*, 24(7), 769–783.
- Mikulincer, M., & Shaver, P. R. (n.d.). Adult Attachment Orientations and Relationship Process.
- Morrison, T. L., Goodlin-Jones, B. L., & Urquiza, A. J. (1997). Attachment and the Representation of Intimate Relationships in Adulthood. 57-71.
- Naaman, S., Pappas, J. D., Makiunen, J., Zucearini, D., & Johnson-Douglas, S. (2005). Treating Attachment Injured Couples with Emotionally Focused Therapy: A case study approach. *Psychiatry*, 68(1).
- Ndigirigi, C. (n.d.). Bloodhounds at the Gate: Trauma, Narrative Memory, and Melancholia in Ngugiua Thiongo's memoirs of wartime.
- Neube, N. (2010). The Journey of healing using narrative therapy and map-making to respond to child abuse in South Africa. *The International Journal of Narrative Therapy and Community Work*, (1).
- Novaco, R. W. (1977). Stress inoculation: A cognitive therapy for anger and its application to a case of depression. *Journal of Consulting and Clinical Psychology*, 45(4), 600–608.
- Orsillo, S. M. (n.d.). Measures for acute stress disorder and post-traumatic stress disorder. *Journal of Anxiety and Disorders*, 9, 503-514.
- Palmer, G., & Efron, D. (2001). Emotionally Focused Family Therapy Developing the Model. *Journal Marital and Family Therapy*, 27(2), 177-187.
- Parker, T. S., & Wampler, K. S. (2006). Changing Emotion: The use of therapeutic storytelling. *Journal of Marital and Family Therapy*, 32(2), 155-166.

- Parra-Frutos, I. (2013). Testing homogeneity of variances with unequal sample sizes. *Computational Statistics*, 28(3), 1269-1297. doi:10.1007/s00180-012-0353-
- Raisi, S. J., Mohammadi, K., Zarei, E., & Najarpouriyan, S. (2018). Effectiveness of emotionally coupled therapy and redecision therapy on changing of marital communication skills in married women. *Journal of Gorgan university of Medical Sciences*, 20(1), 64-70.
- Reid, R., & Woolley, S. R. (2006). Using Emotionally Focused Therapy for Couples to Resolve Attachment Ruptures Created by Hypersexual Behavior. *Sexual Addiction & Compulsivity*, 13, 219-239.
- Rholes, W. S., & Simpson, J. A. (2004). Adult Attachment: Theory, Research, and Clinical Implications.
- Rempel, J. K., Holmes, J. G., & Zanna, M. P. (1985). Trust in close relationships scale. *Journal of Personality and Social Psychology*, 49, 95-112.
- Rousseau, D. M., Sitkin, S. B., Burt, R. S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academy of Management Review*, 23(3), 393-404.
- Sandberg, J. G., Brown, A. P., Schade, L. C., Novak, J. R., & Denton, W. H. (2015). Measuring Fidelity in Emotionally Focused Couple Therapy (EFT): A Pilot Test of the EFT Therapist Fidelity Scale. *The American Journal of Family Therapy*, 43, 251-268.
- Schade, L. C., & Sandberg, J. G. (2012). Healing the Attachment Injury of Marital Infidelity Using Emotionally Focused Couples Therapy: A Case Illustration. *The American Journal of Family Therapy*, 40, 434-444.
- Schratter, A. K. (2000). Accounts of betrayal in interpersonal relationships. *ProQuest Dissertations and Thesis*.
- Schratter, A. K. (2001). *Accounts of betrayal in interpersonal relationships* [Doctoral dissertation, University of Tennessee]. Bell & Howell Information and Learning Company.
- Sedgwick, P. (2015). A comparison of parametric and non-parametric statistical tests. *British Medical Journal*, 350(apr17 1), h2053-h2053. doi:10.1136/bmj.h2053
- Seltermann, D., Moors, A. C., & Koleva, S. (2018). Moral judgment toward relationship betrayals and those who commit them. *Personal Relationships*, 25(1), 65-86.
- Shackelford, T. K., & Buss, D. M. (1996). Betrayal in mateships, friendships, and coalitions. *Personality and Social Psychology Bulletin*, 22(11), 1151-1164.
- Siddiqi, A. (2014). An observatory note on tests for normality assumptions. *Journal of Modelling in Management*, 9(3), 290-305. doi:10.1108/JM2-04-2014-0032

- Silverman, D. (2020). *Qualitative research*. Sage.
- Simpson, J. A., & Rholes, W. S. (2017). Adult attachment; stress, and romantic relationships. *Current Opinions in Psychology*, (13), 19-24.
- Skarteh, M. C., & Lennire, C. (n.d.). The Therapeutic Relationship from an Attachment Theory Perspective.
- Sobol-Kwapińska, M., Meisner, M., & Przepiórka, A. (2020). Confronting betrayal experience and time perspective: Linguistic analyses of narrations about Thematic Apperception Card. *Journal of Constructivist Psychology*, 33(3), 320-331.
- Solomon, M. F. (2009). Attachment repair in couples' therapy: A prototype for the treatment of intimate relationships. *Clinical Social Work Journal*, 37(3), 214–223.
- Sternberg, R. (1985). Triangular theory of love. *Psychology Department at Yale University*.
- Stouten, J., De Cremer, D., & Van Dijk, E. (2005). All is well that ends well, at least for proselves: Emotional reactions to equality violation as a function of social value orientation. *European Journal of Social Psychology*, 35(6), 767–783.
- St. Vil, N. M., Carter, T., & Johnson, S. (2021). Betrayal trauma and barriers to forming new intimate relationships among survivors of intimate partner violence. *Journal of Interpersonal Violence*, 36(7-8), NP3495-NP3509.
- Sutherland, S. (2019). Trauma and Its Impacts. In *Culture, Diversity and Mental Health-Enhancing Clinical Practice* (pp. 201-221). Springer, Cham.
- Tarzia, L. (2021). “It went to the very heart of who I was as a woman”: The invisible impacts of intimate partner sexual violence. *Qualitative Health Research*, 31(2), 287-297.
- Taylor, K. M., Thielking, M., Mackelprang, J. L., Meyer, D., Quinn, S., & Flatau, P. (2020). When trauma violates trust: PTSD symptoms among chronically homeless adults in Australia. *Journal of Social Distress and Homelessness*, 1-12.
- Tirone, V., Orłowska, D., Lofgreen, A. M., Blais, R. K., Stevens, N. R., Klassen, B., ... & Zalta, A. K. (2021). The association between social support and posttraumatic stress symptoms among survivors of betrayal trauma: a meta-analysis. *European Journal of Psychotraumatology*, 12(1), 1883925.
- Tranca, L. M., & Neagoe, A. (2018). The importance of positive language for the quality of interpersonal relationships. *Agora Psycho-Pragmatica*, 12(1), 69-77.
- Varga, C. M., Gee, C. B., & Munro, G. (2011). The effects of sample characteristics and experience with infidelity on romantic jealousy. *Sex Roles*, 65, 854-866.

- Vazhappilly, J. J., & Reyes, M. E. S. (2018). Efficacy of emotion-focused couples communication program for enhancing couples' communication and marital satisfaction among distressed partners. *Journal of Contemporary Psychotherapy*, 48(2), 79-88.
- Warach, B., Josephs, L., & Gorman, B. S. (2018). Pathways to infidelity: The roles of self-serving bias and betrayal trauma. *Journal of Sex & Marital Therapy*, 44(5), 497-512.
- Warach, B., & Josephs, L. (2021). The aftershocks of infidelity: a review of infidelity-based attachment trauma. *Sexual and Relationship Therapy*, 36(1), 68-90.
- Weakliem, D. L. (2016). *Hypothesis testing and model selection in the social sciences*. New York: Guilford Press.
- Whisman, M. A., & Wagers, T. P. (2005). Assessing relationship betrayals. *Journal of Clinical Psychology*, 61(11), 1383-1391.
- Whiting, L. S. (2008). Semi-structured interviews: guidance for novice researchers. *Nursing Standard (through 2013)*, 22(23), 35.
- Wise, J. B., & Barney, K. (2021). A personal narrative conveying human flourishing. *Therapeutic Recreation Journal*, 55(1), 42-59.
- Wright, H. N. (2014). *The complete guide to crisis & trauma counseling: What to do and say when it matters most!* Minneapolis, MN: Bethany House.
- Zurbriggen, E. L., Gobin, R. L., & Kaehler, L. A. (2012). Trauma, Attachment, and Intimate Relationships. *Journal of Trauma & Dissociation*, 13, 127-133.

APPENDICES

Appendix A: Adult Attachment Scale – Revised- (AAS-R)

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1-----2-----3-----4-----5
Not at all **Very**
characteristic **characteristic**
of me **of me**

- (1) I find it relatively easy to get close to others. _____
- (2) I do not worry about being abandoned. _____
- (3) I find it difficult to allow myself to depend on others. _____
- (4) In relationships, I often worry that my partner does not really love me. _____
- (5) I find that others are reluctant to get as close as I would like. _____
- (6) I am comfortable depending on others. _____
- (7) I do not worry about someone getting too close to me. _____
- (8) I find that people are never there when you need them. _____
- (9) I am somewhat uncomfortable being close to others. _____
- (10) In relationships, I often worry that my partner will not want to stay with me. _____
- (11) I want to merge completely with another person. _____
- (12) My desire to merge sometimes scares people away. _____
- (13) I am comfortable having others depend on me. _____
- (14) I know that people will be there when I need them. _____
- (15) I am nervous when anyone gets too close. _____
- (16) I find it difficult to trust others completely. _____
- (17) Often, partners want me to be closer than I feel comfortable being. _____
- (18) I am not sure that I can always depend on others to be there when I need them. _____

Appendix B: Impact of Event Scale – Revised- (IES-R)

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you with respect to the betrayal trauma from your intimate relationship. How much were you distressed or bothered by these difficulties?

Not at all = 0	A little bit = 1	Moderately = 2	Quite a bit = 3	Extremely = 4
----------------	------------------	----------------	-----------------	---------------

1. Any reminder brought back feelings about the betrayal.
2. I had trouble staying asleep.
3. Other things kept making me think about the betrayal.
4. I felt irritable and angry.
5. I avoided letting myself get upset when I thought about the betrayal or was reminded of the betrayal.
6. I thought about the betrayal when I didn't mean to.
7. I felt as if the betrayal hadn't happened or wasn't real.
8. I stayed away from reminders of the betrayal.
9. Pictures about the betrayal popped into mind.
10. I was jumpy and easily startled.
11. I tried not to think about the betrayal.
12. I was aware that I still had a lot of feeling about the betrayal, but I didn't deal with them.
13. My feelings about the betrayal were kind of numb.
14. I found myself acting or feeling like I was back at that time.
15. I had trouble falling asleep.
16. I had waves of strong feelings about the betrayal.
17. I tried to remove the betrayal from my memory.
18. I had trouble concentrating.
19. Reminders of the betrayal caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.
20. I had dreams about the betrayal.

21. I felt watchful and on-guard.

22. I tried not to talk about the betrayal.

Appendix C: Informed Consent Form



College of Professional Advancement

Forever Imprinted: Understanding the Relationship between Betrayal Trauma within Intimate Relationships and Adult Attachment.

Informed Consent

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators

Tyann L. Mosley, M.Ed., LPC. Mercer University/College of Professional Advancement, Counseling
3001 Mercer University Drive, Atlanta, GA 30341, 404-557-5526

Donald B. Redmond, Ph.D. Mercer University/College of Professional Advancement, Counseling

Purpose of the Research

This research study is designed to study is to explore how individuals describe betrayal trauma as an impactful event in terms of their intimate relationships and attachment through exploratory mixed methods research. This study seeks to provide data that informs, educates and provides an understanding of the impact of betrayal within intimate relationships on adult attachment styles. This study seeks to provide Marriage and Family counselors and mental health practitioners with findings that inform and enable them to better navigate the healing process within relationships in which there has been some form of betrayal. This study also presents an opportunity for empowerment to those who have endured betrayal to have a voice and share their stories without guilt or shame. Furthermore, this study will provide data for future studies and future comparative analyses of various groups (ages, parts of the county, demographics, etc.). The results of this study will contribute to the researcher completing their dissertation which is a partial fulfillment of the requirements for the degree Doctor of Philosophy.

Procedures

If you volunteer to participate in this study, you will be asked to complete two surveys and three qualitative semi-structured questions regarding your intimate betrayal and how the intimate betrayal has impacted on your adult attachment style. The participants will be allowed to

complete both surveys and the 3 qualitative semi-structured questions once they have met the requirements for the study. Your participation will take approximately 20 minutes to complete.

Potential Risks or Discomforts

There is a possibility that reflecting upon your transition experience may bring up negative memories. The intent of the study is for you to share your intimate betrayal experience at the level of your comfort. If you do not feel comfortable at any time you can exit the survey anytime. If you experience distress as a result of your participation in this study, we encourage you to seek help at the National Alliance on Mental Illness (NAMI) HelpLine at 1-800-950-NAMI (6264) or info@nami.org Monday through Friday, 10 am–6 pm, ET.

Potential Benefits of the Research

As a result of your participation in this research study, you may assist other to understand the forever imprint of betrayal within one's life. What we learn from the study may help us to better understand the intimate betrayal experience of individuals who have endured such betrayal within one's life.

Confidentiality and Data Storage

We will keep your records private to the extent allowed by law. You will not be asked to supply any identifying information in the study. Participants will be assigned a study number at the outset of the study. No record will be kept matching your name to your study number. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. All surveys and transcriptions will be stored safely in a secure encrypted data storage device accessible only by this researcher. The surveys and transcriptions will be used to identify themes via data analysis.

Participation and Withdrawal

Your participation in this research study is voluntary. As a participant, you may refuse to participate at any time. To withdraw from the study please contact Tyann L. Mosley at Tyann.L.Mosley@live.mercer.edu.

Questions about the Research

If you have any questions about the research, please speak with Tyann.L.Mosley at Tyann.L.Mosley@live.mercer.edu and Dr. Donald B. Redmond at Redmond_db@mercercer.edu.

In Case of Injury

It is unlikely that participation in this project will result in harm to subjects. All expenses associated with care will be the responsibility of the participant and his/her insurance.

Reasons for Exclusion from this Study

Individuals who are under 20 years of age, and those who have not experience intimate betrayal within a relationship will be excluded.

This project has been reviewed and approved by Mercer University's IRB. If you believe there is any infringement upon your rights as a research subject, you may contact the IRB Chair, at (478) 301-4101.

You have been given the opportunity to ask questions and these have been answered to your satisfaction. Your signature below indicates your voluntary agreement to participate in this research study.

Research Participant Name (Print)

Name of Person Obtaining Consent (Print)

Research Participant Signature

Person Obtaining Consent Signature

Date

Date